



PATIENT

Maverick Bergman

SPECIES

Canine

BREED

Australian Shehperd

SEX

Neutered Male

AGE

9 Years

WEIGHT

31 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Reyes

HOSPITAL NAME

Mobile Vet Ultrasound

REFERRING VET

Dr. Santiago

INVOICE

39431

DATE

7/12/22

PRESENTING CLINICAL SIGNS

Fast scan ultrasound done at ER on 11/2021, suspect liver mass. Presented last Friday for abdominal distension. Abdominal tap showed serosanguinous fluid. No fluid analysis done yet. Aspirated liver mass today

Abnormal PE/Chem/CBC/UA Results: RBC: 5.32 Hct: 33.1 Plt: 635 Alt: 467 Alp: 341 4dx: neg

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.

The area of the prostate is examined without evident pathology.

The right kidney is normal in size (5.5 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.

The left kidney is normal in size (4.6 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

The adrenal glands are unable to be well visualized in these images.

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 contains an 8-9 cm heterogeneous, partially cavitated mass involving the entirety of the left caudal liver. Normal right liver is visible in these images.

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.

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.

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



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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 a large amount of echogenic free fluid present in these images.

BREED

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There is no apparent lymphadenopathy noted in these images.

SEX

Neutered Male

- Large, heterogeneous liver mass – most concerning for infiltrative neoplasia such as primary hepatocellular carcinoma versus sarcoma, with a large amount of abdominal free fluid. Differentials for the fluid include hemorrhage versus neoplastic effusion versus potentially a transudate secondary to low albumin (if present), and/or portal hypertension secondary to the mass, etc.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- 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.
- Fine needle aspirate of the mass is reportedly pending, so the recommendation is to await the cytology results. Pending the results, consider an exploratory laparotomy for liver lobectomy/mass removal. Resectability can't be definitely determined based on ultrasound. However, it looks probable based on these images. A pre-surgical planning abdominal CT scan could be considered for further guidance.

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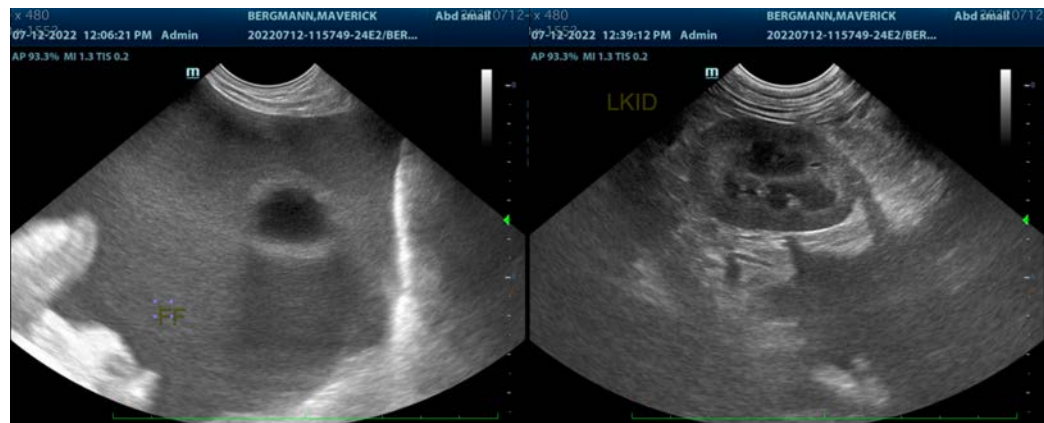
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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