



PATIENT

Mookie Stucks

SPECIES

Canine

BREED

Catahoula

SEX

Neutered Male

AGE

5

WEIGHT

65.6 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Dorris

HOSPITAL NAME

County Line Vet Clinic

REFERRING VET

Dr. Dorris

INVOICE

45939

DATE

3/15/23

PRESENTING CLINICAL SIGNS

Mookie is an approximately 5 year old Catahoula mix who has a history of removal of an extra skeletal osteosarcoma of the quadratus lumborum muscle in December 2022 with clean margins. His prognosis was guarded to poor at the time of removal. Previous to this surgery, his CT scan revealed no metastasis. Mookie is currently on herbal medications for his previous diagnosis, is doing well at home, and has a normal physical exam today.

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 prostate is unable to be well visualized in these images.

The right kidney is normal in size (9.1 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 (8.8 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 adrenal glands are unable to be well visualized in these images.

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

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. An approximately 9.0 cm in diameter heterogeneous, partially cavitated mass is noted in the deep mid liver. Visible vasculature and biliary tree appear normal without distension or congestion.

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

Thorough/full evaluation of the gastrointestinal tract is limited by gas and artifact, but the gastrointestinal tract that is visible is normal in thickness and layering with empty lumen and no evidence of obstruction, foreign material or infiltrative disease.

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.



PATIENT

Free Abdomen

Mookie Stucks

There is no evidence of free peritoneal effusion noted in these images.

SPECIES

There is no apparent lymphadenopathy noted in these images.

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

- Heterogeneous, cavitated liver mass – most concerning for metastatic disease, given this patient’s history of an extra skeletal osteosarcoma in the same general area. Scar tissue, hematoma, etc. from the previous surgery is possible but considered less likely.

Catahoula

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutered Male

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.

AGE

A fine needle aspirate of the liver mass could be considered if it can safely be reached and if patient’s coagulation status is appropriate. Alternatively, follow up surgery may be considered, but consultation with a veterinary oncologist regarding the best course of action is recommended prior to pursuing surgery, and if surgery is elected, a pre-surgical planning abdominal CT scan should be considered as well.

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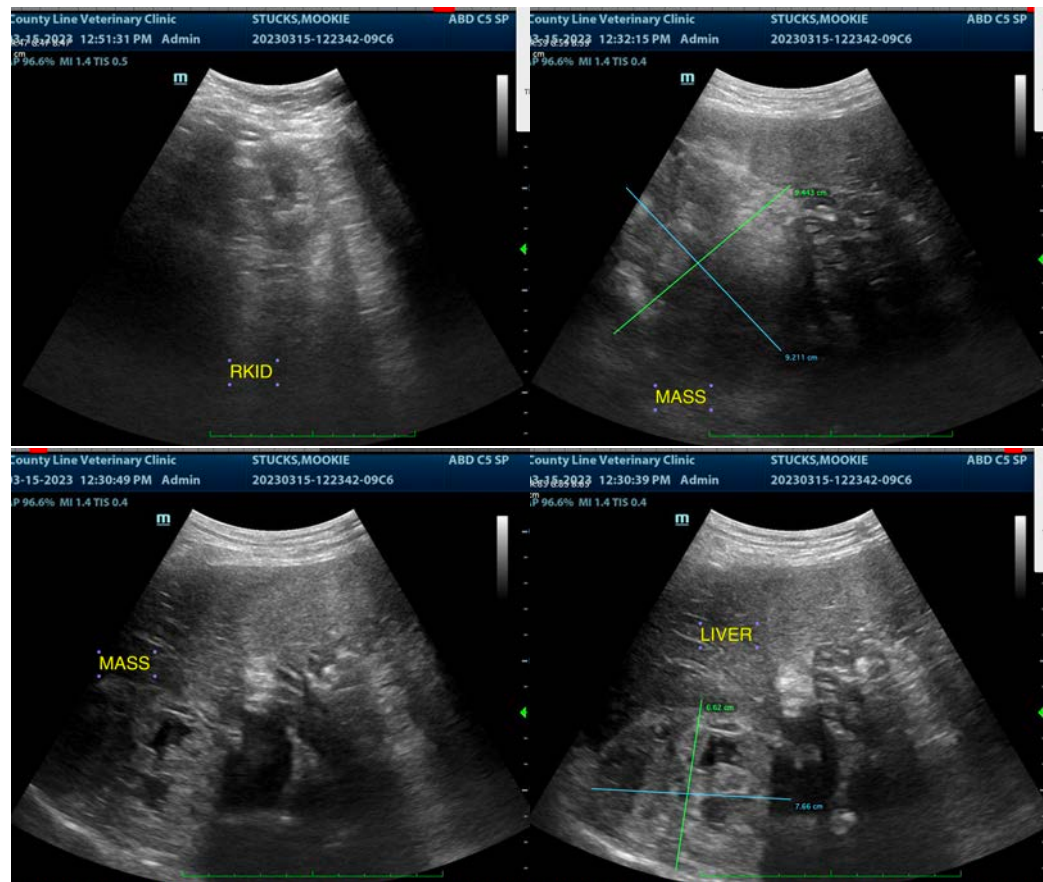
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Beth.Johnson@sonopath.com