



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Coco Hunter	History: Chronically elevated liver values. Initially improved with Denamarin with previous veterinarian in 2021 but have significantly increased in the past year. Large hepatic mass noted on ultrasound. Owner would like specialist review to check for metastasis.
<b>SPECIES</b>	
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Terrier Mix	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.
<b>SEX</b>	Kidneys are overall 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 cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. A hyperechoic band parallel to the corticomedullary border is present. The left kidney measured 5.3 cm and the right kidney measured 4.3 cm.
Spayed female	
<b>AGE</b>	<b>Adrenal Glands</b>
12 years	Left adrenal gland is normal in size (0.49 cm thick), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.
<b>WEIGHT</b>	Right adrenal gland is unable to be well visualized in these images.
17.6 lbs	
<b>INTERPRETED BY</b>	<b>Spleen</b>
Beth Johnson, DVM DACVIM	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.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Dr. Brady	There is normal appearing liver on the left side except for a focal 1.0 cm in diameter, hypoechoic nodule at the periphery of the left lateral liver lobe. However, the entire right liver is composed of a large, irregular, primarily solid mass of mixed echogenicities primarily hyperechoic in appearance.
<b>HOSPITAL NAME</b>	<b>REFERRING VET</b>
Shiloh VH	Dr. Brady
<b>INVOICE</b>	<b>Gastrointestinal</b>
32404	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.
<b>DATE</b>	
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<b>PATIENT</b>	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.
Coco Hunter	
<b>SPECIES</b>	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Canine	
<b>BREED</b>	<b><i>Pancreas</i></b>
Terrier Mix	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.
<b>SEX</b>	<b><i>Free Abdomen</i></b>
Spayed female	There is no evidence of free peritoneal effusion noted in these images.
<b>AGE</b>	There is no apparent lymphadenopathy noted in these images.
12 years	There is no evidence of pericardial effusion or heart base tumors.
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
17.6 lbs	<b>Primary Findings</b>
<b>INTERPRETED BY</b>	<ul style="list-style-type: none"> <li>Large, primarily homogenous, hyperechoic right-sided liver mass. Differentials for which include both benign disease such as marked nodular hyperplasia, vacuolar hepatopathy, chronic inflammatory disease, etc. as well as infiltrative neoplastic diseases including round cell neoplasia as well as both benign and malignant primary hepatic neoplasia such as adenoma, hepatoma or adenocarcinoma. Sarcoma is possible, but less likely based on appearance alone.</li> <li>Age related renal changes.</li> <li>Medullary rim sign - This finding is of unknown clinical significance and can be a normal variant, often idiopathic. Medullary rim sign can be present with renal disease including FIP, lymphoma, hypercalcemic nephropathy, Leptospirosis, tubular disease, other and should be interpreted in combination with other more specific indications of kidney disease such as isosthenuria, proteinuria, azotemia, etc. This is a common incidental finding in patients with diabetes mellitus.</li> </ul>
Beth Johnson, DVM DACVIM	
<b>IMAGING PERFORMED BY</b>	
Dr. Brady	
<b>HOSPITAL NAME</b>	
Shiloh VH	
<b>REFERRING VET</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Dr. Brady	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.
<b>INVOICE</b>	FNA of the liver mass could be considered if the patient's coagulation status is appropriate or alternatively an exploratory laparotomy with planned excisional biopsies/mass removal if possible can be considered. Given the size and extent of the mass full resectability cannot be determined based on these images alone. Pre surgical planning abdominal CT scan can be considered for more definitive
32404	
<b>DATE</b>	
8/18/22	



**PATIENT**

information regarding resectability. There is no evidence in these images of organ involvement outside of the liver.

Coco Hunter

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Spayed female

**AGE**

12 years

**WEIGHT**

17.6 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Brady

**HOSPITAL NAME**

Shiloh VH

**REFERRING VET**

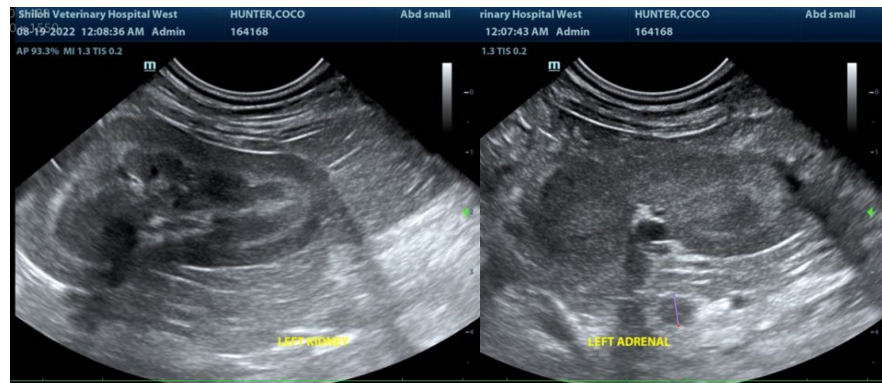
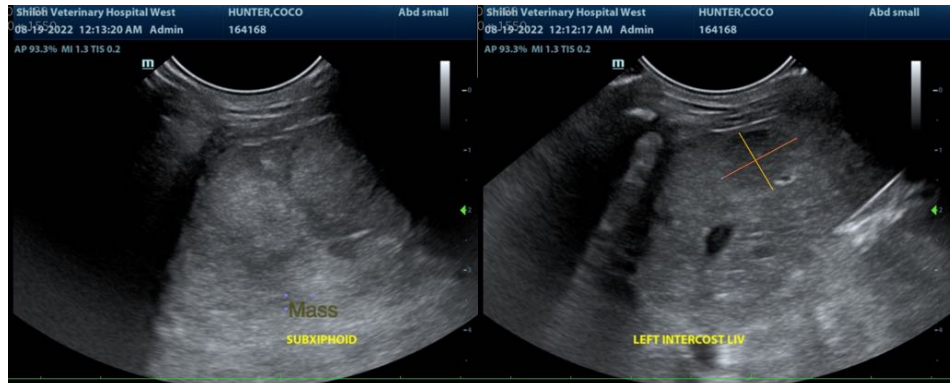
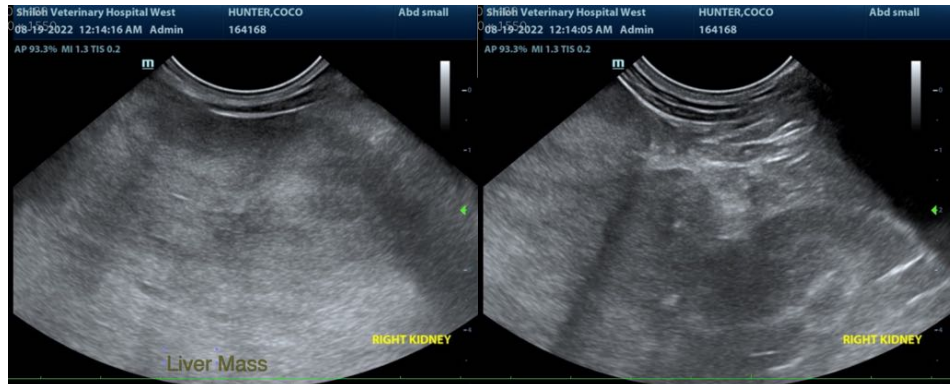
Dr. Brady

**INVOICE**

32404

**DATE**

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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.

**Beth Johnson, DVM DACVIM**

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