



**PATIENT**

Brandi Gilstrap

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Spayed Female

**AGE**

10 years

**WEIGHT**

33.5 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Sanchez

**HOSPITAL NAME**

Sunset AH

**REFERRING VET**

Dr. Sanchez

**INVOICE**

94542

**DATE**

12/13/21

**PRESENTING CLINICAL SIGNS**

History: Two week history of panting and heavy breathing at night Vomited bile 2 times in the last 3 weeks No d/c/s or change in appetite  
Abnormal PE/Chem/CBC/UA Results: PE: firm, slightly distended abdomen CBC: NSF Chem: ALT >2000, ALP 894

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

Left kidney is normal in size (5.4 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (6.7 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

**Adrenal Glands**

Left adrenal gland is normal in size (2.0 cm long x 0.66 cm at cranial pole and 0.66 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is unable to be fully visualized due to the marked, right cranial abdominal inflammation, free fluid and hyper reactive mesentery. However, no overt adrenal pathology is appreciated.

**Spleen**

The tail of the spleen is forming a rounded, solid, isoechoic to hypoechoic, coarsely textured mass. The remainder of the spleen appears within normal limits.

**Liver**

Liver is subjectively enlarged with rounded borders. The parenchyma is diffusely heterogenous in echotexture and echogenicity. This is characterized by the presence of multi-focal, nodules of mixed echogenicity including hypoechoic, hyperechoic and isoechoic regions. Complete loss of normal curvilinear architecture is present in the left side of the liver creating an 8-9 cm mass completely effacing the left side of the liver. There is a small amount of normal parenchyma in the caudal right liver. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.



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**Gastrointestinal**

Brandi Gilstrap

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is mildly distended with fluid.

**SPECIES**

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Canine

Colon is normal in wall thickness (< 0.2 cm) and layering.

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**Pancreas**

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

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**Free Abdomen**

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Lymph nodes are normal with no observed enlargement. There is a large amount of free fluid in the cranial abdomen around the liver as well as clumped, hyper reactive/hyperechoic fat and mesentery.

**WEIGHT**

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

Diffusely heterogenous liver with a large liver mass completely effacing the normal left liver. Top differentials for which include primary hepatic neoplasia such as hepatocellular carcinoma, infiltrative round cell neoplasia or metastatic neoplasia. Benign differentials given the lack of normal curvilinear architecture are less likely.

Mass on the tail of the spleen, most concerning for infiltrative neoplasia such as round cell neoplasia given the concurrent lesions in the liver.

Moderate amount of free fluid.

Mild gastric stasis.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend FNA of the liver and spleen as well as sampling of the fluid for cytology and culture if the patient's coagulation status is appropriate. Other recommendations include thoracic radiographs to assess cardiopulmonary status as well as look for metastatic disease. If FNA/cytology is not diagnostic an exploratory laparotomy for splenectomy and liver lobectomy/biopsy/histopathology is recommended. It does not appear as if all of the gross disease can be removed surgically. An abdominal CT scan would help determine the amount of viable liver remaining aside from the diseased liver/mass.

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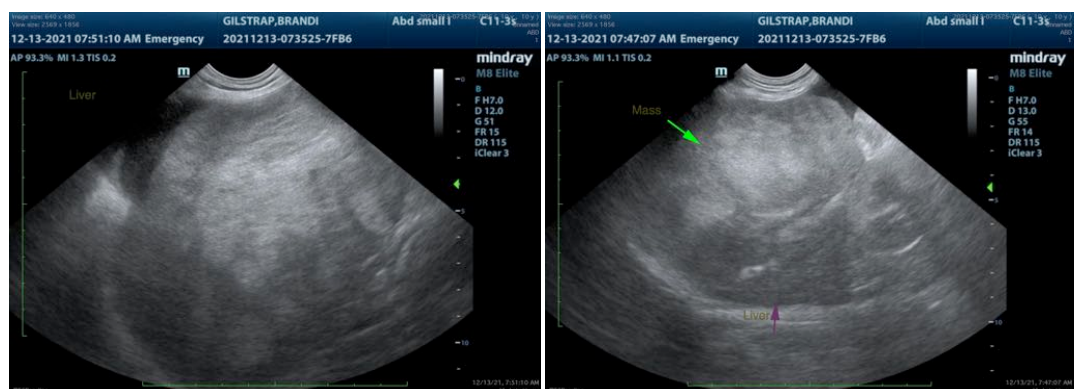
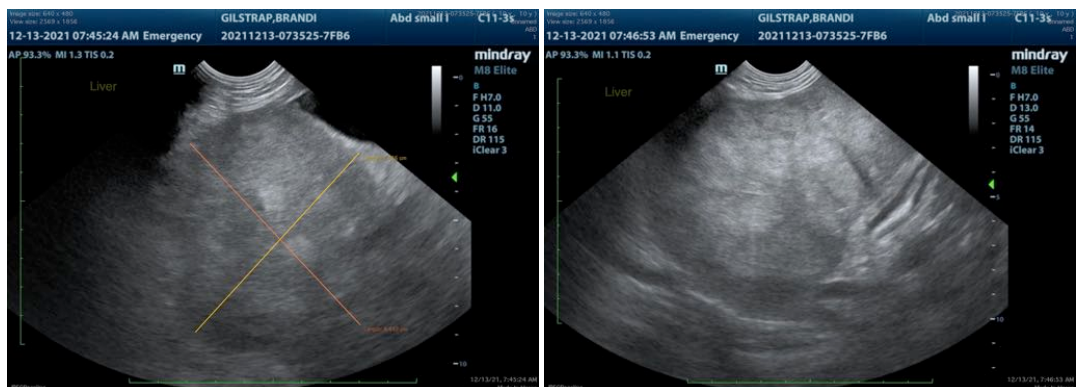
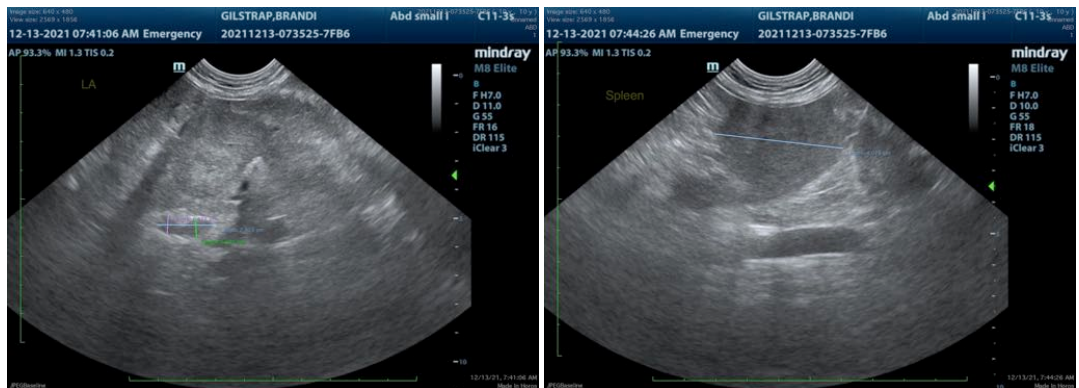
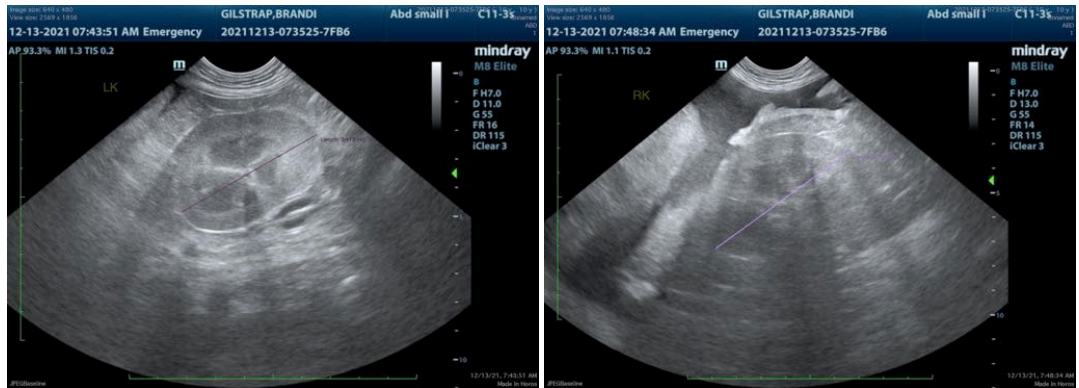
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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