



PATIENT

Leo DeLaCruz

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

11 Years

WEIGHT

15.2 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Mount Olive VH

REFERRING VET

Dr. Jones

INVOICE

39151

DATE

6/30/22

PRESENTING CLINICAL SIGNS

Elevated liver values, weight loss and poor appetite. Hx of PLE. Current meds: Prednisolone 5mg 1T sid then 1/2 T next day alternating.

Abnormal PE/Chem/CBC/UA Results: ALP 3064, GGT 197, BUN 36, Ca 8.6, TRIG 707, PSL 181

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

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

The right kidney is normal in size (4.09 cm) 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 echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (3.94 cm) 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 echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (1.46 cm long x 0.72 cm at the cranial pole and 0.64 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (1.66 cm long x 0.47 cm at the cranial pole and 0.50 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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.

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. An approximately 6.0 cm mixed heterogeneous, vascular, primarily hyperechoic mass is noted in the left mid liver. Visible vasculature and biliary tree appear normal without distension or congestion.

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.



PATIENT	<i>Gastrointestinal</i>
Leo DeLaCruz	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.
SPECIES	
Canine	The visible small intestines are normal in wall thickness and layering. Hyperechoic mucosal fogging or speckling is noted. Small intestinal motility appears adequate (1-3 contractions per min). The lumen is empty without evidence of obstruction or foreign material.
BREED	
Pomeranian	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
	<i>Pancreas</i>
SEX	
Neutered Male	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.
AGE	
11 Years	<i>Free Abdomen</i>
	There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.
	No pericardial effusion noted in these images.
WEIGHT	PRIMARY FINDINGS
15.2 Pounds	<ul style="list-style-type: none"> Left heterogeneous liver mass – most concerning for infiltrative neoplasia such as primary hepatocellular carcinoma versus sarcoma versus less likely round cell neoplasia. A benign lesion is possible, but considered less likely. Mucosal speckling – Mucosal speckling is often present with inflammatory bowel disease (IBD). It is not specific for type or severity of disease. Mild speckling change can occur as a normal patient variant in the post-prandial state. This finding is consistent with the reported history of PLE.
INTERPRETED BY	SECONDARY FINDINGS
Beth Johnson, DVM DACVIM	<ul style="list-style-type: none"> Age related kidney changes
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Shari Reffi, CVT	The presence of the liver mass is likely the explanation for the increased liver enzymes, and recommendations include:
HOSPITAL NAME	<ul style="list-style-type: none"> A fine needle aspirate of the mass if patient's coagulation status is appropriate, if a conservative approach is elected. Ultimately, an exploratory laparotomy for mass removal/excisional biopsy could be considered, given the long-term risk of hemorrhage, necrosis, etc. The mass appears resectable. However, a pre-surgical staging abdominal CT scan is advised for better definitive resectability guidance.
Mount Olive VH	<ul style="list-style-type: none"> 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.
REFERRING VET	<ul style="list-style-type: none"> Given this patient's reported history of PLE however, the liver may or may not be contributing to the clinical signs, and may alternatively be an incidental finding, in which case more
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aggressive medical management of the PLE could be considered. A low-fat diet is recommended if not already in place. Calcium supplementation is recommended, given the reported low calcium +/- a change or increase in steroid dose and/or other immunosuppressants.

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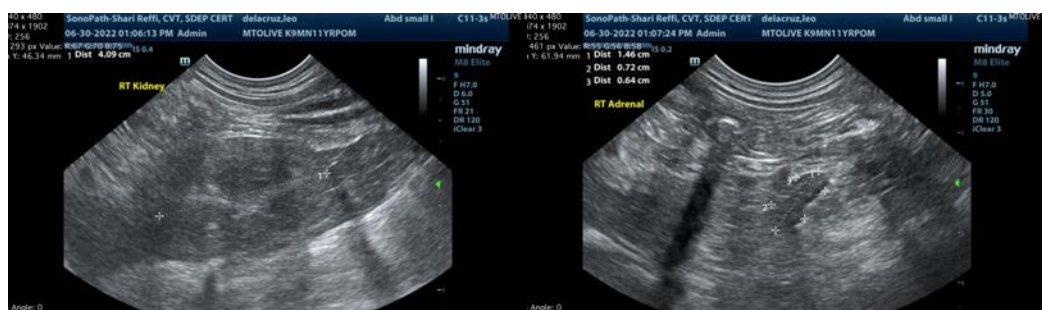
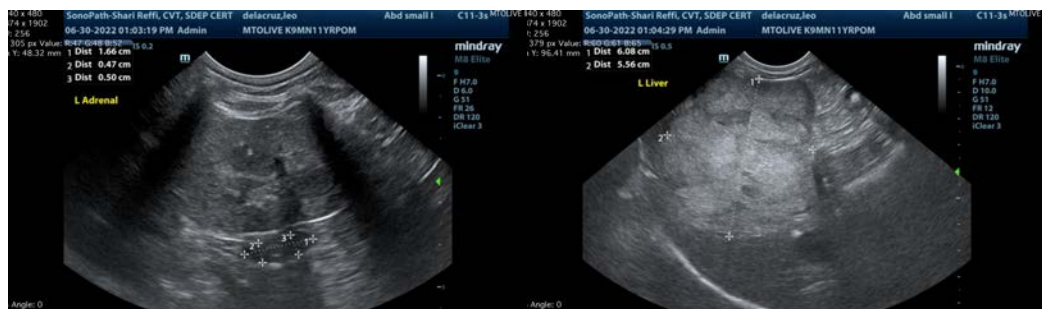
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

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Pomeranian

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Beth.Johnson@sonopath.com

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