



PATIENT

Mindy Warfield

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Spayed Female

AGE

12.5 Years

WEIGHT

18 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Carter

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Porter

INVOICE

35509

DATE

2/8/22

PRESENTING CLINICAL SIGNS

Presented for annual exam ; reported lethargy, sleeping more, decreased appetite. Slightly painful on abdominal palpation

Abnormal PE/Chem/CBC/UA Results: Labs: ALT 483 IU/L, prev 552 ALK Phos 1763 IU/L, prev 1581 GGT 20 IU/L Triglyceride 649 mg/dL Chhol 383 mg/dL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The right kidney is normal in size (4.7 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 in size (4.9 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 right adrenal gland is normal in size (0.53 cm cranial pole, 0.47 cm caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.44 cm cranial pole, 0.66 cm caudal pole), shape and contour. Corticomedullary structure is unremarkable. 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). Two hypoechoic nodules are noted in the mid body, non-capsule disrupting. One measured 0.5 cm x 0.9 cm. The other is 0.4 cm round. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is diffusely heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. A caudal right liver mass is noted, measuring 6.0 cm x 7.0 cm. The mass is heterogeneous in echotexture and hyperechoic in echogenicity with loss of normal curvilinear architecture within.

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 stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) 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 (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions



PATIENT

Mindy Warfield

per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

SPECIES

Canine

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

BREED

Mini Schnauzer

Pancreas

The pancreas is visible in these images. It maintains a visible capsule with smooth normal contour. No visible pancreatic duct dilation. There is a slightly coarse, remodeled architecture. No evidence of active peripancreatic inflammation. This is consistent with normal age remodeling.

SEX

Spayed Female

Free Abdomen

No appreciable lymphadenopathy in these images. There is scant amount of anechoic free fluid between liver lobes around the mass.

AGE

12.5 Years

ULTRASONOGRAPHIC FINDINGS

- Age related pancreatic remodeling
- Hypoechoic splenic nodules – most consistent with benign extramedullary hematopoiesis or nodular hyperplasia. Infiltrative or metastatic neoplastic disease cannot be ruled out, as it can have a similar appearance to benign lesions, but it is considered less likely.
- Heterogeneous liver with a focal right caudal liver mass – most concerning for primary hepatic neoplasia such as hepatocellular carcinoma, given the loss of curvilinear architecture within the mass. Other neoplasia such as round cell neoplasia or sarcomas are also possible. Benign lesions such as nodular hyperplasia, etc. are possible, but considered less likely.

WEIGHT

18 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient include a fine needle aspirate of the liver mass as well as the diffuse heterogeneous liver changes if patient's coagulation status is appropriate. 3-view thoracic radiographs are recommended if not recently evaluated to further assess metastatic disease. If surgery is elected to remove the mass, it subjectively appears likely resectable based on location. However, definitive resectability cannot be fully guaranteed with ultrasound alone.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Carter

HOSPITAL NAME

Willamette VH

REFERRING VET

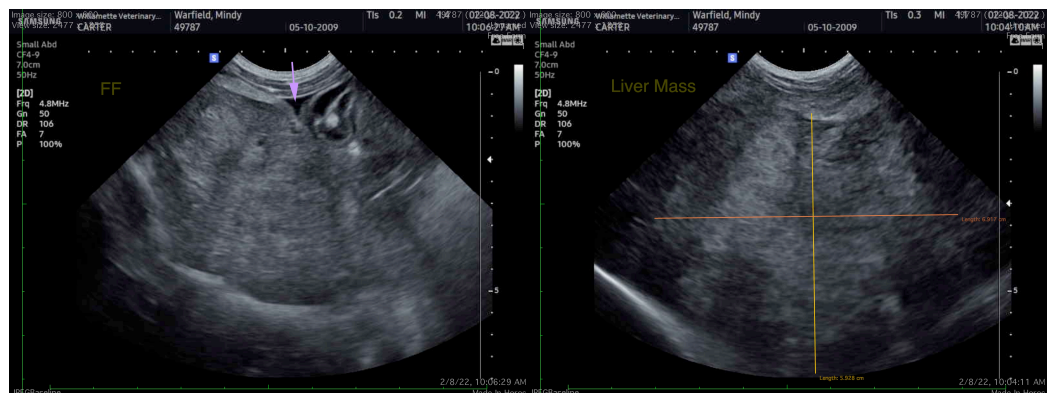
Dr. Porter

INVOICE

35509

DATE

2/8/22





PATIENT

Mindy Warfield

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Spayed Female

AGE

12.5 Years

WEIGHT

18 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Carter

HOSPITAL NAME

Willamette VH

REFERRING VET

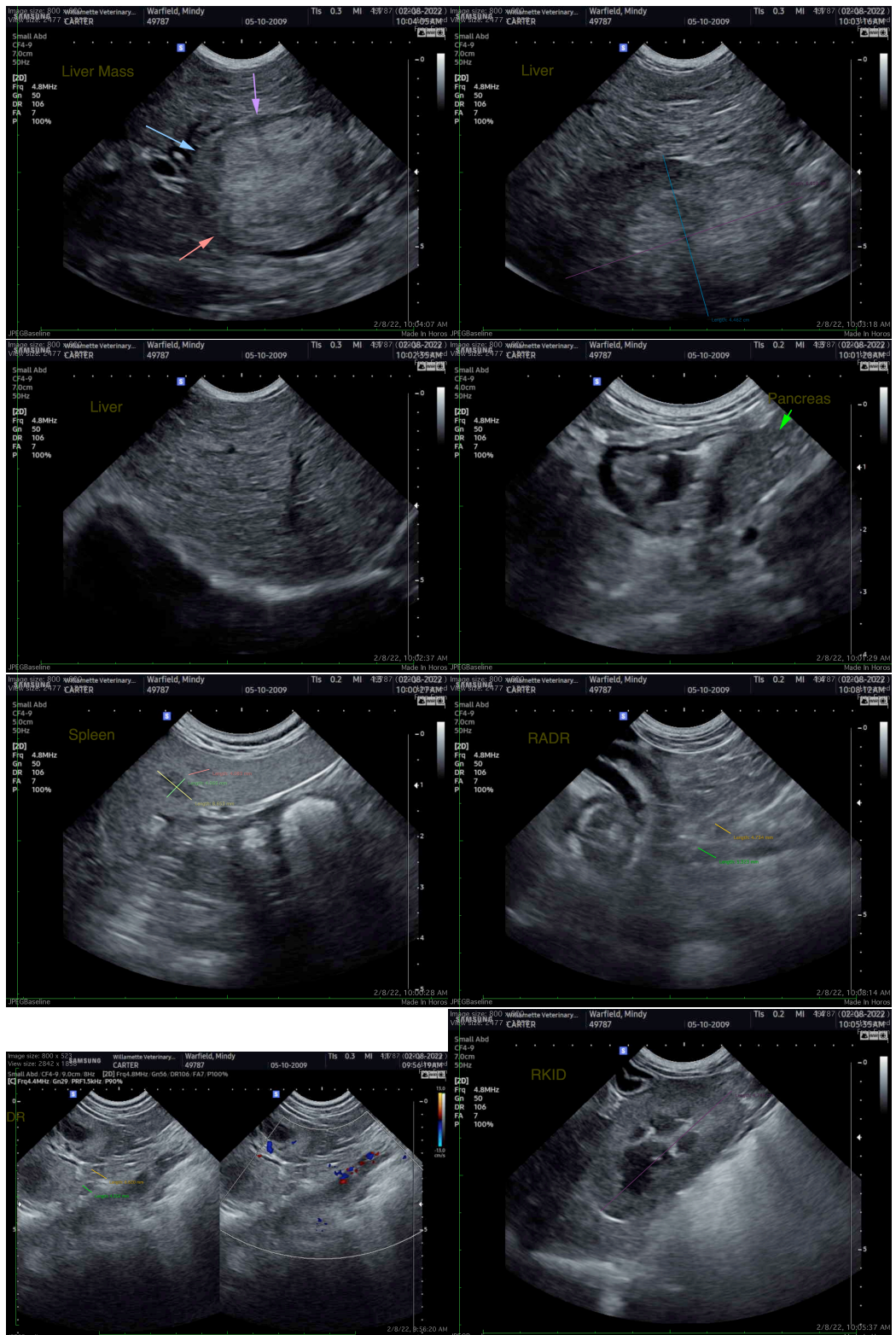
Dr. Porter

INVOICE

35509

DATE

2/8/22





PATIENT

Mindy Warfield

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Spayed Female

AGE

12.5 Years

WEIGHT

18 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

**IMAGING
PERFORMED BY**

Carter

HOSPITAL NAME

Willamette VH

REFERRING VET

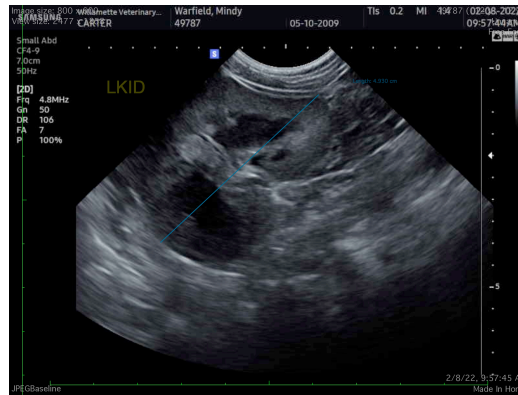
Dr. Porter

INVOICE

35509

DATE

2/8/22



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
Beth.Johnson@sonopath.com