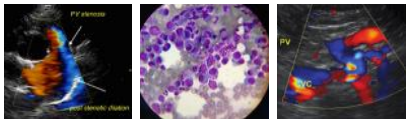
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

8/14/23

PATIENT

Rizzo Adriani

SPECIES

Canine

BREED

Jack Russell

SEX

Neutered Male

AGE

2/1/11

WEIGHT

17.9 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Madonna VC

REFERRING VET

Dr. Smith

INVOICE

23943

PRESENTING CLINICAL SIGNS

History: Patient was presented for looking bloated over the last 4-5 days. No other concerns or changes. PE: distended and tense abdomen but otherwise NSF.

Current Medications: None.
Radiographs: Large mass in cranial abdomen.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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.

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

Left kidney is normal in size (4.43 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 (4.52 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 (0.62 cm at cranial pole and 0.82 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.63 cm at cranial pole and 0.71 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. Visible vasculature and biliary tree appear normal without distension or congestion. In the mid to caudal liver, there is a large 13.5 cm x 7.5 cm heterogenous markedly cystic/cavitated mass.

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. 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.

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

Pancreas

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

There is a large amount of echogenic appearing free fluid in these images, as well as enhanced hyperechoic mesenteric fat, primarily in the cranial abdomen surrounding the liver mass. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

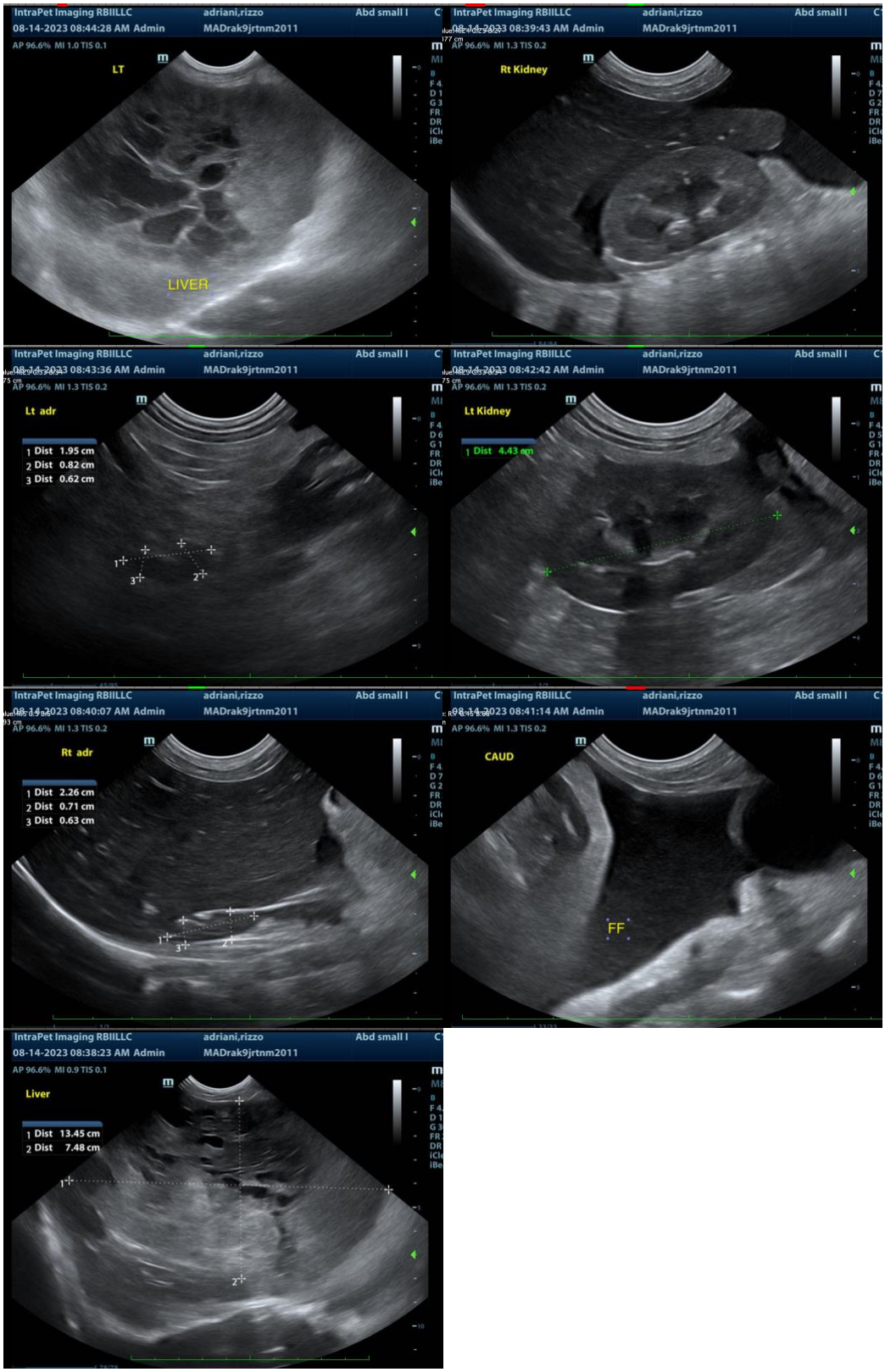
- A large heterogenous cavitated liver mass in the face of echogenic free fluid, etc., is most concerning for infiltrative neoplasia, such as sarcoma vs hepatocellular carcinoma vs other. A benign cyst, hematoma, extra medullary hematopoiesis, etc., is possible but considered much less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a general metabolic health screen is recommended, in the form of CBC/chemistry panel, electrolytes and urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

If not recently evaluated, 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.

Sampling of the mass could be considered in the form of a fine needle aspirate of the more solid portion of the mass if patients coagulation status is appropriate, however, sampling of the free fluid should be considered first, because if this patient has a hemoabdomen, an exploratory laparotomy vs a fine needle aspirate is likely the more appropriate option if treatment is pursued. In that case, an exploratory laparotomy for planed liver lobectomy/excisional biopsy could be considered. Resectability is difficult to definitively guarantee given the size and location of the mass adjacent to the hilus; due to that, a presurgical planning abdominal CT Scan could be helpful.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adriani,rizzo
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LT
LIVER
IntraPet Imaging RBIILLC
adriani,rizzo
Abd small I
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Rt Kidney
IntraPet Imaging RBIILLC
adriani,rizzo
Abd small I
08-14-2023 08:43:36 AM Admin
MADrak9jrtnm2011
AP 96.6% MI 1.3 TIS 0.2
Lt adr
1 Dist 1.95 cm
2 Dist 0.82 cm
3 Dist 0.62 cm
IntraPet Imaging RBIILLC
adriani,rizzo
Abd small I
08-14-2023 08:42:42 AM Admin
MADrak9jrtnm2011
AP 96.6% MI 1.3 TIS 0.2
Lt Kidney
1 Dist 4.43 cm
IntraPet Imaging RBIILLC
adriani,rizzo
Abd small I
08-14-2023 08:40:07 AM Admin
MADrak9jrtnm2011
AP 96.6% MI 1.3 TIS 0.2
Rt adr
1 Dist 2.26 cm
2 Dist 0.71 cm
3 Dist 0.63 cm
IntraPet Imaging RBIILLC
adriani,rizzo
Abd small I
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MADrak9jrtnm2011
AP 96.6% MI 1.3 TIS 0.2
CAUD
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IntraPet Imaging RBIILLC
adriani,rizzo
Abd small I
08-14-2023 08:38:23 AM Admin
MADrak9jrtnm2011
AP 96.6% MI 0.9 TIS 0.1
Liver
1 Dist 13.45 cm
2 Dist 7.48 cm

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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