



**PATIENT**

Kali Parker

**SPECIES**

Canine

**BREED**

Belgian Malinois

**SEX**

Spayed Female

**AGE**

11 Years 9 Months

**WEIGHT**

78.4 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**

Dr. Liba

**INVOICE**

23223

**DATE**

7/10/23

**PRESENTING CLINICAL SIGNS**

History: Routine bloodwork, is currently on Keppra for seizures

Abnormal PE/Chem/CBC/UA Results: Elevated ALP and GGT, somewhat higher than before. Currently taking Denamarin.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is adequately 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.

Left kidney is normal in size (7.84 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 in size (7.93 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.

**Adrenal Glands**

Left adrenal gland is normal in size (0.79 cm at cranial pole and 0.76 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.43 cm at cranial pole and 0.48 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 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 3.0 cm discreet homogenous hypoechoic nodule/mass is noted in the mid liver, as well as a larger 6.0 cm x 7.5 cm heterogenous primarily hypoechoic mass in the deep left liver. Visible vasculature and biliary tree appear normal without distension or congestion.

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 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.

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

***Pancreas***

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Belgian Malinois

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***

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There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

**ULTRASONOGRAPHIC FINDINGS**

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- A larger heterogenous liver mass and second hypoechoic liver nodule are concerning for infiltrative neoplasia, such as primary hepatocellular carcinoma vs round cell neoplasia or even metastatic disease. Having said that, the nodules could be differing etiologies with one infiltrative neoplastic mass and a regenerative nodule. A fully benign process, such as nodular hyperplasia, representing both lesions, is possible but considered less likely.

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**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.

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Ideally, a fine needle aspirate of both liver lesions would be obtained, if patients coagulation status is appropriate. However, given the very deep nature of the larger mass in a deep chested dog, it may not be able to be reached or may require deep sedation/anesthesia to safely reach. Therefore, alternatively, an exploratory laparotomy for planned liver lobectomy/excisional biopsies could be considered. Both masses are focal, however, they're in two separate locations and the larger is very deep. While they appear fully resectable, resectability cannot be fully guaranteed ultrasonographically, and if surgery is pursued, a presurgical planning abdominal CT scan could be helpful.

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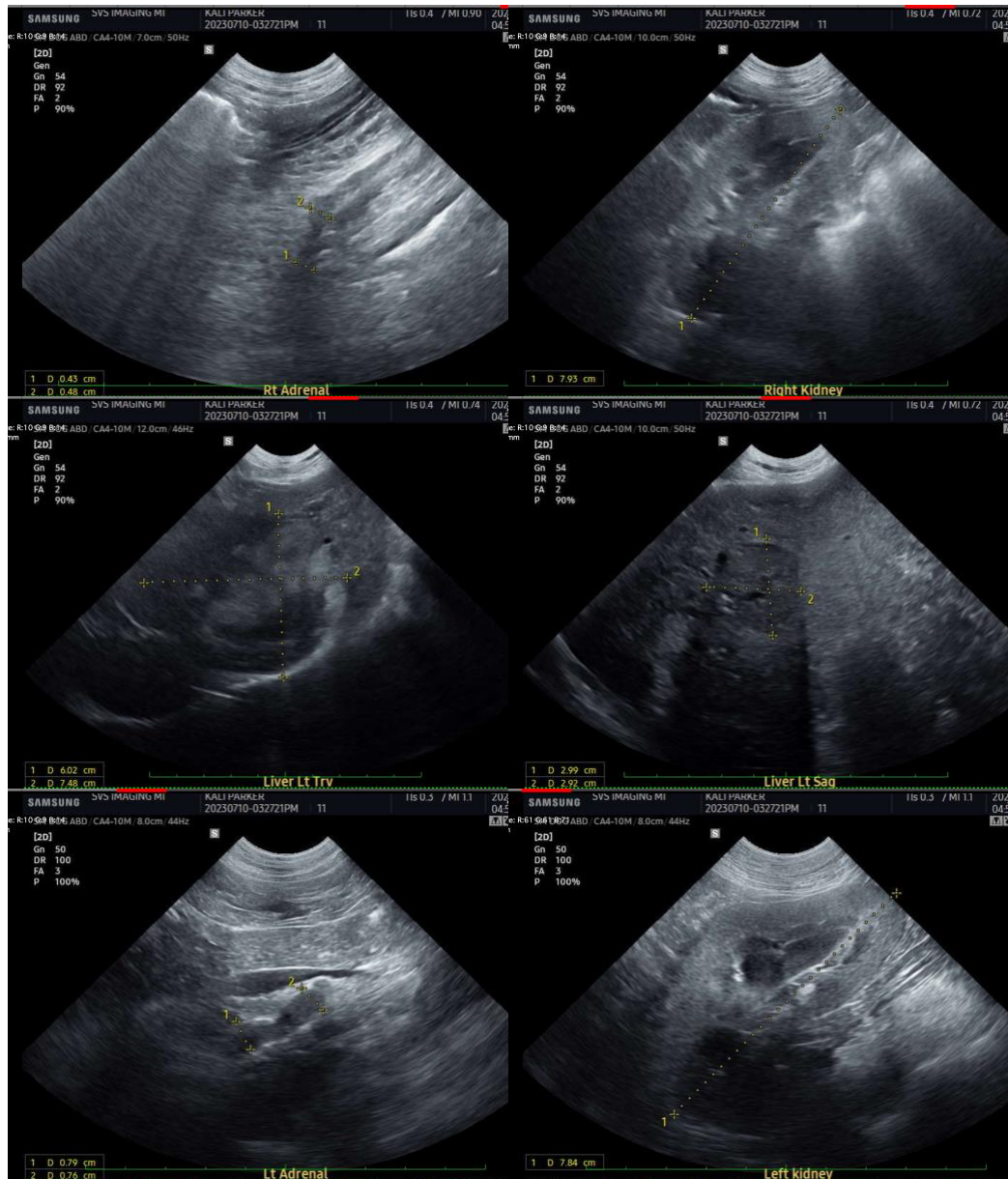
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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