



PATIENT

Chloe Good

SPECIES

Canine

BREED

Boxer X

SEX

Spayed Female

AGE

12 Years

WEIGHT

58.5 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Leal

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Leal

INVOICE

38578

DATE

6/9/22

PRESENTING CLINICAL SIGNS

Dog presented CT for large mass in liver. Had been diagnosed by ultrasound elsewhere. Owner requested FNA of mass while here. Complete ultrasound done for evaluation prior to FNA
Abnormal PE/Chem/CBC/UA Results: Bloodwork shows (from 5/13/22) WBC - 16K. Chemistry: Alk phos - 244; Amylase 2767; Creatinine 2.2; T4 - WNL

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.

A still image of the right kidney was provided, so no measurement is available. It is 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 echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (6.34 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, shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (2.5 cm long x 0.60 cm at the cranial pole and 0.55 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. 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). Multifocal well-demarcated hyperechoic homogenous nodules are present. A hypo- to anechoic 0.6 cm nodule was also noted near the head of the spleen, non-capsule disrupting. Splenic vasculature appears normal.

Liver

The liver contains a large, approximately 14 cm round, mixed heterogeneous, partially cavitated mass in the mid caudal liver. The visible remaining liver appears normal.

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.

Gastrointestinal

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.



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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.

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

Pancreas

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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.

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Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy. No pericardial effusion noted.

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PRIMARY FINDINGS

- Enlarged focal heterogeneous liver mass – most concerning for infiltrative neoplasia with sarcoma or carcinoma being top differentials.
- Hyperechoic splenic nodules – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are less likely.
- Hypo- to anechoic splenic nodule – most consistent with a benign cyst or hematoma versus extramedullary hematopoiesis. A metastatic lesion cannot be ruled out, but is considered less likely.

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SECONDARY FINDINGS

- Age related kidney change – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include:

- 3-view thoracic radiographs for further evaluation of metastatic disease, if not recently evaluated.
- Fine needle aspirate of the mass could be considered if patient's coagulation status is appropriate. However, ultimately, surgical excisional biopsy is recommended, regardless of histologic diagnosis, to prevent future hemorrhage, necrosis, etc.
- The liver mass appears focal and caudal, which could render it surgically removable. However, given its large size, pre-surgical staging CT scan may be helpful.

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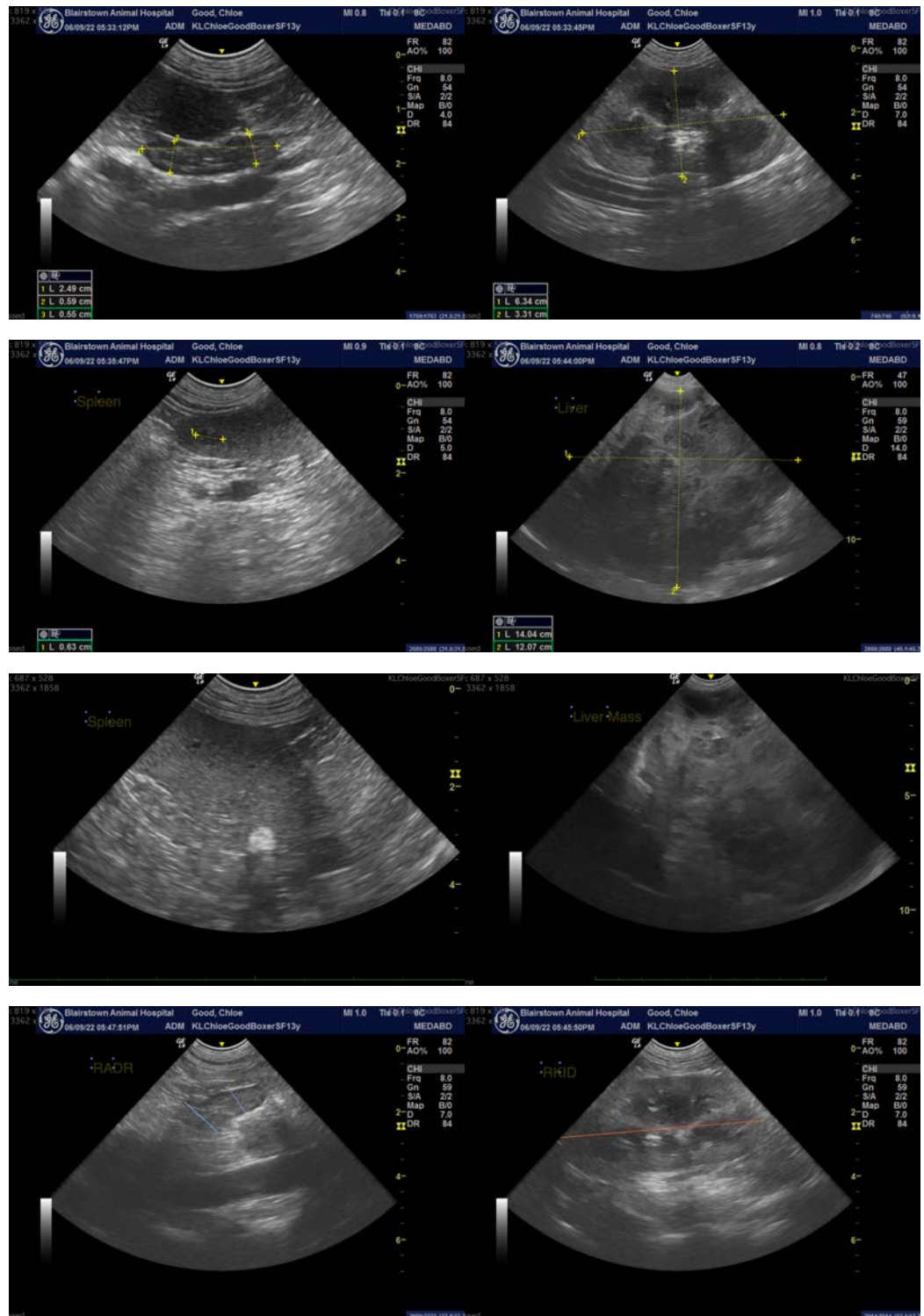
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Beth.Johnson@sonopath.com

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