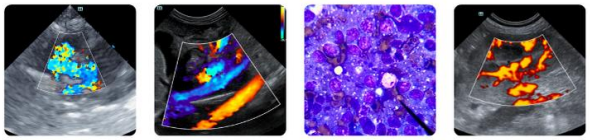


PATIENT

Raiden Abromitis

SPECIES

Canine

BREED

Pitbull

SEX

Male Neutered

AGE

10Y, 8M

WEIGHT

83.4

INTERPRETED BY

Beth Johnson, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein Veterinary Clinic

REFERRING VET

Dr. Erin Rothrock

INVOICE

73563

DATE

2-2-26

PRESENTING CLINICAL SIGNS

History:

- about a week ago, patient ingested a piece of a bone. Over the last 2-3 days, patient has been unable to keep anything down (vomiting). He had a single episode of diarrhea. He has been interested in eating, but owner did not feed him this morning.

Abnormal PE/Chem/CBC/UA Results: BW: Mild hyperproteinemia (TP 8.3 g/dL), ALT did not read, elevation of ALKP (1307 U/L), GGT elevated at U/L; CPL elevated at 678 U/L RADS: moderate hepatomegaly with rounded edges, small amount of material within stomach lumen, no obvious obstructive pattern noted

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a mild amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (6.89 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.

The left kidney is normal is size (7.09 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

The left adrenal gland is normal in size (0.64 cm at cranial pole and 0.71 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The right adrenal gland is normal in size (0.55 cm at cranial pole and 0.5 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

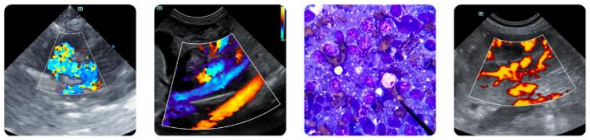
Spleen

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). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

In what appears to be the left caudal liver, is an approximately 8.3 x 10.3 cm, solid, mixed mass. The remaining liver is more normal in shape, size, and overall appearance.

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.



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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen is moderately distended with some echogenic nonshadowing luminal content and gas consistent with normal ingesta as well as in some progressive shadowing in some views. There is no evidence of obstruction, but non-fully obstructive or intermittently obstructive foreign material cannot be definitively ruled out.

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 (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed 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 visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- The liver mass could represent a benign change such as the hepatoma/adenoma, marked nodular hyperplasia, chronic inflammatory lesion vs other. Although, infiltrative neoplasia including primary hepatocellular carcinoma, sarcoma, round cell neoplasia, other cannot be ruled out without tissue sampling.
- The gastric content should be fully interpreted in combination with when patient last ate as described above normal ingesta vs non-obstructive or intermittently obstructive foreign material is difficult to differentiate. Recheck imaging of the stomach following an additional 12-24 hours of fasting could be considered if foreign material remains a concern.

Secondary

- A mild amount of echogenic urinary bladder debris.

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.

FNA of the liver mass could be considered if patient's coagulation status is appropriate. Ultimately, however, an exploratory laparotomy for planned excision or biopsy/liver lobectomy, at which time stomach could be further evaluated as well, may ultimately be therapeutically indicated pending sampling results or if a cytologic diagnosis is unable to be obtained.

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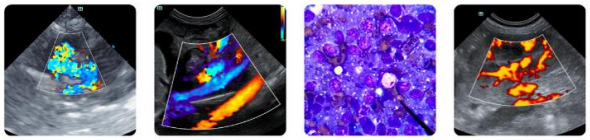

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SonoPath.com info@sonopath.com 1.800.838.4268

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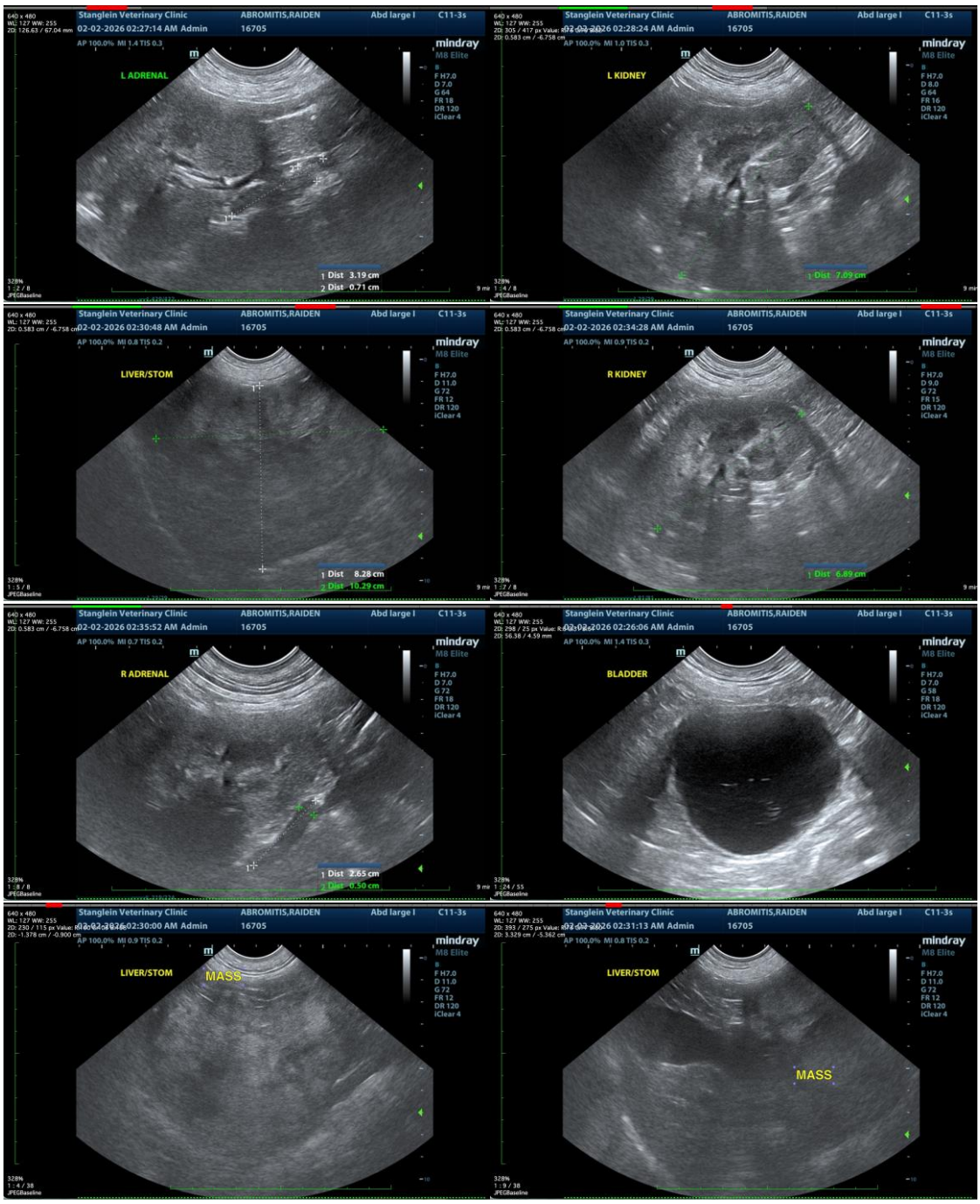

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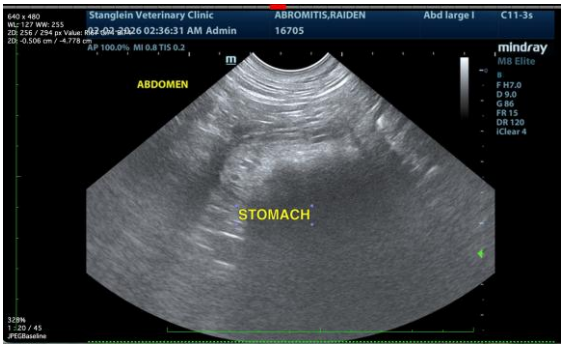

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com