



PATIENT PRESENTING CLINICAL SIGNS

Barney Horan
History: enlarged liver, icteric, elevated liver values meds: Hydro, cerenia
Abnormal PE/Chem/CBC/UA Results: Please see attached BW

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Beagle X

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. No masses or cystoliths are observed. The 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

10 Years

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 5.83 cm. The right kidney measures 7.11 cm.

WEIGHT

20.2 kg

Adrenal Glands

Left adrenal gland is normal in size (2.67 cm long x 0.84 cm at cranial pole and 0.64 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Right adrenal gland is normal in size (1.86 cm long x 2.0 cm at cranial pole and 0.84 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Kelly Reschny

Spleen

Spleen is subjectively large in size with markedly scalloped or undulating capsular contour. Normal parenchyma is replaced by multifocal coalescing mixed heterogeneous nodules and masses throughout the parenchyma. Splenic vasculature appears normal. Free fluid and enhanced hyperechoic surrounding fat is noted.

HOSPITAL NAME

Westoak AH

Liver

REFERRING VET

Dr. Kohlmaier

Liver is subjectively enlarged with irregular scalloped or undulating contour. Parenchyma is heterogeneous, characterized by multifocal coalescing mixed heterogeneous nodules/masses throughout the parenchyma. The visible vasculature and biliary tree appear normal without distention or congestion.

INVOICE

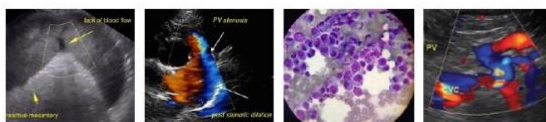
16389

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.

DATE

6/29/22

Gastrointestinal



PATIENT

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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.

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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.

BREED

Beagle X

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

SEX

Neutered Male

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.

AGE

10 Years

Free Abdomen

No appreciable lymphadenopathy is appreciated in these images. A moderate amount of free fluid with echogenic debris within the fluid is noted within the abdomen and there is some concern for pericardial or pleural effusion based on the cardiac image provided.

WEIGHT

20.2 kg

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- A scalloped nodular spleen and liver, both organs containing mixed heterogeneous capsule disrupting masses most concerning for infiltrative neoplasia, such as round cell neoplasia or hemangiosarcoma. Benign disease is considered much less likely.
- Free fluid in the abdomen could be consistent with hemorrhage or metastatic neoplastic effusion.

Secondary Findings

- Urinary bladder debris
- Age-related kidneys
- 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.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient include:

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



PATIENT

recently evaluated.

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2. An echocardiogram for further evaluation of the heart

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Canine

3. Given the diffuse appearance of these lesions, surgery is considered unlikely to be able to remove all of the grossly abnormal tissue. Therefore, a fine needle aspirate of the liver and spleen could be considered if patients coagulation status is appropriate, to rule out round cell neoplasia that could potentially be managed medically. Having said that, if the fluid represents a hemoabdomen, surgery may be warranted to remove/biopsy the bleeding nodule/mass if present.

BREED

Beagle X

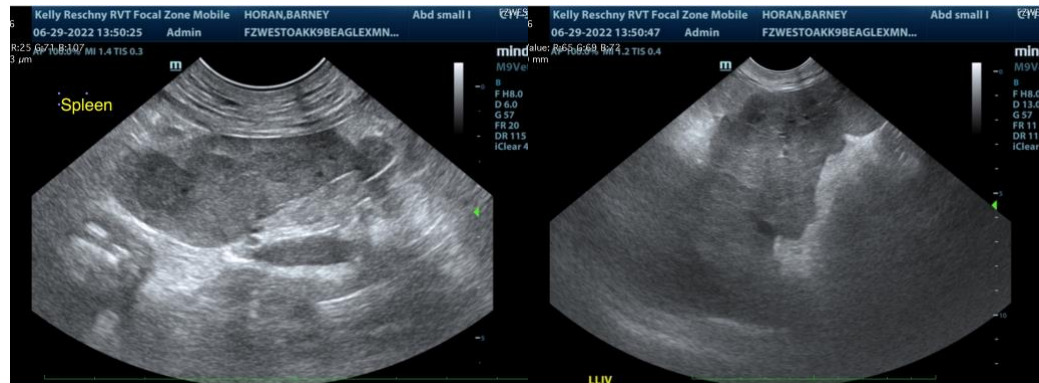
SEX

Neutered Male

4. Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

AGE

10 Years

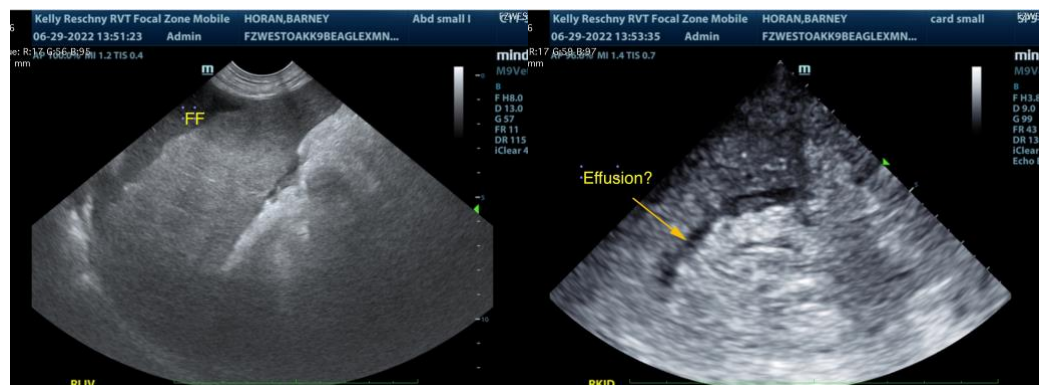


WEIGHT

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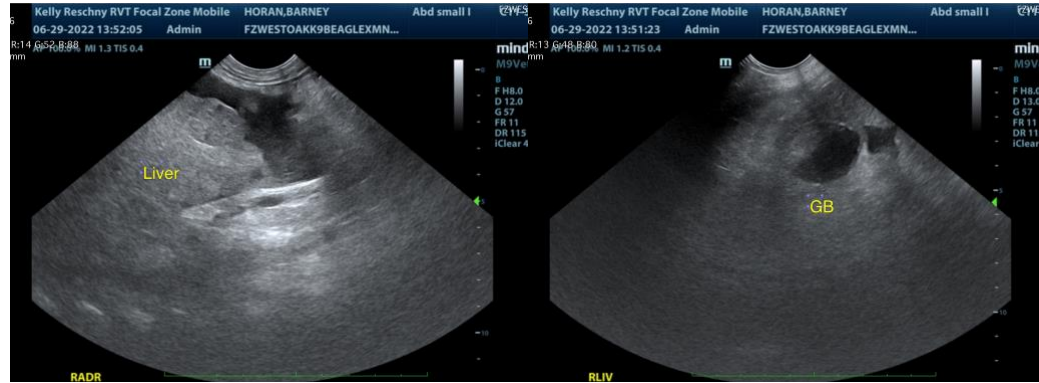
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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