

PATIENT PRESENTING CLINICAL SIGNS

Roxy Williams

liver mass, UTI hyperthyroidism lots of SC soft lumps thickened stifles, bowed stance at rear, muscle atrophy at dorsum harsh pant - hx of lar par per O scarred pinnae stiff gait at rear, wide stance Current Medications Amoxi 500mg, Levothyroxine 0.5mg, Prednisone 5mg, Tramadol 50mg, Gabapentin 100mg, Denamarin.

SPECIES

Canine

BREED

Pit bull Mix

Abnormal PE/Chem/CBC/UA Results: 6/7/2023 T4 = 5.6 H ALP = 1583 H ALT = 651 H PT: 17.3 sec (normal range: 14-19 sec) aPTT: 101.1 sec (normal range: 75-105 sec) 5/30/2023 ALP 1727 (increased from 1734) ALT 701 (increased from 513) 4/10/2023 ALP 1734 (+)- was 203 in 12/22 ALT 513 (+)- was 443 in 12/22.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

13y

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.

WEIGHT

75lbs

The right kidney is normal in size (7.21 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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The left kidney is normal in size (6.06 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.

IMAGING PERFORMED BY

Jenna Walsh, CVT

Adrenal Glands

The right adrenal gland is normal in size (2.14 cm long, cranial 0.67 cm, caudal 0.65 cm), shape, and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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The left adrenal gland is normal in size (2.56 cm long, cranial 0.54 cm, caudal 0.88 cm), shape, and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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. Multifocal mineral foci are noted. Splenic vasculature appears normal.

REFERRING VET

Dr. Kenna

INVOICE

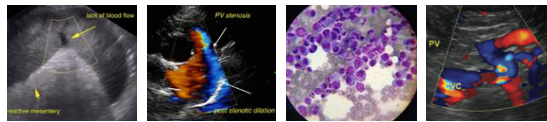
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Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is diffusely heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion. Focally, in the deep right liver there is an approximately 6 cm to 6.5 cm diameter heterogenous partially cystic nodule/mass.

DATE

6/14/2023



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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

SPECIES

Canine

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted. Pyloric outflow tract appears patent.

BREED

Pit bull Mix

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

SEX

Spayed Female

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

AGE

13y

Pancreas

WEIGHT

75lbs

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.

Free Abdomen

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There is no evidence of free peritoneal effusion or other ultrasonographically visible complications following the reported fine needle aspirate of the liver.

There is no apparent lymphadenopathy noted in these images.

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ULTRASONOGRAPHIC FINDINGS

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- **Diffusely Heterogenous Liver** – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis, or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.
- **Focally, partially cystic mass in the deep right liver** that could represent the same pathology causing the diffuse changes versus a more discrete separate pathology with differentials including benign cyst, hematoma, abscess, etc. as well as infiltrative neoplasia including hepatocellular carcinoma, sarcoma, round cell neoplasia, etc. These differentials cannot be differentiated without tissue sampling.
- **Spleen mineralization** – This is a benign change but can be associated with endocrinopathies, especially hyperadrenocorticism.

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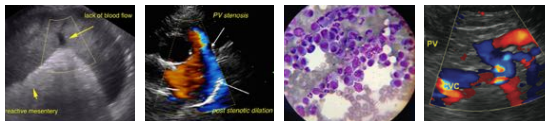
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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. A fine



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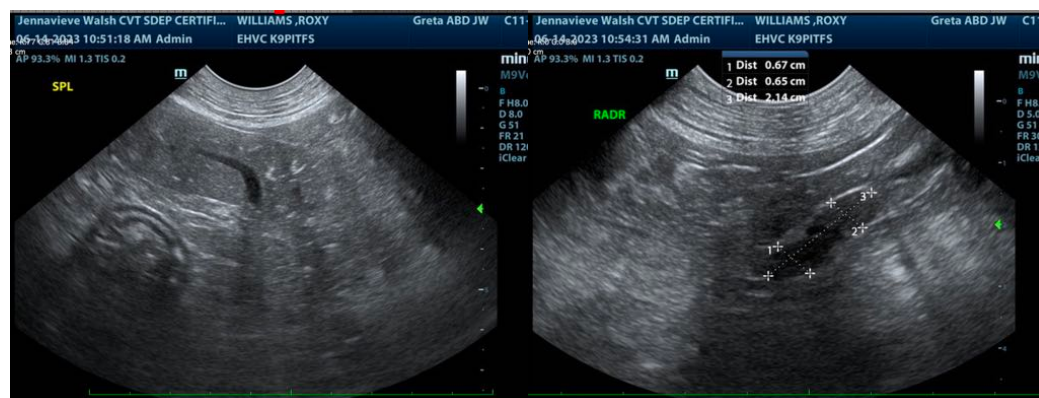
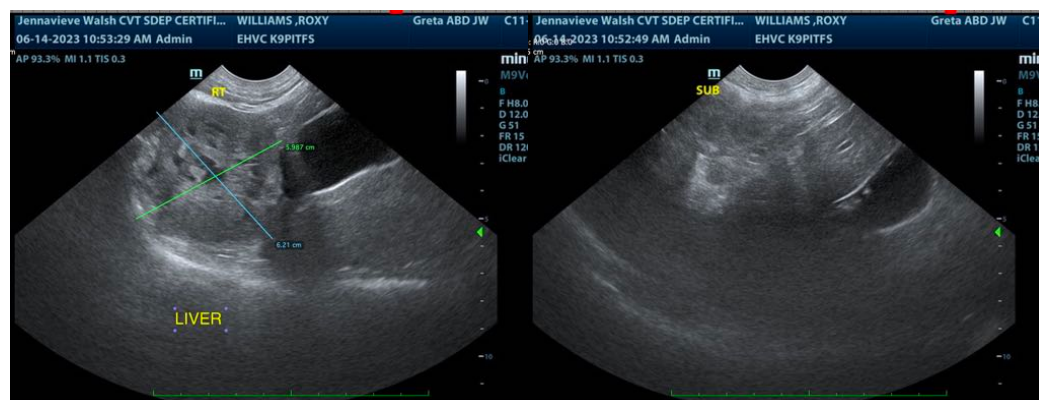
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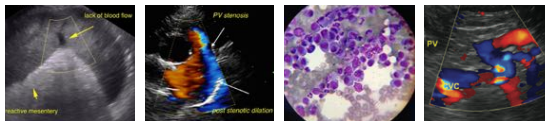
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needle aspirate of the liver mass which reportedly attempted without the discrete mass able to be reached but the diffuse heterogenous changes were sampled with cytology pending. Depending on those results an exploratory laparotomy for planned liver lobectomy/excisional biopsies of the mass may ultimately be warranted. Full resectability is unable to be definitively guaranteed based on ultrasound alone, and the mass is located deep in the liver which may add a level of complication to surgery. Having said that full resectability appears probable based on these images.

In the meantime, if possible, given this patient reported urinary tract infections as well as the liver enzymes which may be in part attributed to the prednisone administration, if possible, tapering and/or even ultimately discontinuing the prednisone should be considered (however the reason for the prednisone is unknown to me).

Additionally, if not recently done thyroid supplement could be slightly decreased given the reportedly high T4.





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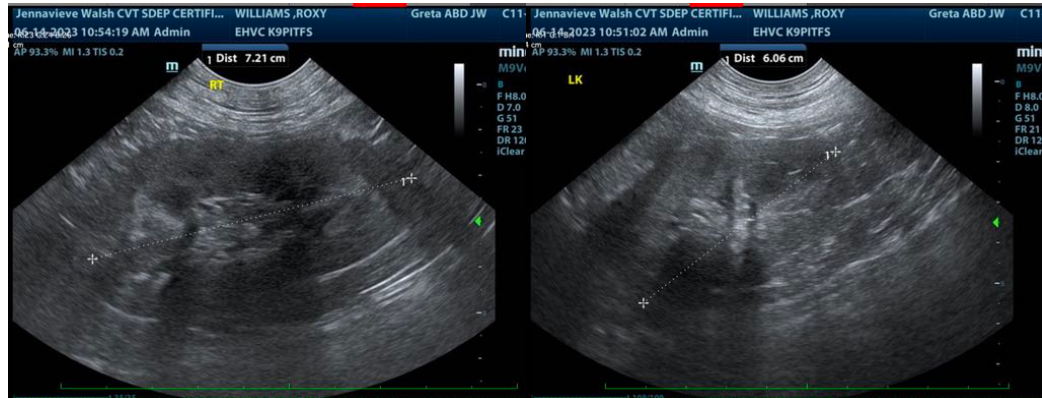
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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