IMAGING PERFORMED BY

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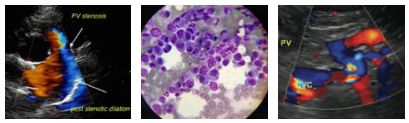

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DATE
6/20/22

PATIENT
Lyla Paje

SPECIES
Canine

BREED
Labrador

SEX
Spayed Female

AGE
6/4/07

WEIGHT
39.19 kg

INTERPRETED BY
Beth Johnson, DVM DACVIM

HOSPITAL NAME
Banfield Towson

REFERRING VET
Dr. Washington

INVOICE
31103

PRESENTING CLINICAL SIGNS

Hyperadrenocorticisim, Hepatopathy and anemia.
Current Medications: None listed.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Sedated with Propofol.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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 (8.03 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.

Right kidney is normal is size (7.2 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

Left adrenal gland is enlarged (3.38 cm long, 1.05 cm at the cranial pole and 0.84 cm at the caudal) with mild heterogenous parenchymal changes. Swollen capsular expansion is noted without evident capsular escape or vascular invasion.

Right adrenal gland is enlarged (3.34 cm long, 1.99 cm at the cranial pole and 1.84 cm at the caudal pole) with mild heterogenous parenchymal changes. Swollen capsular expansion is noted without evident capsular escape or vascular invasion.

Spleen

Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

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 6-7 cm heterogenus mass was noted in the left caudal liver that contains hyperechoic, slightly irregular border around hyperechoic to anechoic center. Visible vasculature and biliary tree appear normal without distension or congestion.

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 visible stomach wall is normal in thickness 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. 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.

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

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Left caudal liver mass with a hypoechoic to anechoic center. Differentials for which include infiltrative neoplasia such as hepatocellular carcinoma or sarcoma; however, given the appearance, benign hematoma or abscess are also considered possible.

- Marked bilateral adrenomegaly, consistent with the reported history or hyperadrenocorticism especially if this patient is receiving Vetoryl. If this patient is not on Vetoryl some consideration should be given to an adrenal mass such as pheochromocytoma, adenoma, etc. of the right adrenal gland without capsular escape or vascular invasion to suggest malignancy.

- Hypersplenism – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis (leave amyloidosis out if canine) as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. 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.
2. FNA of the liver mass for cytology and culture is recommended if the patient's coagulation status is appropriate; however, given the risk for future hemorrhage, necrosis, torsion, etc.
3. Regardless of histologic diagnosis surgical excisional biopsy may be elected over cytology.


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AP 100.0% MI 1.2 TIS 0.4
Spleen
mindray
M8 Elite


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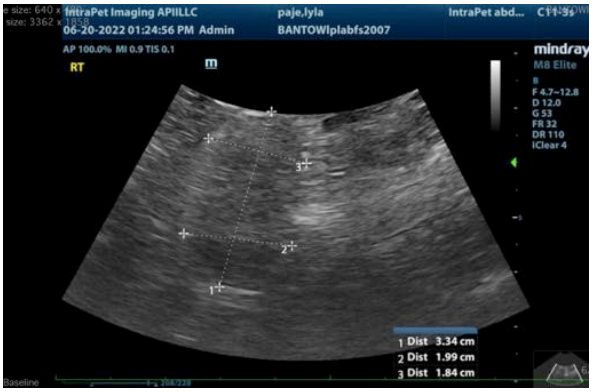
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RT
1 Dist 3.34 cm
2 Dist 1.99 cm
3 Dist 1.84 cm
mindray
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AP 100.0% MI 1.2 TIS 0.4
LT Liver
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2 Dist 6.91 cm
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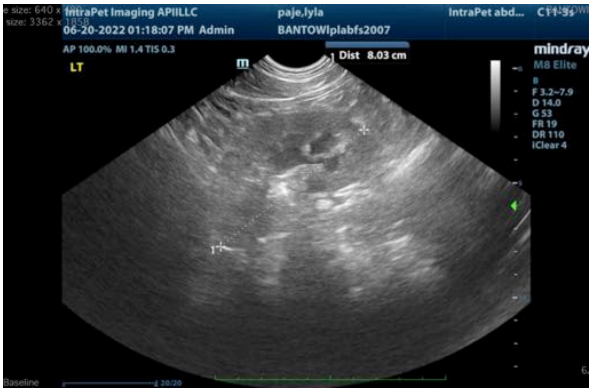
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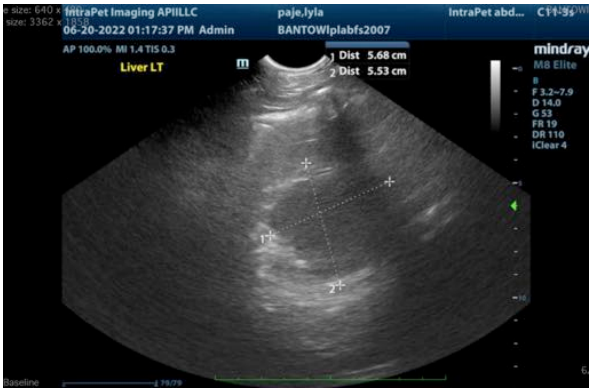
LT
1 Dist 8.03 cm
mindray
M8 Elite



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