

**DATE PRESENTING CLINICAL SIGNS**

12/22/22

9lb weight loss since March 2022. Per O, "not herself" for several months. Labwork showed liver enzyme elevations.

**PATIENT**

Lady Cummings

Current Medications: Rimadyl 75mg BID since 12/16/22  
 Lab Results: 12/16/22: ALT 370 (18-121), ALP 176 (5-160)  
 Date of Previous IntraPet Ultrasound: No previous.  
 Sedation: Ketamine/Valium IV.  
 Stat Report: Not requested.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED**

Shepherd X

**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**

Spayed Female

The right kidney is normal in size (6.54 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.

**AGE**

1/16/11

The left kidney is normal in size (7.37 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**

78 Pounds

**Adrenal Glands**

The right adrenal gland is normal in size (2.68 cm long x 0.69 cm at the cranial pole and 0.60 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 (2.4 cm long x 0.56 cm at the cranial pole and 0.73 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**IMAGING PERFORMED BY**Stephanie Warga  
RDCS, RVT**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). A very faint, non-discrete, approximately 1.0 cm hypoechoic mid body non-capsule disrupting nodule is present. Splenic vasculature appears normal.

**HOSPITAL NAME**

Bay Country VH

**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 7.0 cm x 8.0 cm heterogeneous mixed mass with a partially cavitated center is noted in the right cranial abdomen, which appears to be associated with the liver. The mass almost appears to have a hyperechoic thick wall with an anechoic center. Visible vasculature and biliary tree appear normal without distension or congestion.

**REFERRING VET**

Dr. McLean

**INVOICE**

43683

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 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. There is 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.

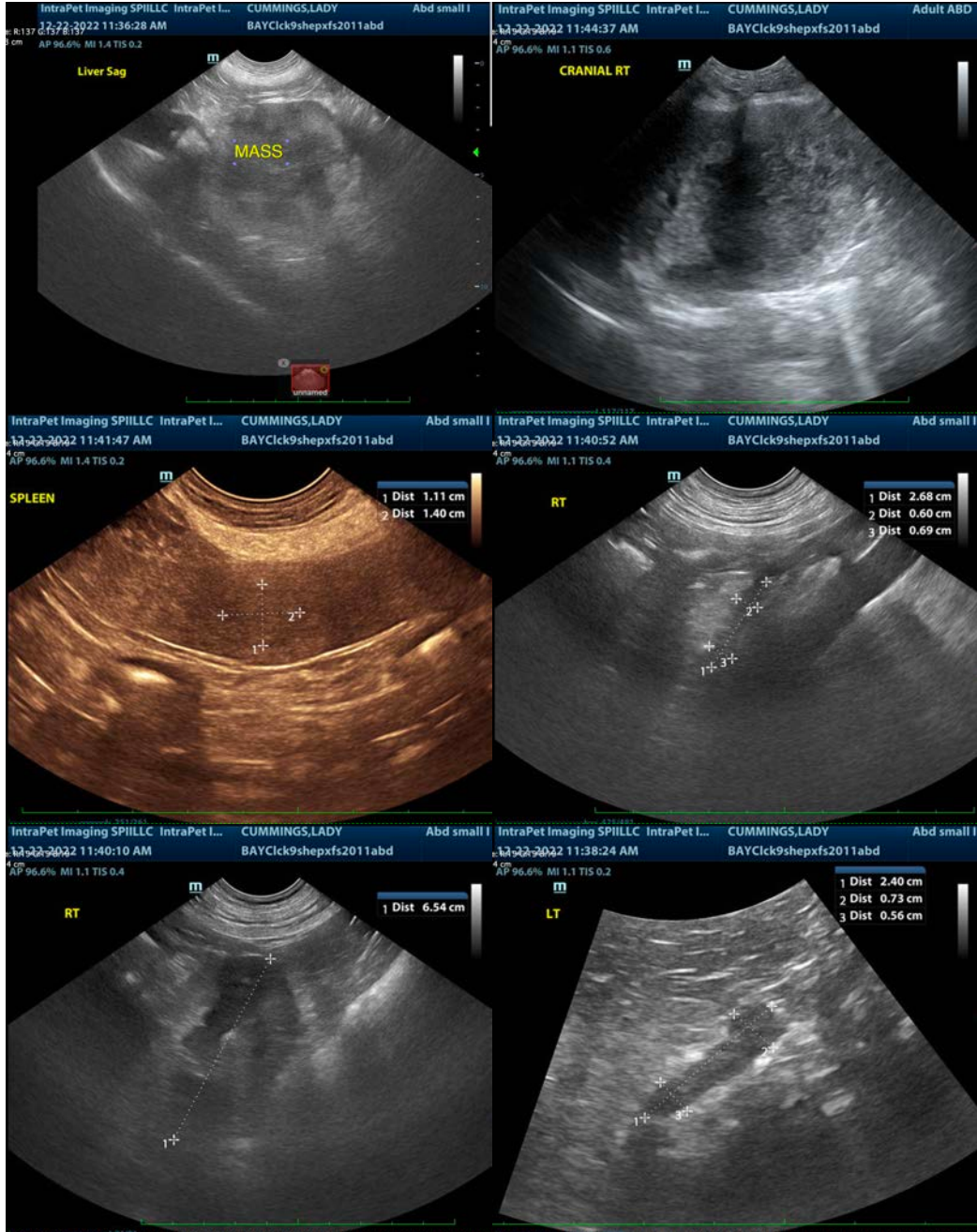
## **ULTRASONOGRAPHIC FINDINGS**

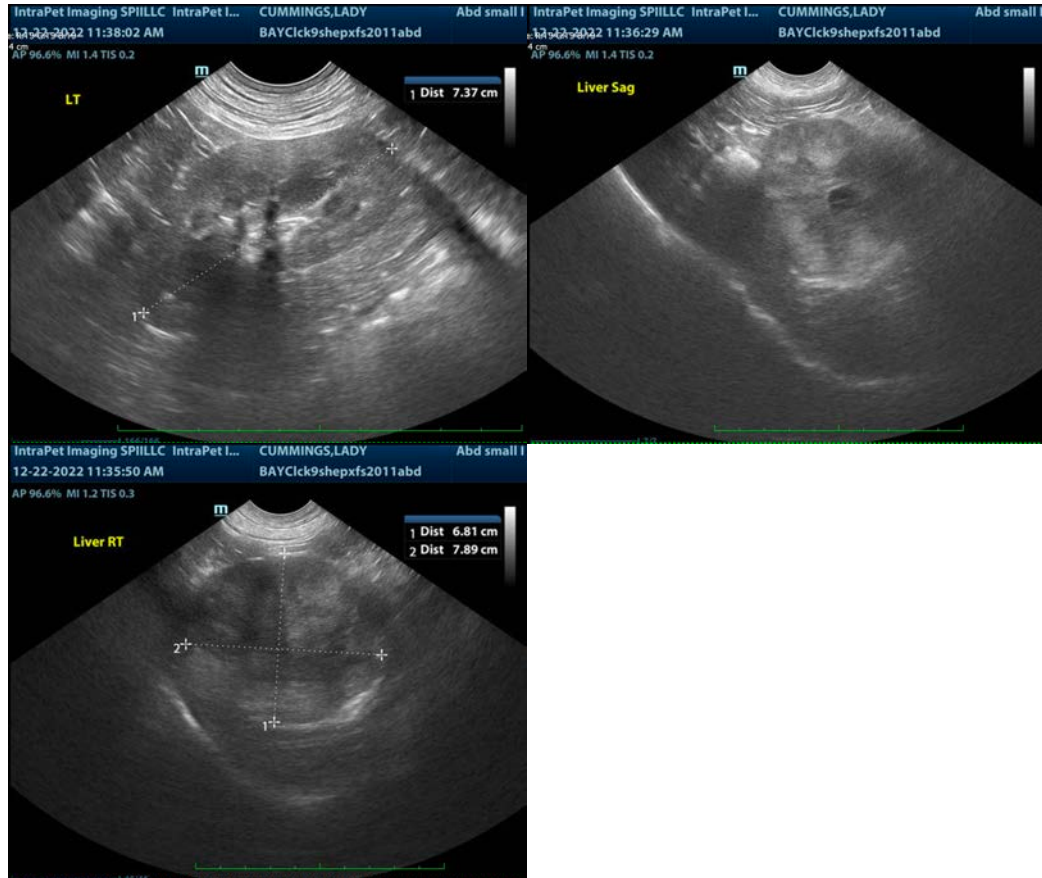
- **Right cranial abdominal mass** – Appears to originate from the liver. Differentials include infiltrative neoplasia such as hepatocellular carcinoma, sarcoma vs other. A benign hepatoma/adenoma or even an abscess, hematoma, etc. cannot be ruled out without tissue sampling.
- **Hypo to anechoic splenic nodule** – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.

## **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 for both cytology as well as culture and sensitivity, in case of an abscess or necrotic infected center, etc. Alternatively, the mass is caudal and, while this can't be fully guaranteed, appears fully resectable, so an exploratory laparotomy could be planned for mass removal.





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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