

**PATIENT PRESENTING CLINICAL SIGNS**

**Krypto Fillier**  
Assess liver - elevated ALP (856) and ALT (320), decreased appetite, pre and post prandial bile acids within normal limits. Has been on Clavaseptin 125mg BID for 14 days and Gabapentin 100mg BID. Abnormal PE/Chem/CBC/UA Results: Mild thrombocytosis (555) mild hypochloremia (108) increased plateletcrit(0.65).

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Pug

**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.

**SEX**

Neutered Male

Prostate (neutered) is normal in size, echotexture and echogenicity for a neutered male.

**AGE**

8 Years

The right kidney is normal in size (4.89 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 (4.42 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.

**WEIGHT**

9.4 kg

**Adrenal Glands**

The right adrenal gland is normal in size (1.9 cm long x 0.91 cm at the cranial pole and 0.49 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

The left adrenal gland is normal in size (1.95 cm long x 0.59 cm at the cranial pole and 0.49 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**IMAGING PERFORMED BY**

Crystal Hill

**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.

**HOSPITAL NAME**

New Hamburg VC

**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. A right caudal hypoechoic, homogeneous, approximately 5.0 cm mass is noted, which does not appear to disrupt normal curvilinear patterns/architecture at this time. Visible vasculature and biliary tree appear normal without distension or congestion.

**REFERRING VET**

Dr. Puckering

**INVOICE**

38737

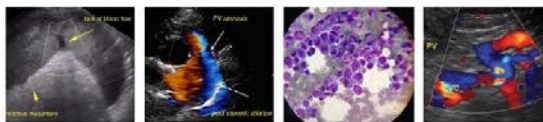
The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

**DATE**

6/15/22

**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.



## PATIENT

Krypto Fillier

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.

## SPECIES

Canine

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

## Pancreas

## BREED

Pug

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.

## SEX

Neutered Male

## Free Abdomen

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

## ULTRASONOGRAPHIC FINDINGS

## AGE

8 Years

- 5.0 cm homogeneous right caudal liver mass – rule outs include benign tumor such as hepatoma or adenoma versus an early emerging well differentiated primary liver tumor such as a hepatocellular carcinoma.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include:

- 3-view thoracic radiographs for further evaluation of metastatic disease, if not recently evaluated.
- Fine needle aspirate of the liver mass, if patient's coagulation status is appropriate.

## WEIGHT

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## HOSPITAL NAME

New Hamburg VC

## REFERRING VET

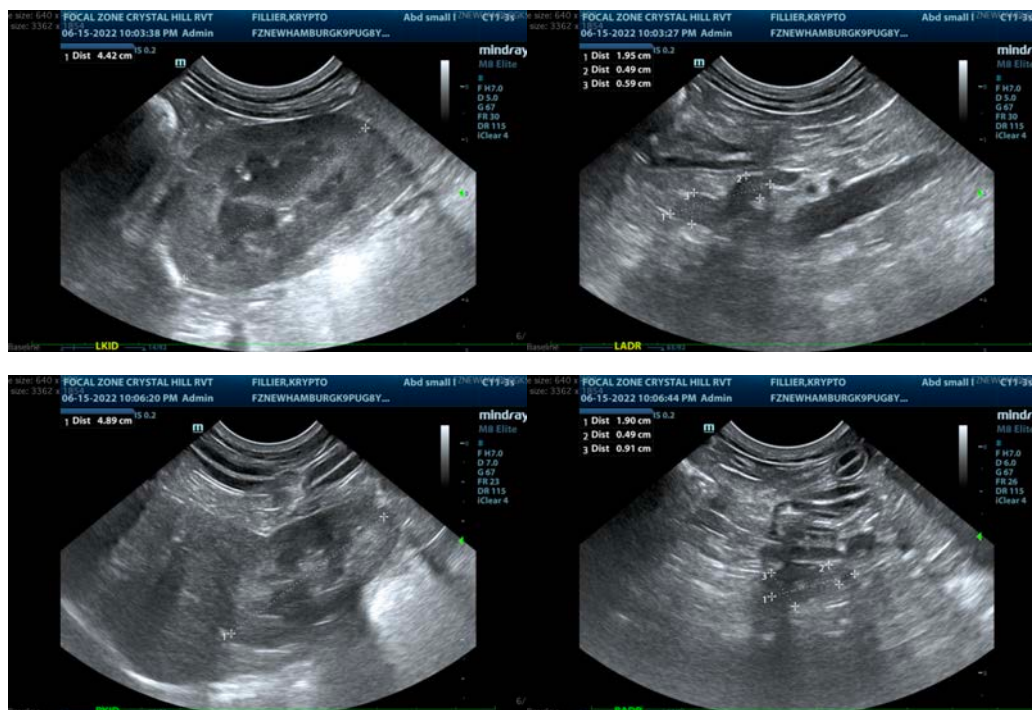
Dr. Puckering

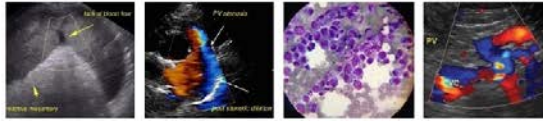
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Canine

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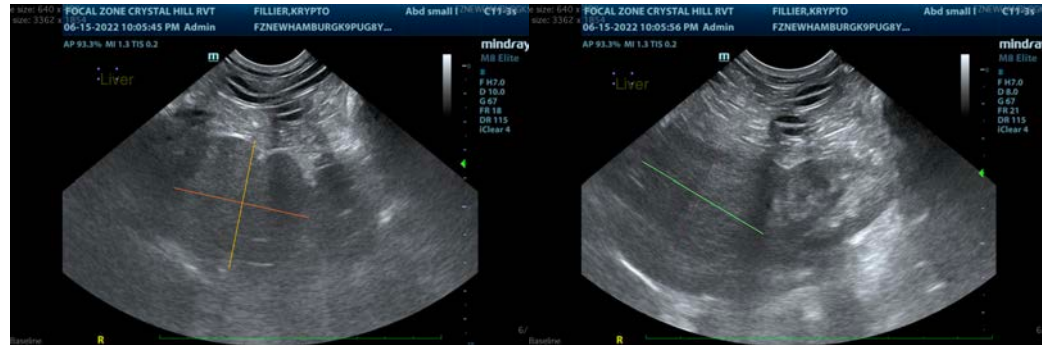
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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