



PATIENT

Mia Ramirez Ortiz

SPECIES

Canine

BREED

Silky Terrier X

SEX

Spayed Female

AGE

13 Years

WEIGHT

19 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Ferrer

HOSPITAL NAME

Paseos Vet Center

REFERRING VET

Dr. Carrasquillo

INVOICE

40604

DATE

8/18/22

PRESENTING CLINICAL SIGNS

Presented to the clinic today for regular exam and vaccines and during the examination, a mass was palpated in the abdomen. Radiographs and BW were done. An abdominal ultrasound was done to determine the origin of the mass.

Abnormal PE/Chem/CBC/UA Results: PE: Abdominal mass palpated on the cranial right side. BW: CBC: unremarkable CHEM: Total Protein 9.0 5.2 - 8.2 g/dL Globulin 5.8 2.5 - 4.5 g/dL ALT 235 10 - 125 U/L ALP 1,978 23 - 212 U/L Cholesterol 323 110 - 320 mg/dL Lipase 4,980 200 - 1,800 U/L

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.

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 mineral or infarcts observed. The left kidney measured 5.4 cm. The right kidney measured 5.7 cm. Mild pyelectasia is noted bilaterally.

Adrenal Glands

The right adrenal gland is normal in size (0.76 cm at the cranial pole and 0.96 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. A hyperechoic nodule is noted in the caudal pole. Nodule does not disrupt normal shape and/or architecture.

The left adrenal gland is normal in size (0.74 cm at the cranial pole and 0.89 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. 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). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.

Liver

A large 7.0 cm x 10 cm, primarily homogeneous/solid, hyperechoic mass is noted in the left caudal aspect of the liver.

Gallbladder is mildly overdistended with a moderate amount of non-dependent, mildly aggregated/inspissated sludge. Hypo to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta.



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Canine	
BREED	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Silky Terrier X	
SEX	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.
Spayed Female	
AGE	Free Abdomen There is no evidence of free peritoneal effusion noted in these images.
13 Years	The medial iliac lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.
WEIGHT	PRIMARY FINDINGS
19 Pounds	<ul style="list-style-type: none"> • Large, relatively homogeneous left liver mass – Differentials include both benign disease such as a hepatoma or adenoma or marked nodular hyperplasia, etc., as well as malignant disease such as a primary hepatocellular carcinoma versus other. Tissue sampling is needed for differentiation. • Emerging mucocele – 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. The non-dependent nature of this sludge combined with the cystic areas are suggestive, however, of possible emerging cystic mucosal hyperplasia or early gallbladder mucocele.
INTERPRETED BY	SECONDARY FINDINGS
Beth Johnson, DVM DACVIM	<ul style="list-style-type: none"> • Hyperechoic splenic nodules – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely. • Age related kidney changes with mild bilateral pyelectasia • Reactive medial iliac lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
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Dr. Ferrer	
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REFERRING VET	
Dr. Carrasquillo	
INVOICE	<ul style="list-style-type: none"> • Hyperechoic adrenal nodule – Differentials include primary adrenal cortical adenoma or adenocarcinoma, pheochromocytoma, myelolipoma, adrenal hyperplasia secondary to pituitary disease or metastatic disease. Ultrasound alone cannot differentiate between functional and non-functional nodules and/or between benign and malignant disease. Small nodules without other evidence of abdominal disease (to suggest metastatic disease) and/or clinical signs (to suggest adrenal disease) are most often incidental and should be monitored.
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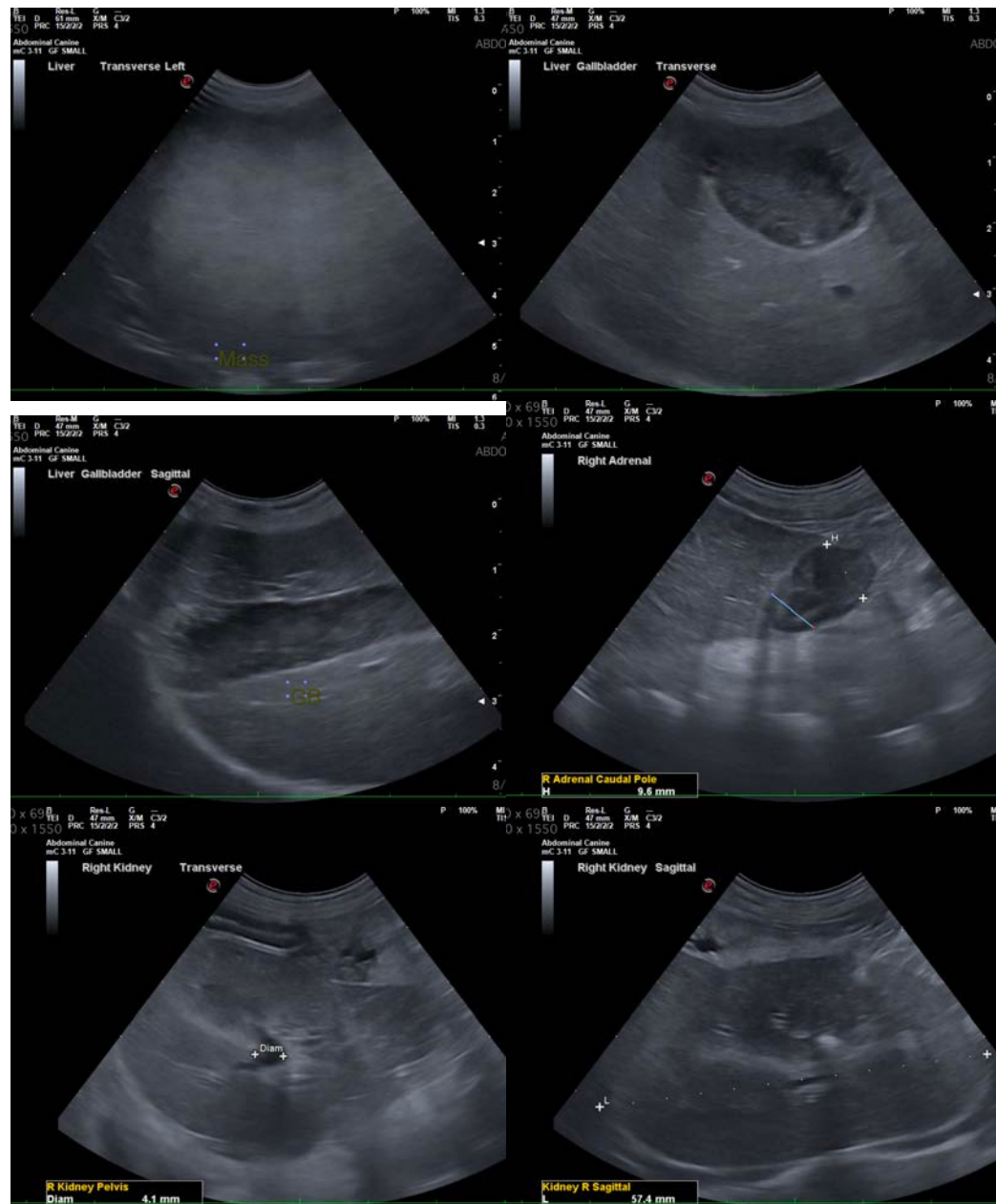
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

A fine needle aspirate of the liver mass is recommended if patient's coagulation status is appropriate. Ultimately, if the decision is made to remove the liver mass surgically, it appears (based on these images) to be resectable. If surgery is elected, close evaluation of the gallbladder, given the emerging mucocele status, is also recommended.

Because of the mild pyelectasia, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.





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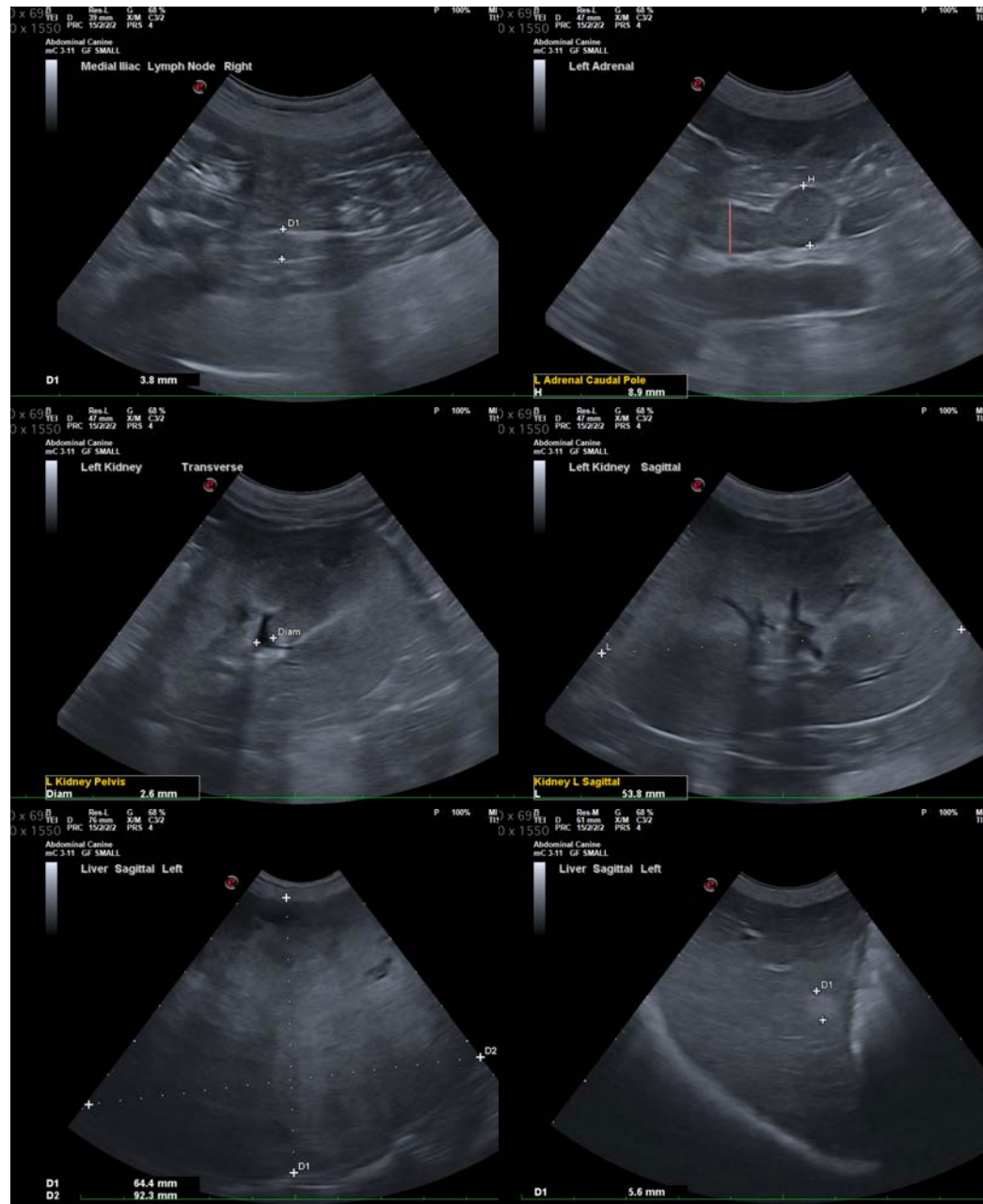
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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