



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Beary Painter **PRESENTING CLINICAL SIGNS** Inappetence, lethargy, painful T-L spine. No meds.

SPECIES Canine **Abnormal PE/Chem/CBC/UA Results:** Mild anemia, WBCs elevated 33.3, ALT/ALP M1 elevated, Neuts 27.14, Left shift noted and monocytosis. U/A - pH 8.0, Sp. Grav - 1.018, otherwise NSF

BREED Bichon X **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

SEX Neutered Male **Prostate** is normal in size, echotexture and echogenicity for a neutered male.

AGE 12 Years **Kidneys** are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measured 4.9 cm. The right kidney measures 4.93 cm.

Adrenal Glands

WEIGHT 8.1 kg **The right adrenal gland** is normal in size (1.9 cm long x 1.4 cm at the cranial pole and 0.66 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY Beth Johnson, DVM DACVIM **The left adrenal gland** is normal in size (1.7 cm long x 0.56 cm at the cranial pole and 0.58 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

IMAGING PERFORMED BY Crystal Hill **The spleen** is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

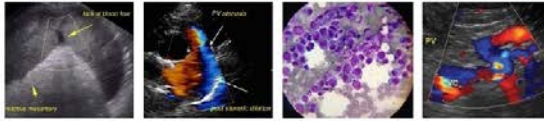
Liver

HOSPITAL NAME Hartzel AH **The liver** is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. An approximately 5.0 cm irregularly shaped, mixed but primarily hyperechoic mass is noted in the mid caudal liver, adjacent to the gallbladder. Visible vasculature and biliary tree appear normal without distension or congestion.

REFERRING VET Dr. Hobbs **Gallbladder** is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

INVOICE 42028 **Gastrointestinal**

DATE 10/12/22 **The stomach wall** is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



PATIENT	The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.
Beary Painter	
SPECIES	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Canine	
BREED	Pancreas
Bichon X	The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.
SEX	Free Abdomen
Neutered Male	There is no evidence of free peritoneal effusion noted in these images. There is no apparent lymphadenopathy noted in these images.
AGE	PRIMARY FINDINGS
12 Years	<ul style="list-style-type: none"> Heterogeneous, primarily hyperechoic mid liver mass – most concerning for primary infiltrative hepatic neoplasia such as hepatocellular carcinoma with a benign hepatoma or adenoma being less likely versus sarcoma, round cell neoplasia, etc. Benign nodular regeneration, granuloma, hematoma, etc., chronic inflammatory change all possible but considered much less likely.,
WEIGHT	SECONDARY FINDINGS
8.1 kg	<ul style="list-style-type: none"> Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili. Age related kidney changes
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Beth Johnson, DVM DACVIM	Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.
IMAGING PERFORMED BY	A fine needle aspirate of the liver mass could be considered if patient's coagulation status is appropriate, or alternatively, given the focal nature, resectability is probable, and exploratory laparotomy with planned excisional biopsy/liver lobectomy could be considered for histologic diagnosis. While resectability appears probable, it cannot be definitively guaranteed, and a pre-surgical staging abdominal CT scan may be elected if further information is desired.
Crystal Hill	
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Dr. Hobbs	
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SPECIES

Canine

BREED

Bichon X

SEX

Neutered Male

AGE

12 Years

WEIGHT

8.1 kg

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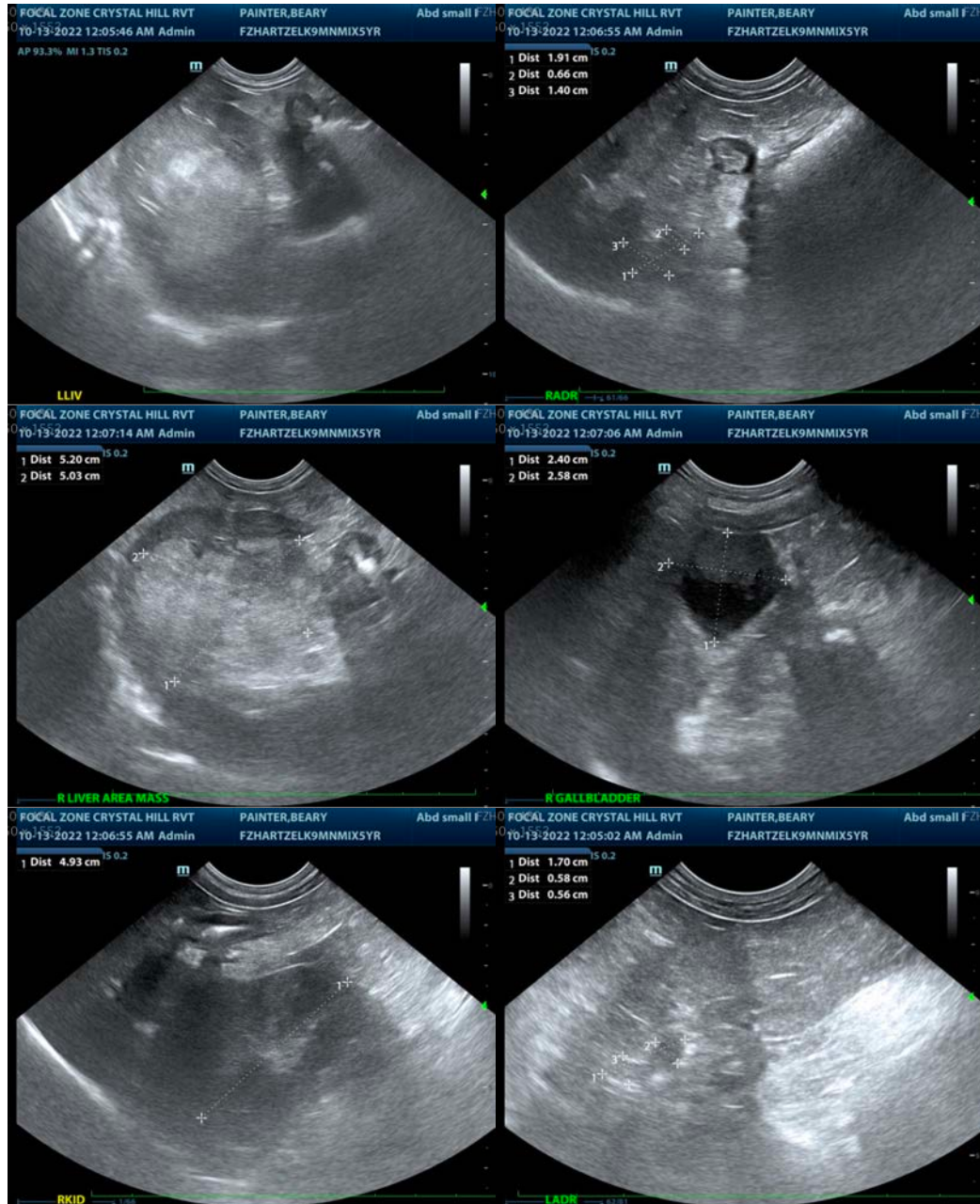
Dr. Hobbs

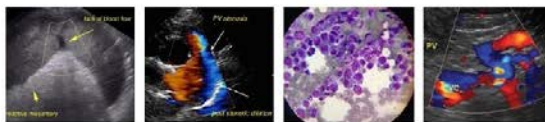
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Bichon X

SEX

Neutered Male

AGE

12 Years

WEIGHT

8.1 kg



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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