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Clinical Sonography & Telecytology
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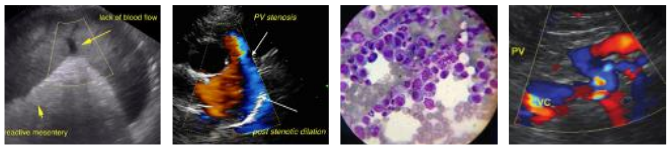


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Snoopy Gonzalez

SPECIES

Canine

BREED

West Highland Terrier

SEX

Neutered Male

AGE

15 Years

WEIGHT

16.7 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

North Haledon VC

REFERRING VET

Dr. Bennett Goldstein

INVOICE

16987

DATE

8/22/22

PRESENTING CLINICAL SIGNS

History: Patient presents for increasingly elevated liver enzymes and high Bile acids test. No symptoms.

Abnormal PE/Chem/CBC/UA Results: Bile Acids: Pre: 39.6/Post: 45.2 (8/15/22). 7/14/22: ALT 487, Alk. Phos. 1,907, BUN/Creat. 39, Pot. 5.6, HGB 11.9, 4DX (neg).

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

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. The left kidney measures 3.87 cm. The right kidney measures 4.37 cm. Small cortical cysts are present in both kidneys.

Adrenal Glands

Left adrenal gland is normal in size (1.72 cm long x 0.44 cm at cranial pole and 0.48 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (1.46 cm long x 0.42 cm at cranial pole and 0.34 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is generally normal in size and shape with a smooth capsular contour. Parenchyma is diffusely nodular in appearance characterized by small discrete hypoechoic nodules. Splenic vasculature appears normal.

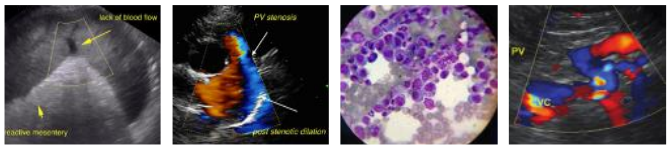
Liver

An expansive 6-7 cm heterogeneous mixed mass was present in the mid to right caudal liver with a cavitated center. Normal liver parenchyma is present cranially and on the left, except for a 1.0 cm anechoic cystic lesion.

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.

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. There is 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. 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 no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Enlarged heterogeneous cavitated liver mass. This is most concerning for infiltrative neoplasia, such as sarcoma versus primary hepatocellular carcinoma versus other. A benign lesion, such as complicated cyst, hematoma, abscess, etc., are possible but considered less likely.

Secondary Findings

- Splenic micronodular hyperplasia pattern – This nodular change is often associated with benign aging nodular hyperplasia. Infiltrative neoplasia, however, including both early hemangiosarcoma as well as round cell neoplasia cannot be ruled out.
- Canine gallbladder debris
- Age-related kidney changes with small bilateral cortical cysts

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 could be considered, if patients coagulation status is appropriate, however, given the risk of hemorrhage/necrosis, etc., even with a benign mass of this size and appearance, alternatively, an exploratory laparotomy with planned liver lobectomy/excisional biopsy of the mass could be considered. The mass appears caudal with normal liver visible, which is favorable for resectability, however, it appears closely associated with the portohepatis, so full resectability of the visible disease is questionable. If surgery is pursued, a presurgical planning abdominal CT scan could be considered for further information regarding resectability.

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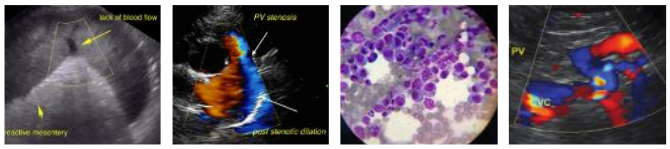

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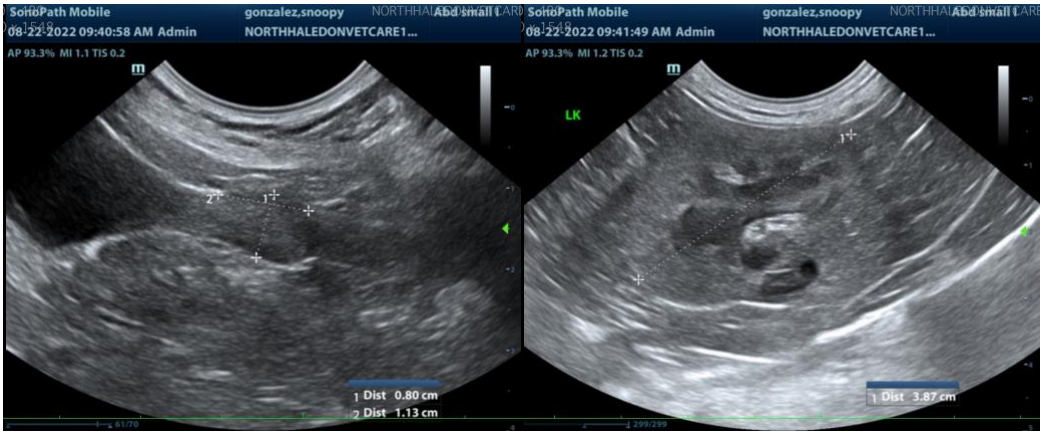

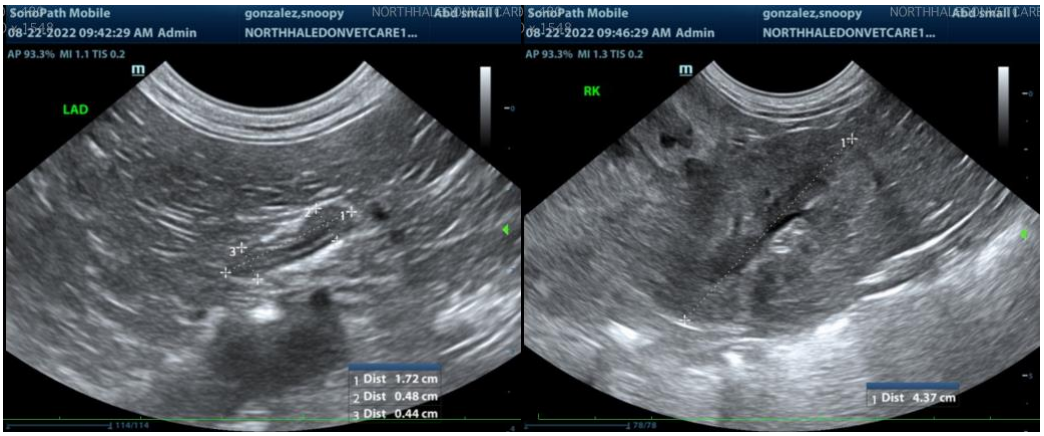

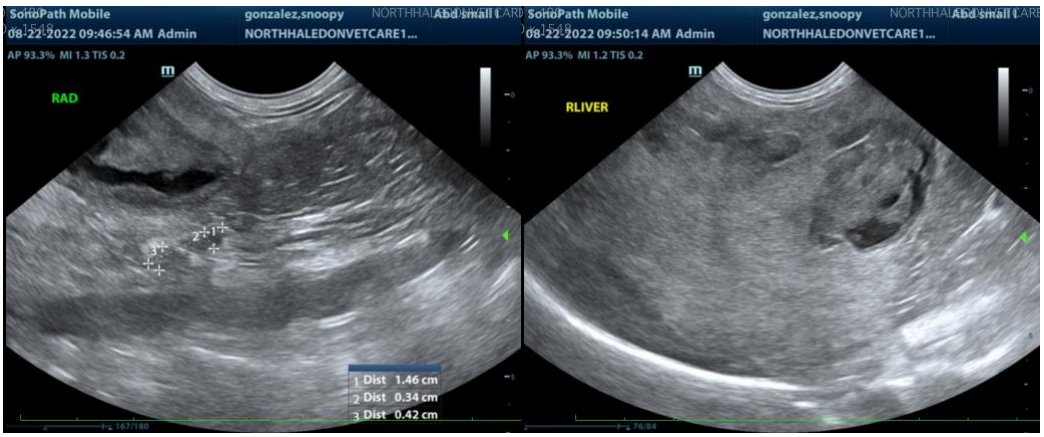

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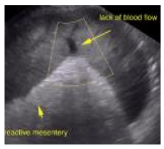
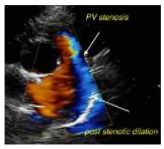
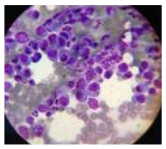
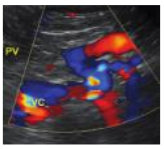

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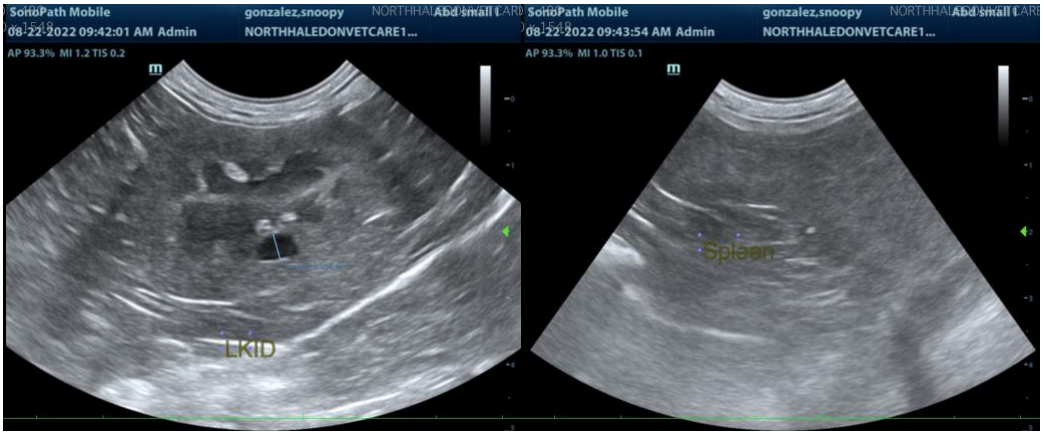

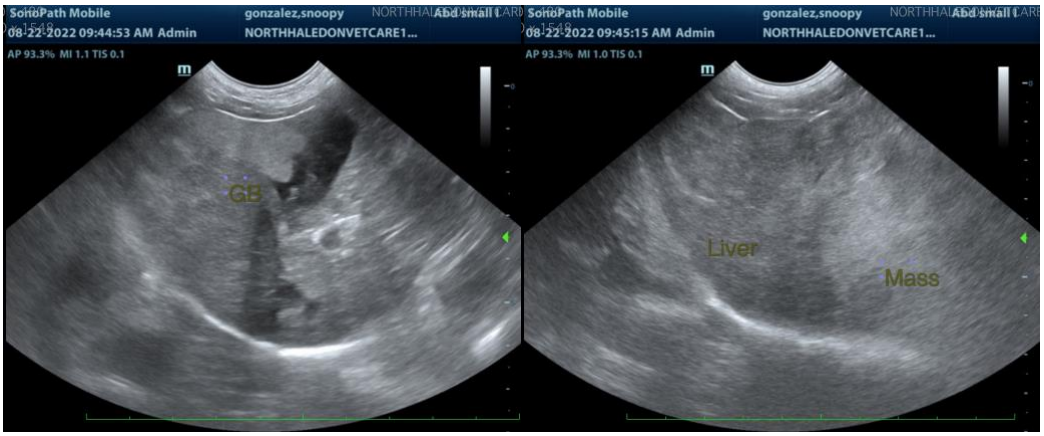

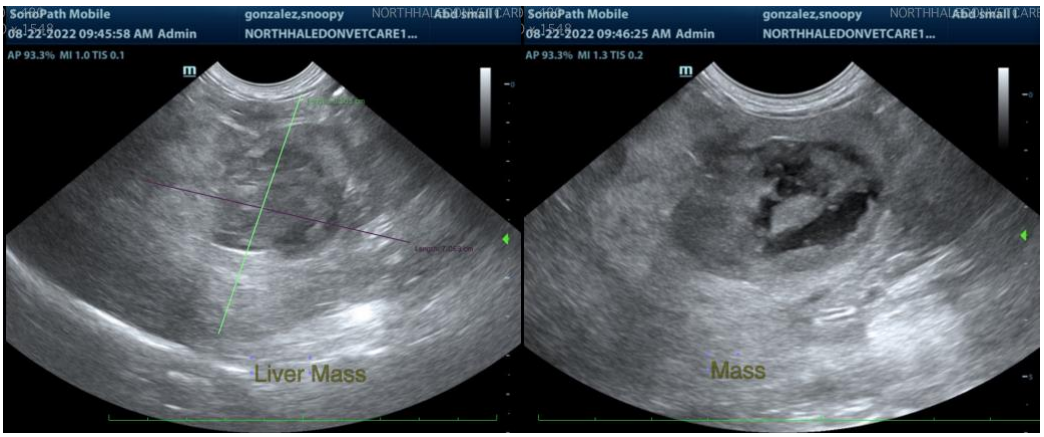

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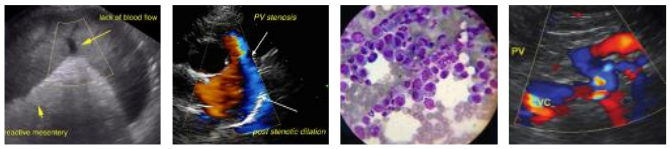

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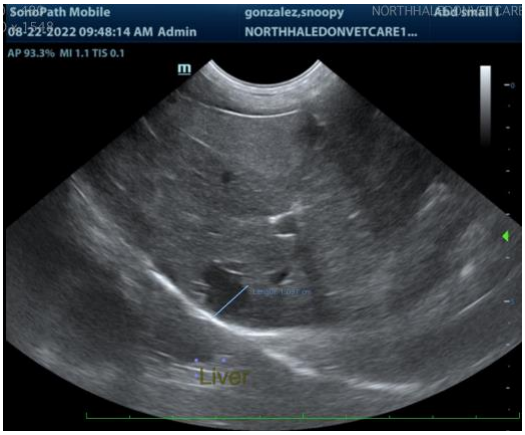

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Beth.Johnson@SonoPath.com