

**DATE PRESENTING CLINICAL SIGNS**

12/1/22

Patient came in to have minor peri-rectal polyps evaluated because she was doing excessive itching at her hind end. The anal gland was evaluated and the polyps were noted which likely are causing the discomfort. We also discussed that we need to do a cleaning of her teeth with likely extractions. When we did the pre-operative lab testing, it was noted that she has an elevated ALP and SALT.

PATIENT

Lily Andersky

SPECIES

Canine

Current Medications: None
 Lab Results: elevated ALP and SALT, also have a T4 pending
 Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.

BREED

Boston Terrier

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

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.

AGE

11/29/10

The right kidney is normal in size (5.27 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia or infarcts observed. Non-obstructive areas of mineralization/very small nephroliths are noted.

WEIGHT

32.7 Pounds

The left kidney is normal in size (5.41 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia or infarcts observed. Non-obstructive areas of mineralization/very small nephroliths are noted.

INTERPRETED BYBeth Johnson, DVM
DACVIM**Adrenal Glands**

The right adrenal gland is normal in size (2.26 cm long x 0.81 cm at the cranial pole and 0.70 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Andi Parkinson RDMS

The left adrenal gland is normal in size (2.39 cm long x 0.60 cm at the cranial pole and 0.61 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Everhart Vet Hospital

Spleen

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.

REFERRING VET

Dr. Goodman

Liver

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. A 3.7 cm x 2.7 cm homogeneous, primarily hypoechoic mass is noted in the medial mid liver. Visible vasculature and biliary tree appear normal without distension or congestion.

INVOICE

43121

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

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.

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.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

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.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

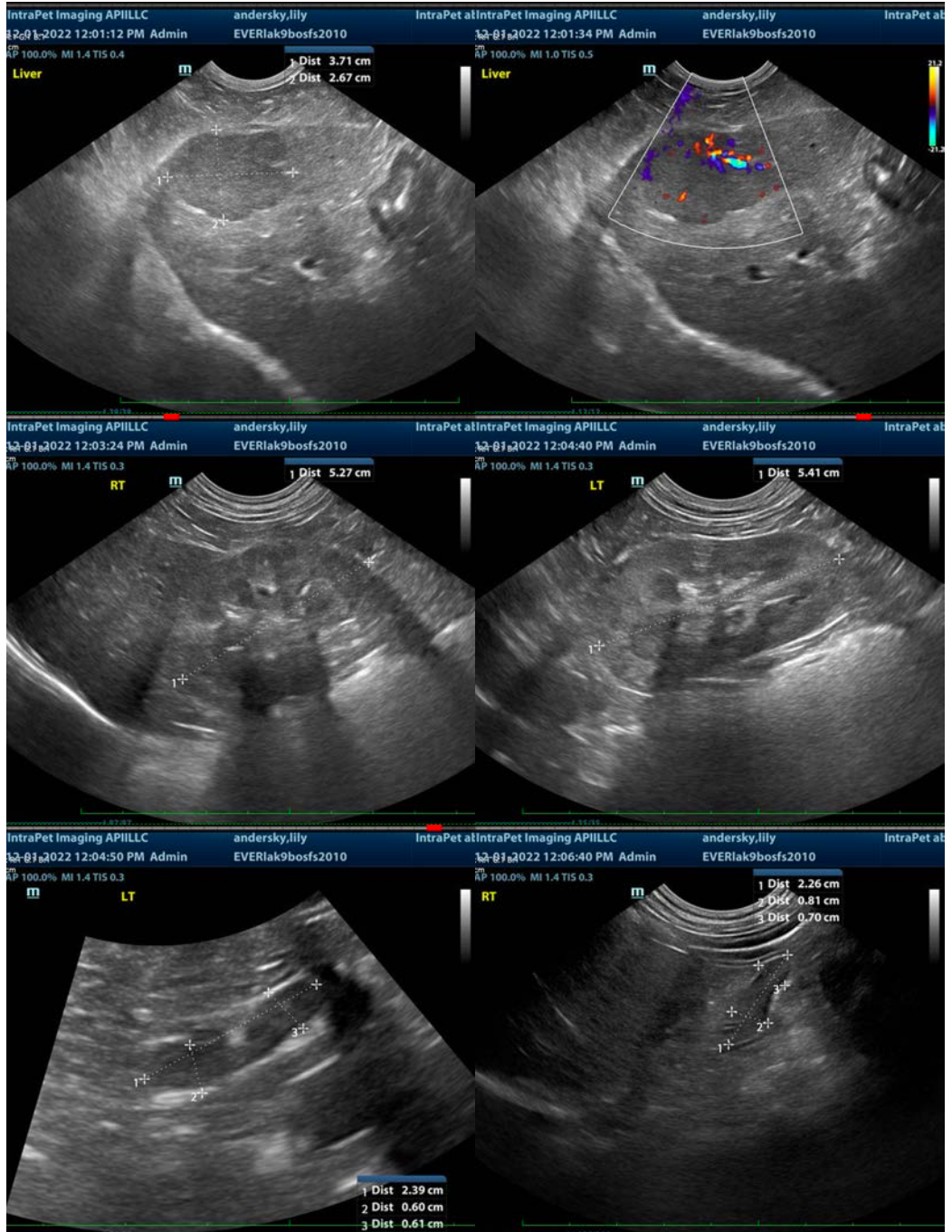
- Medial liver mass – Differentials include both benign etiologies such as a hepatoma/adenoma/marked nodular hyperplasia, etc., as well as malignant disease including a well differentiated hepatocellular carcinoma, round cell neoplasia, versus other.
- Small, non-obstructive nephrolithiasis bilaterally

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

A fine needle aspirate of the liver mass is recommended if patient's coagulation status is appropriate.

If a diagnosis is not obtained cytologically, options include routine monitoring of the mass ultrasonographically for progression versus an exploratory laparotomy with planned excisional biopsy/mass removal. Given the focal nature and location of the mass, resectability, while unable to be guaranteed based on ultrasound, appears likely.



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.

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