



PATIENT	PRESENTING CLINICAL SIGNS
Riley Mangiaragina	Abdominal mass Abnormal PE/Chem/CBC/UA Results: HCT 24%
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	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.
English Setter	Prostate (neutered) is normal in size, echotexture and echogenicity for a neutered male.
SEX	The right kidney is normal in size (6.93 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.
Neutered Male	
AGE	The left kidney is normal in size (6.86 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.
7 Years	
WEIGHT	Adrenal Glands
58 Pounds	The right adrenal gland is normal in size (3.7 cm long x 1.9 cm at the cranial pole and 0.78 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
INTERPRETED BY	The left adrenal gland is unable to be visualized in these images.
Beth Johnson, DVM DACVIM	Spleen
IMAGING PERFORMED BY	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. **See other.
Shari Reffi, CVT	Liver
HOSPITAL NAME	There is a large 18-20 cm mixed heterogeneous, largely cavitated mass that appears to extend from the mid caudal liver. There is normal liver noted cranially along the diaphragm and around the gallbladder.
Mount Olive VH	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.
REFERRING VET	Gastrointestinal
Dr. Logan	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.
INVOICE	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.
39048	
DATE	
6/23/22	



PATIENT

Riley Mangiaragina

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

SPECIES

Pancreas

Canine

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.

BREED

English Setter

Free Abdomen

A scant amount of free abdominal fluid is noted as well as suspected pleural effusion.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

- Enlarged, heterogeneous, cavitated mass that appears to arise from the liver. A splenic mass cannot be definitively ruled out, but is considered less likely.
- Suspect pleural effusion.

AGE

7 Years

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.
- If patient's coagulation status is appropriate, and the patient is stable for surgery, then an exploratory laparotomy for mass removal/excisional biopsy is recommended, given the large risk for rupture and hemorrhage of this mass, regardless of tissue origin.
- Both normal splenic tissue and normal liver tissue are present, and the mass appears to be caudal, all which support possibility resectability. However, the size of this mass precludes definitive assessment of tissue origin and/or resectable. Therefore, if more definitive planning is desired, a pre-surgical abdominal CT scan for surgical planning is recommended.

WEIGHT

58 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Mount Olive VH

REFERRING VET

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SPECIES

Canine

BREED

English Setter

SEX

Neutered Male

AGE

7 Years

WEIGHT

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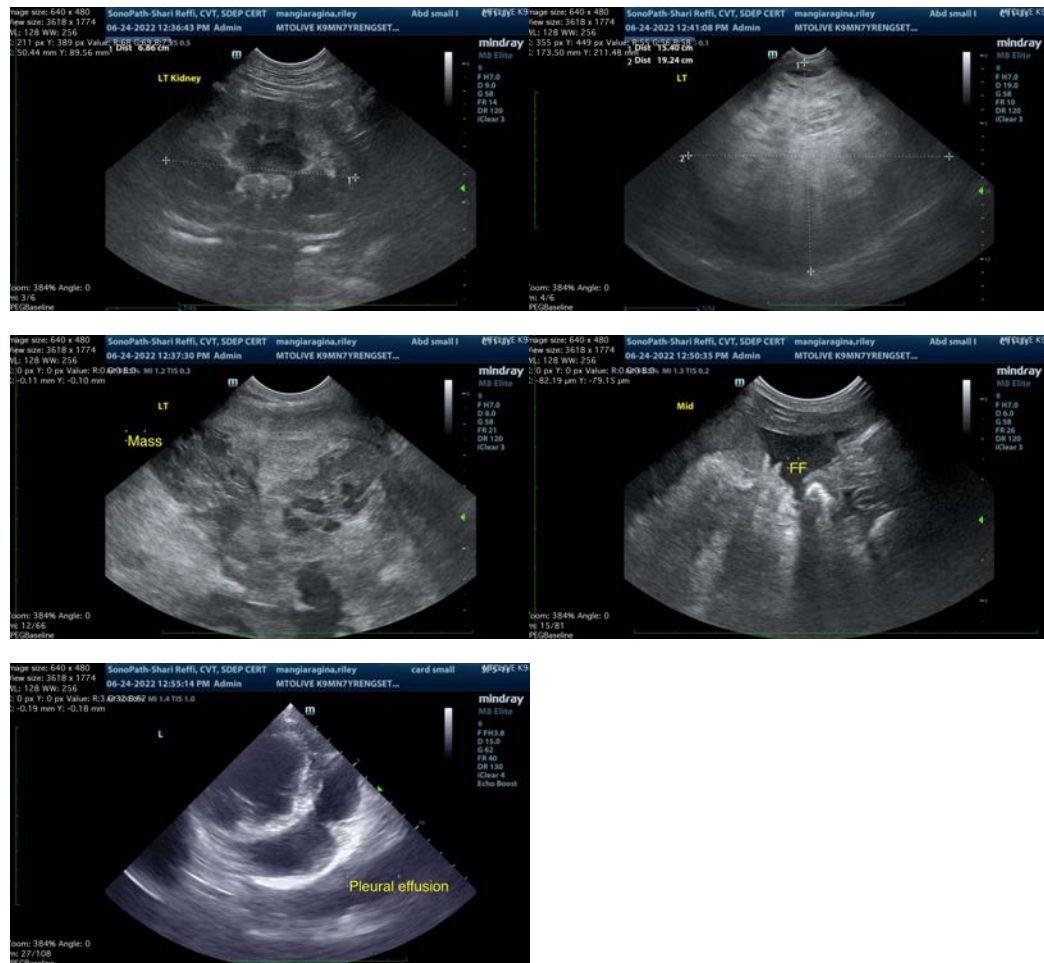
Dr. Logan

INVOICE

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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
Beth.Johnson@sonopath.com