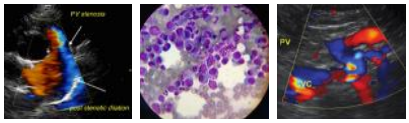
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

6/26/23

PATIENT

Buddy Treek

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

7/29/11

WEIGHT

14.2 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Fork VH

REFERRING VET

Dr. Doherty

INVOICE

23088

PRESENTING CLINICAL SIGNS

History: History of liver mass extending back 2 yrs in cranial aspect of the liver. Most recent ultrasound (about 1 yr ago at AVIM showed enlargement of the mass). Now, the dog is developing ascites and a mild pleural effusion. The ascites is suspected to be due to portal hypertension as the serum protein levels are within the normal parameters.

Current Medications: Denamarin 90 mg QD - long term treatment, Spironolactone 62.5 mg BID -recently started, Cerenia 16 mg QD - 1 week duration, Clavamox 62.5 mg bid - recently started.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Declined.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. A 0.44 cm cystolith is noted along the dependent wall. No masses are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The area of the prostate is examined without evident prostatic pathology.

Left kidney is normal is size (4.18 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 (4.34 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 normal in size (1.83 cm long x 0.69 cm at cranial pole and 0.71 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (1.74 cm long x 0.85 cm at cranial pole and 0.67 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. 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. Splenic vasculature appears normal.

Liver

Liver is moderately enlarged with irregular margins. The parenchyma is diffusely mottled by multifocal discreet, heterogenous, some hypoechoic/some hyperechoic and some cystic or cavitated nodules of varying sizes. Additionally, in the deep right liver, there is a larger, approximately 7.0 cm in diameter, heterogenous primarily hyperechoic mass. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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 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 apparent lymphadenopathy. There is a large amount of very echogenic appearing free fluid.

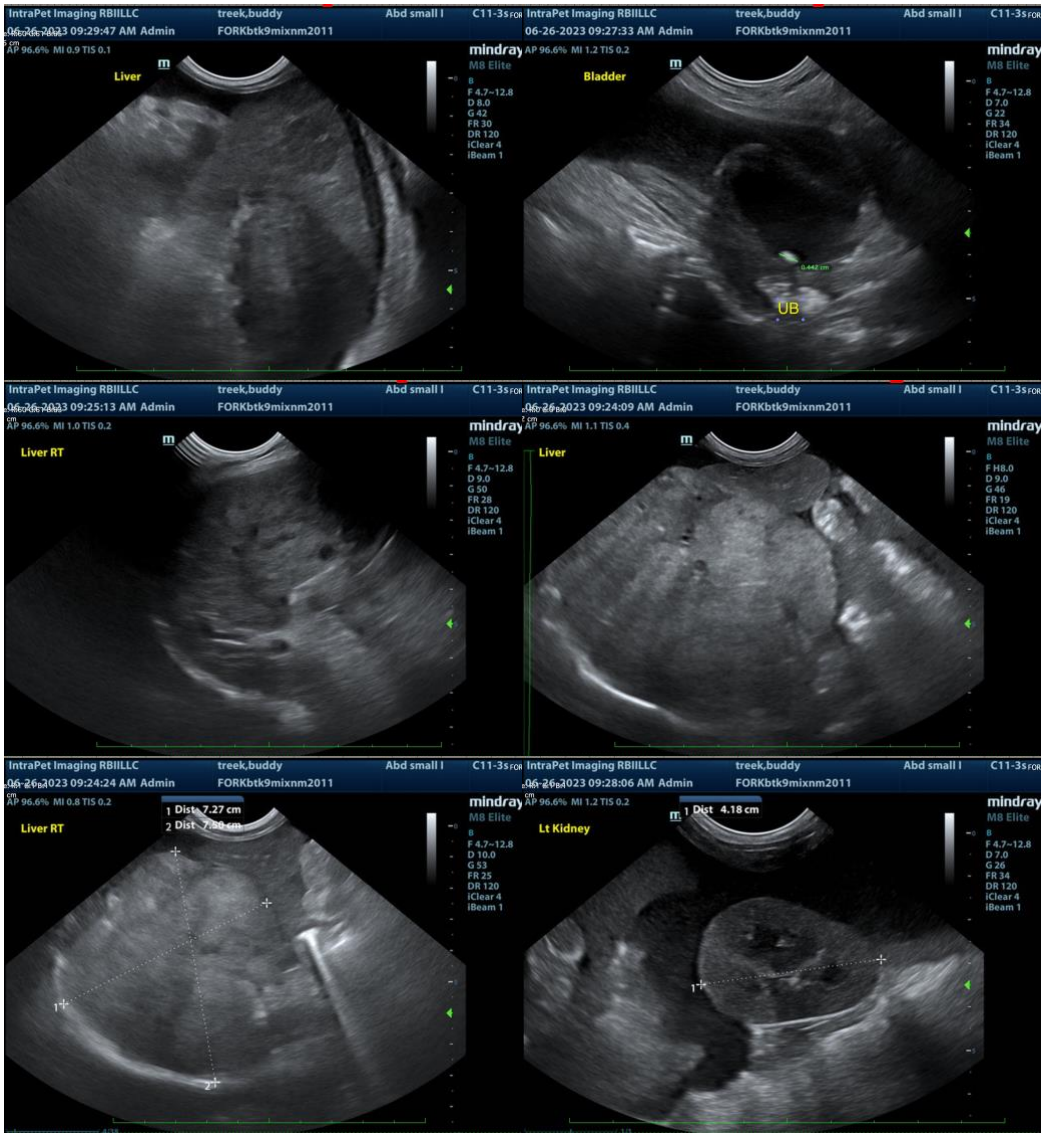
ULTRASONOGRAPHIC FINDINGS

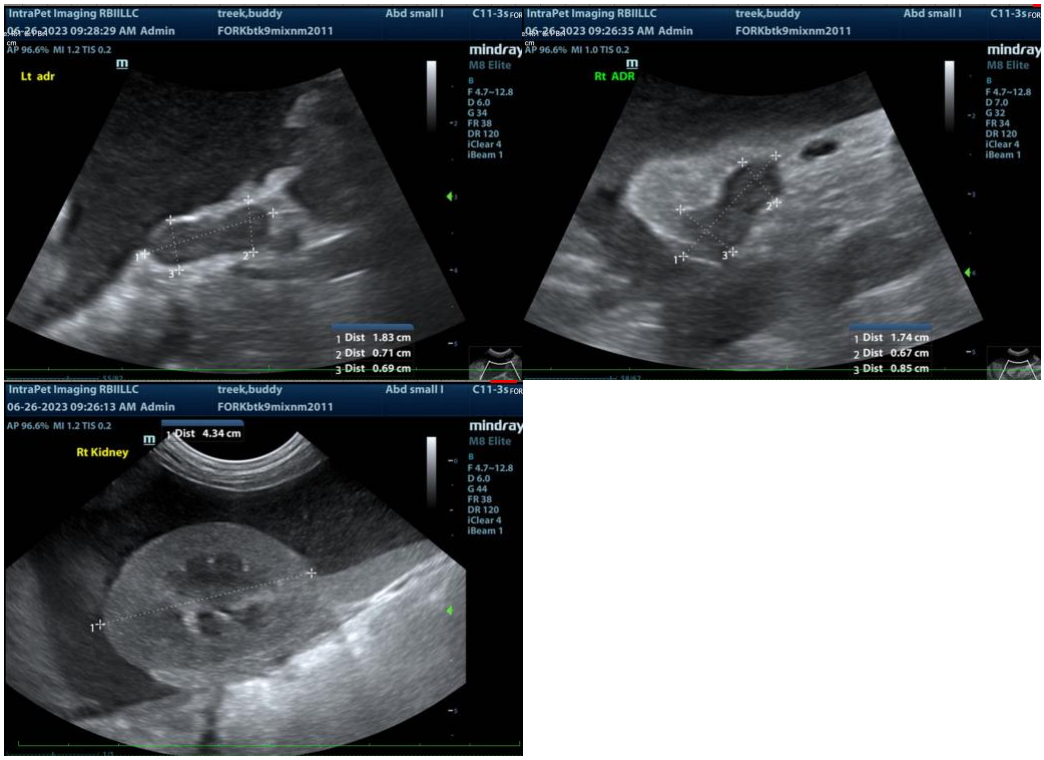
- The large deep right liver mass, if it's the same mass that has been being monitored reportedly for 2+ years, may be a benign lesion, given the duration. However, given the appearance of the remaining diffuse abnormal mottled parenchyma, infiltrative neoplasia, such as round cell neoplasia, or metastatic neoplasia is a concern. Diffuse benign disease, such as a marked nodular hyperplasia, cannot be ruled out, but is considered much less likely.
- The free fluid appears very echogenic in nature, which raises concern for a cellular fluid, such as hemorrhage or potentially a paraneoplastic effusion. Other benign causes are also possible and should be further assessed via sampling.
- Urinary bladder cystolith.
- Moderate gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

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.

Sampling of both the free abdominal fluid for cytology, as well as a fine needle aspirate of the liver, including, ideally, the deep right liver mass, that has been reportedly monitored for years, as well as the diffuse parenchymal changes, is recommended if patients coagulation status is appropriate.





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
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