



PATIENT	PRESENTING CLINICAL SIGNS
Max MacDonald	Signs of pain, yelping and whining at times, trouble getting comfortable. Weight loss but normal appetite and no vomiting or diarrhea.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Cranial abdominal mass palpated. Generalized sarcopenia. ALT = 271, ALP = 1494, lipase = 4428. Normal CBC Aspirates taken from right liver mass. Cytology pending.
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Siberian Husky X	Urinary System
SEX	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.
Neutered Male	The area of the prostate is examined without evident pathology.
AGE	The right kidney is normal in size (7.4 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, mineral or infarcts observed.
10 Years	The left kidney is normal in size (8.38 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, mineral or infarcts observed.
WEIGHT	Adrenal Glands
31.6 kg	The area of the right adrenal gland is examined without evident pathology.
INTERPRETED BY	The left adrenal gland is normal in size (0.46 cm at the cranial pole and 0.45 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	Spleen
IMAGING PERFORMED BY	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.
Dr. Nigel Gumley	Liver
HOSPITAL NAME	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 large 10+ cm in diameter, heterogeneous, cavitated mass is noted in the mid to right deep liver. Visible vasculature and biliary tree appear normal without distension or congestion.
Cedarview AH	INVOICE
REFERRING VET	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.
Dr. Nigel Gumley	Gastrointestinal
INVOICE	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta.
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PATIENT	There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
Max MacDonald	
SPECIES	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.
Canine	
BREED	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Siberian Husky X	
SEX	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.
Neutered Male	
AGE	Free Abdomen There is no evidence of free peritoneal effusion noted in these images.
10 Years	The lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.
WEIGHT	PRIMARY FINDINGS
31.6 kg	<ul style="list-style-type: none"> • Large, heterogeneous liver mass – concerning for infiltrative neoplasia such as sarcoma versus hepatocellular carcinoma versus other. A benign lesion is possible but considered much less likely. • Reactive medial iliac lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
INTERPRETED BY	SECONDARY FINDINGS
Beth Johnson, DVM DACVIM	<ul style="list-style-type: none"> • Gallbladder debris - Cholecytic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecytic 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.
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. Nigel Gumley	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.
HOSPITAL NAME	A fine needle aspirate of the right liver mass was reportedly already obtained, and submission for cytology is recommended +/- culture and sensitivity, etc., if indicated based on cytology results.
Cedarview AH	There is normal liver present surrounding the focal discrete mass, which favors resectability. However, given the size of the mass and the location near and possibly involving the portal hilus, resectability may be limited. If surgery is elected, a pre-surgical planning abdominal CT scan may be beneficial.
REFERRING VET	As a side note, while needing to be addressed as described above, liver masses typically don't present with signs of pain. Therefore, further investigation for pain sources such as cervical, spinal, and/or orthopedic pain may still be indicated.
Dr. Nigel Gumley	
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PATIENT

Max MacDonald

SPECIES

Canine

BREED

Siberian Husky X

SEX

Neutered Male

AGE

10 Years

WEIGHT

31.6 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Nigel Gumley

HOSPITAL NAME

Cedarview AH

REFERRING VET

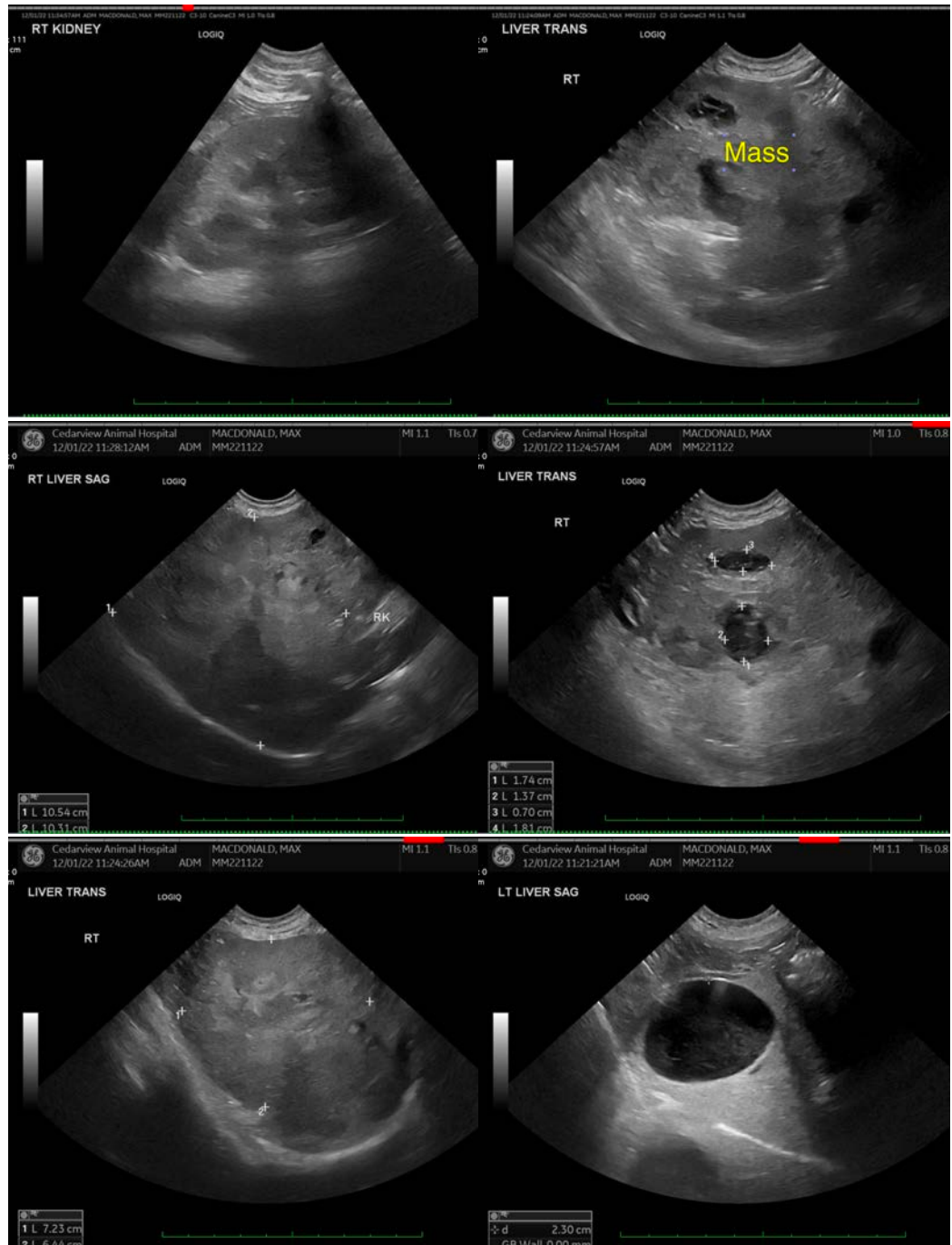
Dr. Nigel Gumley

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PATIENT

Max MacDonald

SPECIES

Canine

BREED

Siberian Husky X

SEX

Neutered Male

AGE

10 Years

WEIGHT

31.6 kg

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IMAGING PERFORMED BY

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HOSPITAL NAME

Cedarview AH

REFERRING VET

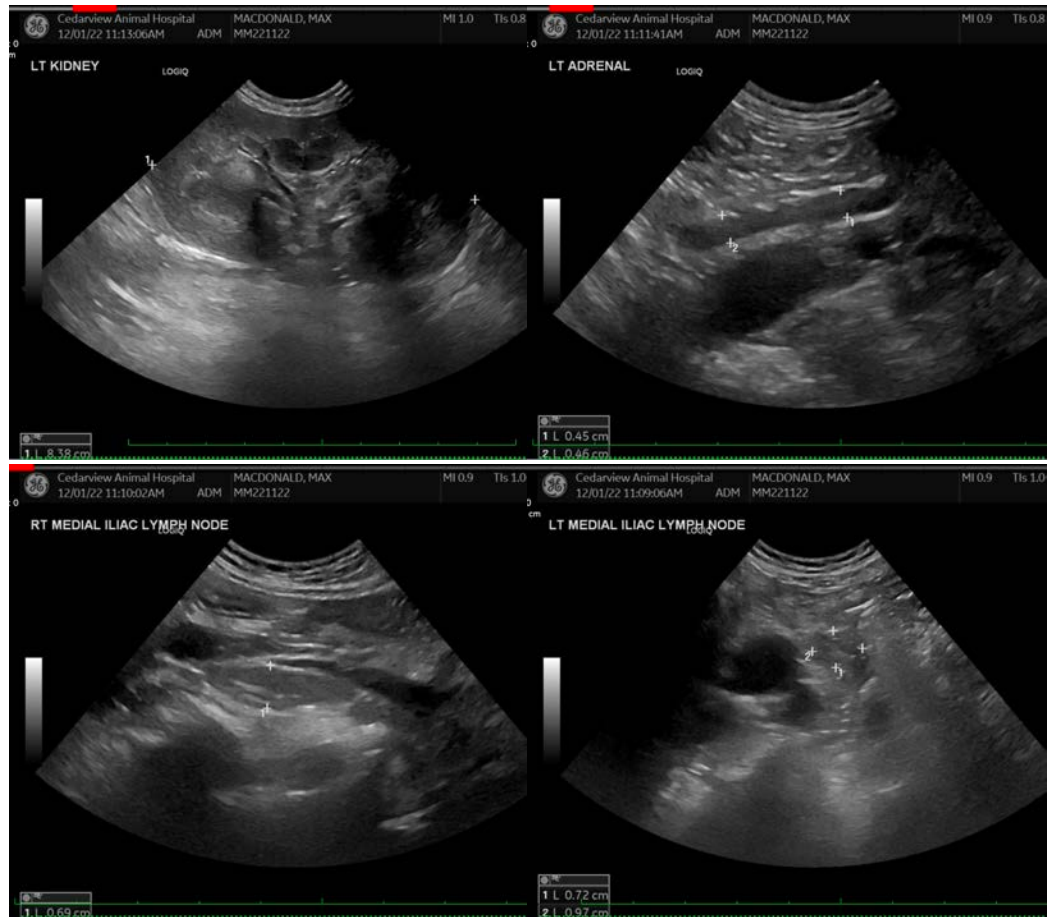
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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