

**DATE**

2/14/22

PRESENTING CLINICAL SIGNS

History: Was seen at emergency hosp. 2/6/22 for seizure; lasted total of ~3-5 minutes; possibly in past had small tremor incident 8/2021

PE- NSF; recovered from otitis from 12/2021.

PATIENT

Current Medications: Occas. Carprofen 100mg, 1.5 SID PRN.

Lab Results: Bloodwork- SAP- 796 (no PU/PD, etc).

Jade Casey

Radiographs: Rads at emergency. - possibly enlarged heart; small liver.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

SPECIES

Stat Report: Not requested.

Canine

Imaging Performed By: Andi Parkinson, RDMS.

BREED**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Goldendoodle

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.

SEX

Spayed Female

Left kidney is normal in size (6.46 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

AGE

1/30/21

Right kidney is normal in size (6.16 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

WEIGHT

63 lbs

Adrenal Glands

Left adrenal gland is normal in size (2.53 cm long x 0.68 cm at cranial pole and 0.62 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Right adrenal gland is normal in size (2.38 cm long x 1.32 cm at cranial pole and 1.06 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

HOSPITAL NAME

Essex Middle River VC

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

REFERRING VET

Dr. Hicks

Liver

Liver is subjectively small in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. A 5.5-6.0 cm round, discrete homogenous, hyperechoic mass is visualized in the left liver. The mass appears to maintain normal curvilinear pattern. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

INVOICE

96040

Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

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.

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

Pancreas

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

Free Abdomen

Lymph nodes are normal with no observed enlargement.

Heart

There is no evidence of effusion or heart base mass noted in the images of the heart.

ULTRASONOGRAPHIC FINDINGS

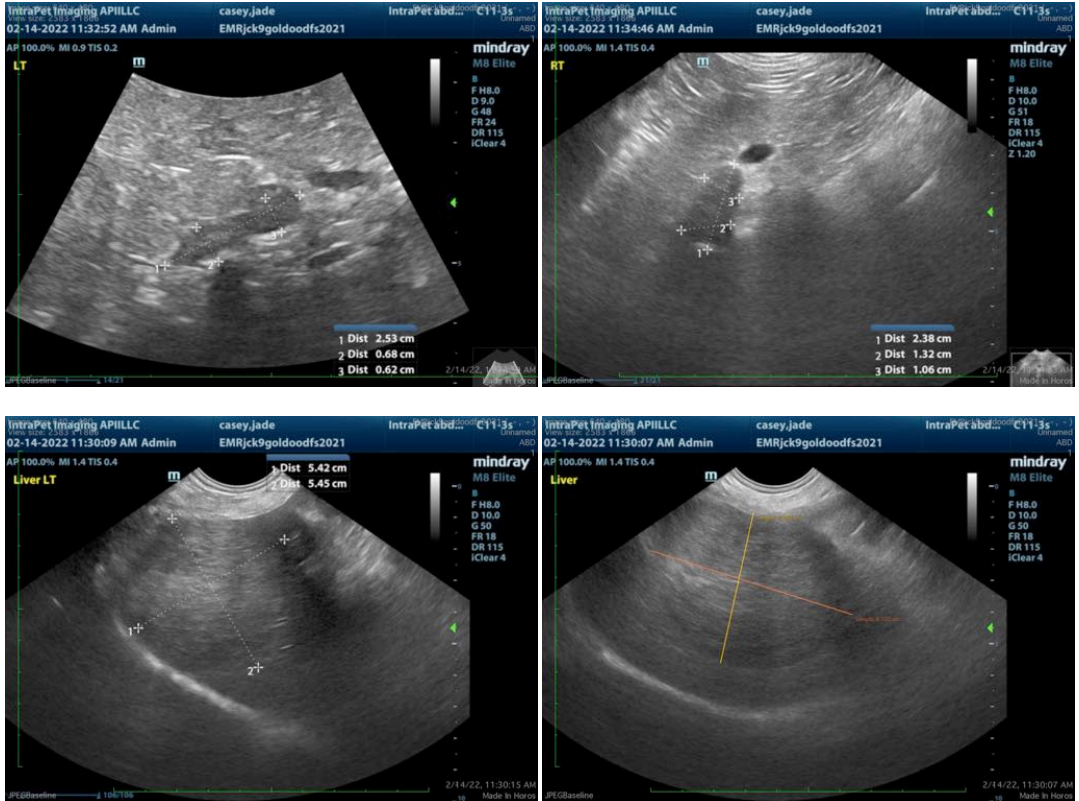
- Subjective, microhepatica. Rule out normal patient variant versus chronic hepatitis or vascular anomaly, which is not evident on these images, but cannot be definitively ruled out.
- A discrete, homogenous, hyperechoic left liver mass. Differentials include both benign nodules/granuloma, other versus a well differentiated hepatocellular carcinoma given the lack of distortion to normal curvilinear pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include a FNA of the liver mass if the patient's coagulation status is appropriate as well as bile acids given the subjectively small size to the liver combined with the previously reported neurologic signs. Some well differentiated hepatic neoplasia does not exfoliate well. Therefore, if a diagnosis is not obtained cytologically surgical excisional biopsy is recommended of the liver mass.

Given the history of reported otitis combined with the neurologic signs referral to a neurologist for further evaluation, MRI, etc. may be warranted pending the results of the liver mass work-up.





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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