



PATIENT

Clarabelle Jette

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

9 Years

WEIGHT

37.2 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Judy Surdam

HOSPITAL NAME

Companion AH –
Chichester

REFERRING VET

Dr. Judy Surdam

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DATE

8/16/22

PRESENTING CLINICAL SIGNS

Severely elevated AP found on routine blood tests. History of gallbladder disease (hyperechoic bile, possible polyps) seen on in-clinic AUS 8-21-2021. Was originally treated with Ursodiol, but owner discontinued and failed to schedule ultrasound recheck appt. Recently found two small (less than 2 cm) mast cell tumors on ventral thorax and right caudal thigh. We were repeating abdominal ultrasound prior to surgical removal of mast cell tumors. 22 g aspirates of left liver and spleen are pending. Abnormal PE/Chem/CBC/UA Results: Dental disease, arthritis/lameness RF elbow, (2) nonulcerated, non-haired cutaneous masses as noted above

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 right kidney is normal in size (6.4 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 (5.8 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 right adrenal gland is normal in size (1.93 cm long x 0.40 cm at the cranial pole and 0.44 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 (2.25 cm long x 0.70 cm at the cranial pole and 0.40 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 5.0 cm diameter heterogeneous, mixed, partially cavitated, primarily hypoechoic mass is noted in the left liver. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.



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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.

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Pancreas

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 free peritoneal effusion noted in these images.

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There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

- **Large, heterogeneous liver mass** – Differentials include infiltrative neoplasia such as primary hepatocellular carcinoma, sarcoma, infiltrative round cell neoplasia (especially given this patient's reported history of mast cell tumor), etc., versus a benign hepatoma, adenoma, cyst, marked nodular hyperplasia, etc., which is possible, but is considered less likely.

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SECONDARY FINDINGS

- **Gallbladder debris** - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

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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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A fine needle aspirate of the liver mass, as is reportedly pending, could be considered to help differentiate mast cell tumor versus other.

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Ultimately, especially if surgery is being pursued for mast cell tumor removal, if the liver mass is not a mast cell tumor, an exploratory laparotomy for excisional biopsy/removal is recommended, given the long-term risk for hemorrhage, necrosis, etc.

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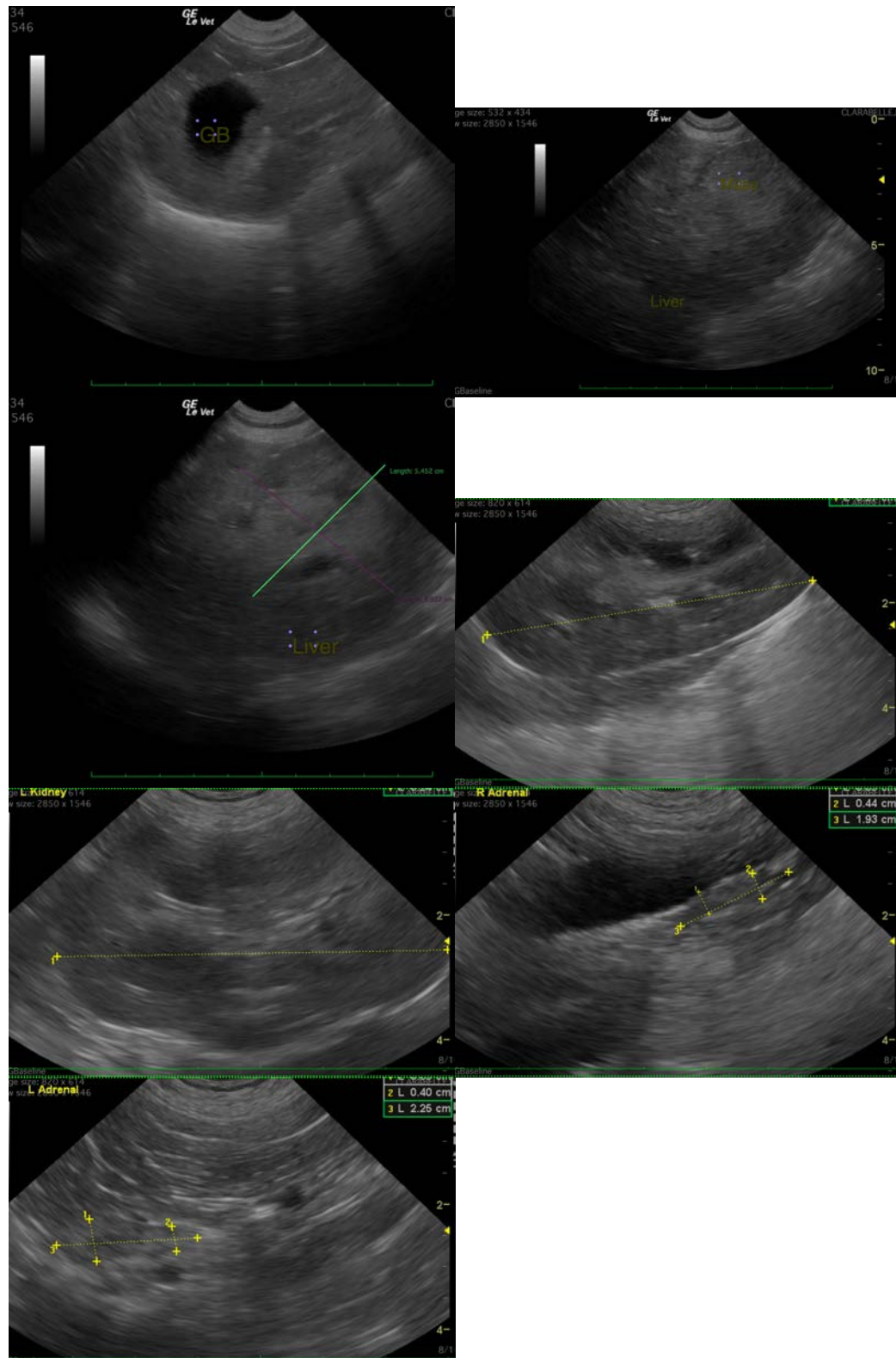
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com

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