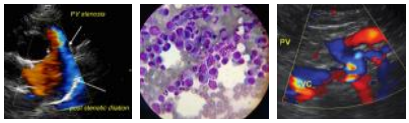
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE
12/5/22

PATIENT
Sasha Fedarcyk

SPECIES
Canine

BREED
Rhodesian Ridgeback

SEX
Spayed Female

AGE
6/4/10

WEIGHT
48.2 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

HOSPITAL NAME
Healing Paws VWC

REFERRING VET
Dr. Levitsky

INVOICE
19017

PRESENTING CLINICAL SIGNS

History: Hx of Cushings dz controlled. Elevated liver chems in 7/22 but no other clinical signs. ACTH stim done 9/22 and pre 2.3 and post 6.1. Repeat liver chems 9/22 were a bit better but started becoming PU/PD. U/A wnl- SG 1.024 first am. In last month appetite has decreased and dog is still PU/PD. Repeat U/A first am urine SG 1.012. Appetite decreased but weight holding steady. Repeat BW revealed significantly elevated ALT - 1463. Mild response to cerenia and entyce but overall appetite is down.

Current Medications: cerenia 24 mg 1 sid, entyce 2 mls prn, Vetoryl 5 mg 1 bid, Rx hepato, herbals.
Lab Results:n1/22- ALT 203, ALKP 591, GGTP 10, Chol 308. 7/22 ALT 820, ALKP 1301, GGTP 19. 9/22 ALT 511, ALKP 972, GGTP 17, Cort pre 2.3, Cort post 6.1. 11/22 ALT 1463, ALKP 584, GGTP 6 Chol 179.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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.

Left kidney is normal is size (6.4 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.

Right kidney is normal is size (6.77 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.

Adrenal Glands

Left adrenal gland is normal in size (2.69 cm long x 1.1 cm at cranial pole and 0.72 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (2.13 cm long x 0.47 cm at cranial pole and 0.44 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is largely normal in appearance (shape, echotexture and echogenicity); however, it is volume contracted. Hydration status assessment is recommended.

Liver

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, approximately 10 cm in diameter, heterogenous, partially cavitated and primarily hyperechoic mass is noted in the mid to right liver, adjacent to the gallbladder. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. A mineral cystolith is suspected. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The visible stomach wall is normal in thickness 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. 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 and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Heterogenous liver mass. This is concerning for infiltrative neoplasia, such as hepatocellular carcinoma versus sarcoma versus round cell neoplasia versus other. A benign lesion is possible nut considered less likely.

Secondary Findings

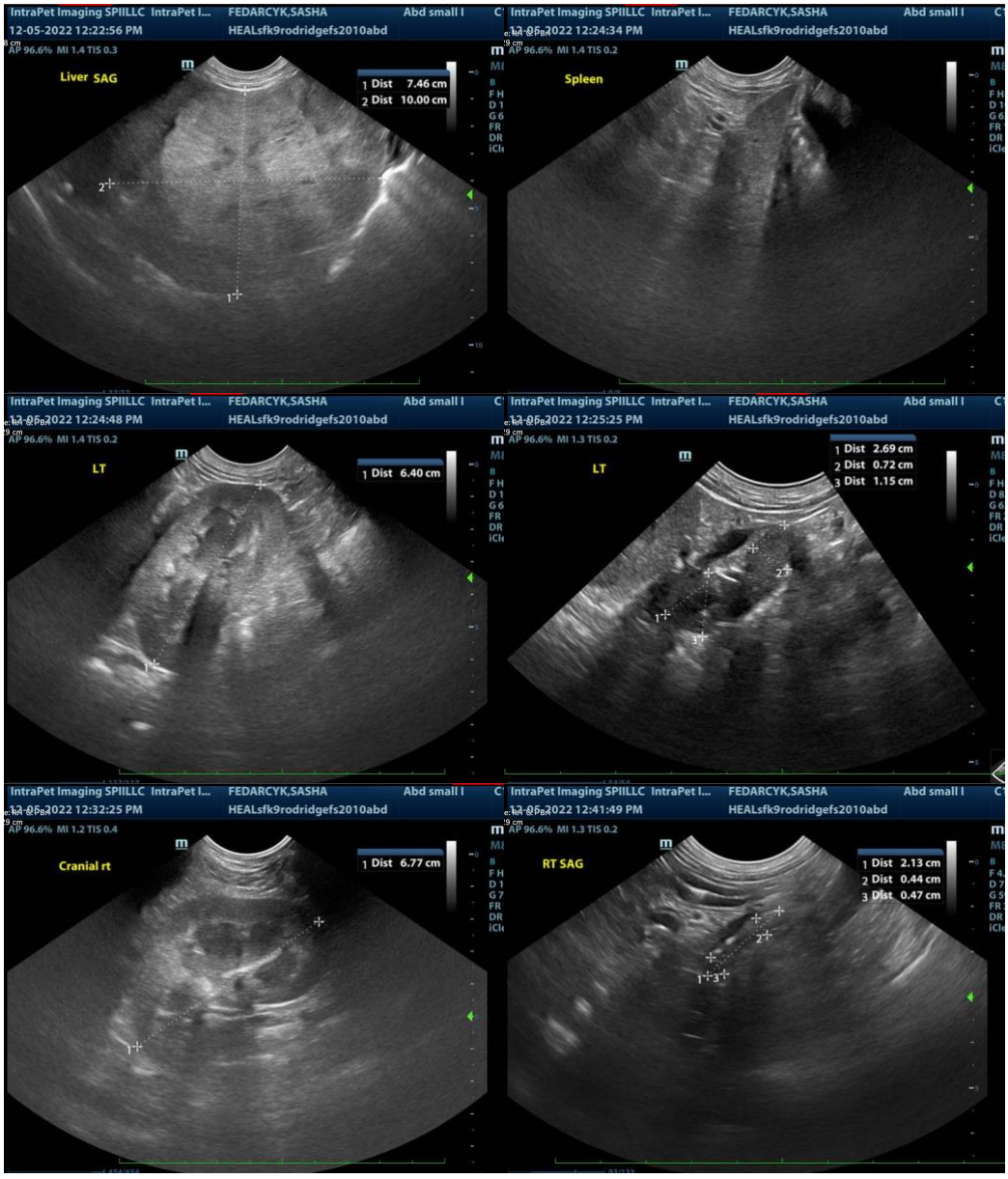
- Gallbladder debris with a cholecystolith suspected - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs 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.

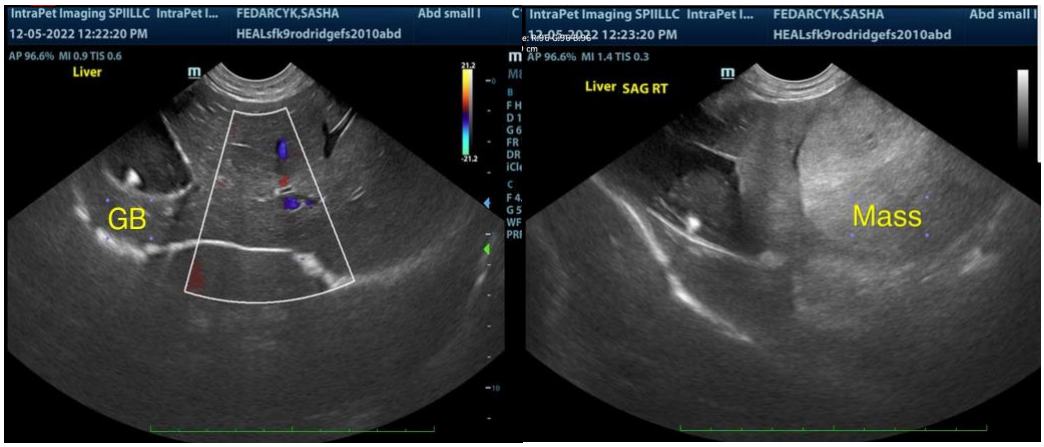
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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 patients coagulation status is appropriate. Alternatively, or if a cytologic diagnosis is unable to be obtained, an exploratory laparotomy for planned excisional biopsies/mass removal could be considered. Given the focal nature of the mass, surrounded by visibly normal liver tissue, resectability is probable, however, cannot be guaranteed based on ultrasound images alone.

In the meantime, given the patients reduced appetite, at least temporary discontinuation of the Vetoryl is recommended.





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
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