



**PATIENT**

Holly Cerritelli

**SPECIES**

Canine

**BREED**

Labrador Retriever X

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

85 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Animal General  
on the Hudson

**REFERRING VET**

Dr. Vivian Ng

**INVOICE**

38745

**DATE**

6/15/22

**PRESENTING CLINICAL SIGNS**

Patient with history of elevated liver enzymes presents for abdominal ultrasound. Abnormal PE/Chem/CBC/UA Results: ALT 270, ALP 2,225, Glob. 3.7, TP 7.5. U/A: USG 1.025, protein 4+.

**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 (5.94 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 or infarcts observed. Non-obstructive areas of mineralization/nephroliths are noted, primarily in the diverticular of the kidney.

The left kidney is normal in size (6.48 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 or infarcts observed. Non-obstructive areas of mineralization/nephroliths are noted, primarily in the diverticular of the kidney.

**Adrenal Glands**

The right adrenal gland is normal in size (2.49 cm long x 0.79 cm at the cranial pole and 0.74 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (3.23 cm long x 0.78 cm at the cranial pole and 0.80 cm at the 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). A <1.0 cm hypoechoic nodule is noted in the mid spleen, non-capsule disrupting. Splenic vasculature appears normal.

**Liver**

The liver contains a large 10 cm x 13 cm heterogeneous, mixed, cavitated mass, that appears to be mid liver, caudal to the gallbladder, and relatively ventral. Normal liver dorsal to the mass is present.

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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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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, foreign material or infiltrative disease.

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

**Pancreas**

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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.

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**Free Abdomen**

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

**PRIMARY FINDINGS**

**AGE**

9 Years

- Large, heterogeneous liver mass – most concerning for infiltrative neoplasia with sarcoma being the top differential. Carcinoma, round cell tumor, etc. possible, but considered less likely. The mass appears to involve multiple liver lobes. However, it is ventral, and normal liver is present.

**SECONDARY FINDINGS**

- Hypoechoic splenic nodule – most consistent with benign cyst, hematoma, extramedullary hematopoiesis, etc. Metastatic nodule is possible, but considered less likely.
- Non-obstructive nephrolithiasis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- 3-view thoracic radiographs are recommended if not recently evaluated in order to further assess any evidence of metastatic disease.
- If surgery is elected, clotting times to assess coagulation status are recommended.
- Ultimately, surgical resectability is not 100% definitive based on these images, as the mass does appear ventral and caudal primarily, but there does appear to be extension to multiple liver lobes. Therefore, recommendations include proceeding to surgery to remove as much gross disease as possible, potentially the entire mass, versus pursuing a pre-surgical planning abdominal CT scan prior to surgery.

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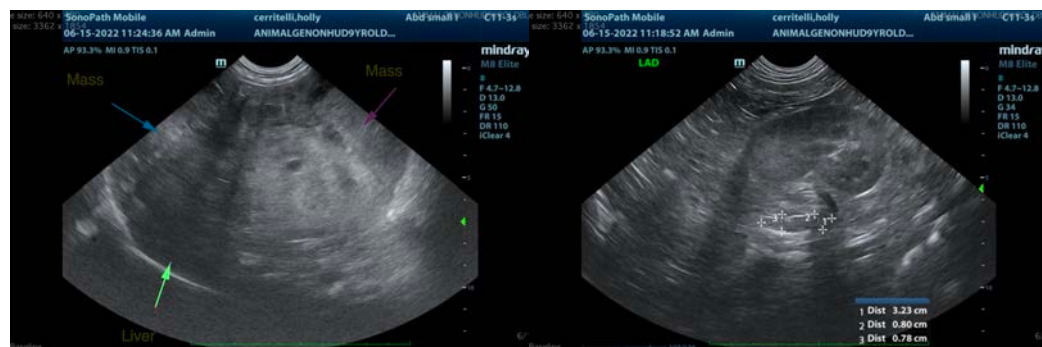
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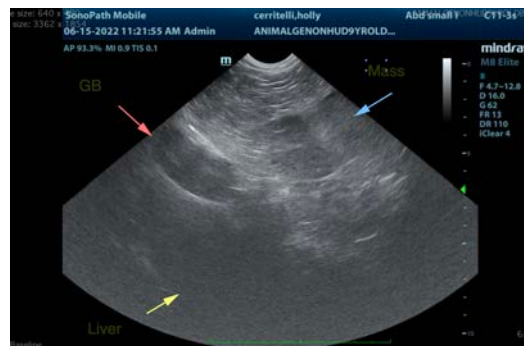
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
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