SonoPath
Clinical Sonography & Telecytology
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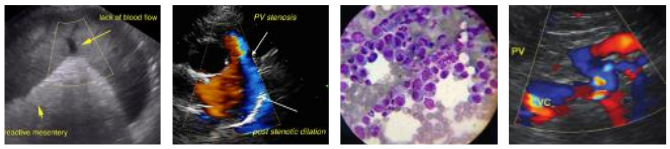


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Bella Arms

SPECIES
Canine

BREED
Goldendoodle

SEX
Spayed Female

AGE
13 Years

WEIGHT
56 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Louise Mandeville

HOSPITAL NAME
Bettervet

REFERRING VET
Dr. Louise Mandeville

INVOICE
16093

DATE
6/16/22

PRESENTING CLINICAL SIGNS

History: Presented for wellness and stiff hips, labs taken for NSAID trial.
Abnormal PE/Chem/CBC/UA Results: Elevated liver enzymes (2-3fold), remained consistently elevated 4 weeks apart. Weight loss.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

Left kidney is normal is size (7.2 cm), and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral (unless described separately) or infarcts observed. A small cortical cyst is present.

Right kidney is normal is size (6.6 cm), and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral (unless described separately) or infarcts observed.

Adrenal Glands

Left adrenal gland is normal in size (0.74 cm at cranial pole and 0.65 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The area of the right adrenal gland was visualized without evident pathology.

Spleen

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

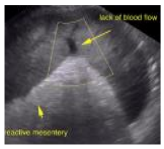
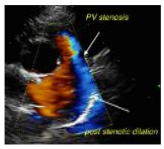
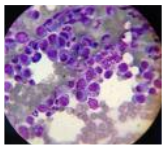
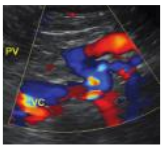
Liver is subjectively enlarged with rounded margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature appears normal. Caudal to the stomach, there is a more prominent nodular appearance to the liver lobe with discreet hypoechoic nodules forming an early mass of that lobe.

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

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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

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.

Free Abdomen

No appreciable free fluid or enlarged lymph nodes are noted in these images.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Heterogeneous liver. Differentials for hepatic changes include both benign steroid (vacuolar) hepatopathy or extramedullary hematopoiesis as well as infiltrative round cell or metastatic neoplasia. A nodular rounded early mass like lobe, extending caudal to the stomach is noted. Concerning for infiltrative neoplasia, such as round cell neoplasia or primary hepatic neoplasia, such as hepatocellular carcinoma. Benign nodular hyperplasia can't be ruled out but is considered less likely.

Secondary Findings

- Age-related kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient include:

1. A fine needle aspirate of the nodular liver lobe, if patients coagulation status is appropriate.
2. This mass could be an incidental finding and not related to the patients weight loss. Therefore, further evaluation of the gastrointestinal tract could be considered as well, especially if appetite is good, beginning with a malabsorption panel, including TLI,PLI, Folate and Cobalamin (to Texas A & M GI Laboratory).
3. Finally, testing for Leptospirosis could be considered, if not already evaluated.

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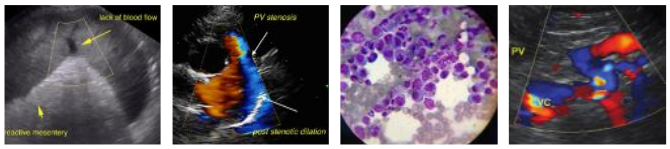

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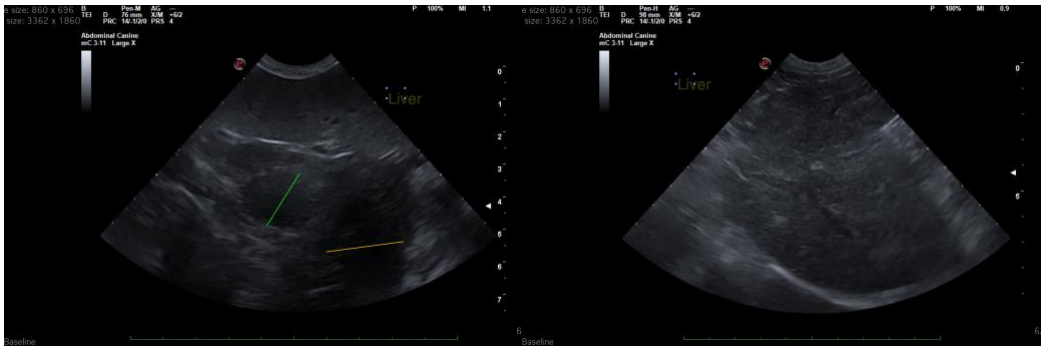

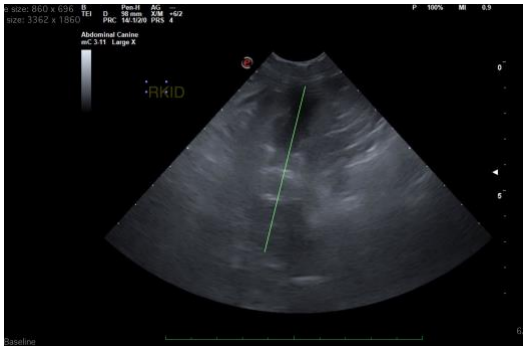

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Beth.Johnson@SonoPath.com