

PATIENT PRESENTING CLINICAL SIGNS

Johnny Partridge

Presented to local eDVM for vomiting and inappetence. Supportive care provided. Unknown clinical response. Hepatomegaly noted on radiograph (no overt signs of FB).

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: ALP 1558 (chronic elevated) ALT 2475 - novel. Mild neutrophilia --> mild leukocytosis Will be repeating labs today to include PT/PTT, so we can send all when complete. Current Medications Trilostane, levothyroxine. Will be sedated for procedure. Radiographic Findings Per eDVM records "R lateral abdominal radiograph: No evidence of GDV. Gas and soft tissue material in stomach. No evidence of mechanical obstruction. Hepatomegaly."

BREED

Scottish Terrier

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered Male

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.

AGE

11 Years

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

WEIGHT

24.7 Pounds

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 right kidney measures 5.99 cm. The left kidney measures 6.01 cm.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Adrenal Glands

Adrenal glands are plump/swollen in size. Normal shape and contour are maintained without evidence of capsular invasion. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The right adrenal gland measures 1.4 cm at the cranial pole and 1.03 cm at the caudal pole. The left adrenal gland measures 0.88 cm at the cranial pole and 0.79 cm at the caudal pole.

IMAGING PERFORMED BY

Sara Hansen

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.

HOSPITAL NAME

Ark Animal Hospital

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. A 4.8 cm x 5.4 cm heterogeneous, partially cavitated mass is noted in the mid caudal liver adjacent to the gallbladder. Visible vasculature and biliary tree appear normal without distension or congestion.

REFERRING VET

Dr. Parker

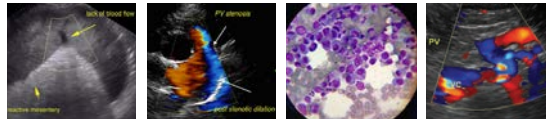
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The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

DATE

8/23/23



PATIENT *Gastrointestinal*

Johnny Partridge

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.

SPECIES

Canine

Small intestine is diffusely mildly thick with a relatively thick mucosa compared to other layers. Normal wall layering is preserved; however, the mucosa is more echogenic than normal and contains hyperechoic striations perpendicular to the lumen. The lumen is empty with no evidence of obstruction or foreign material.

BREED

Scottish Terrier

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

SEX

Neutered Male

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.

AGE

11 Years

Free Abdomen

WEIGHT

24.7 Pounds

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

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PRIMARY FINDINGS

- Cavitated heterogeneous liver mass – concerning for infiltrative neoplasia such as sarcoma versus hepatocellular carcinoma versus other. A benign cyst, hematoma, etc. is possible and cannot be fully differentiated without tissue sampling.
- Lymphangiectasia – Small bowel findings are most consistent with lacteal dilation. These findings can be observed with protein-losing enteropathies caused by either primary lymphangiectasia or primary infiltrative inflammatory disease with secondary lymphangiectasia. Infiltrative neoplasia is possible but considered less likely. Histopathology is necessary to definitively determine underlying cause.
- Bilateral adrenomegaly – Consistent with this patient presumed history of hyperadrenocorticism, given that the medication list includes Trilostane.

IMAGING PERFORMED BY

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SECONDARY FINDINGS

- Age related kidney changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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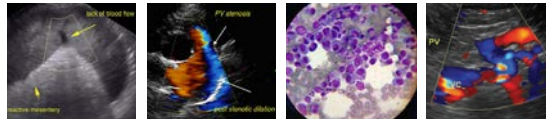
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Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

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As was reportedly already obtained, a fine needle aspirate of the liver mass is recommended if patient's coagulation status is appropriate.



PATIENT

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Alternatively, or if a diagnosis cannot be obtained cytologically, an exploratory laparotomy for planned excisional biopsy could be considered. The mass is focal and appears likely resectable. However, given location (mid liver and adjacent to the gallbladder), resectability could be difficult and consultation with a veterinary surgeon could be considered.

SPECIES

Canine

The bowel changes are of unknown clinical significance compared to the liver mass but are likely at least partially contributing to this patient's clinical signs. Therefore, pending liver mass evaluation:

BREED

Scottish Terrier

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

SEX

Neutered Male

Ideally, biopsies of the GI tract are recommended to definitively diagnose and therefore manage the infiltrative bowel process.

AGE

11 Years

If biopsies cannot be obtained safely due to low albumin or patient stability, etc., empirical therapies could include diet change to an ultra-low-fat diet, empirical deworming with a 5-day course of Panacur, cobalamin supplementation (unless cobalamin level is evaluated and supplementation is not warranted) a probiotic and prednisolone (if not contraindicated based on patient contraindications, co-morbidities, etc.). Calcium monitoring, and supplementation, if necessary, is also recommended.

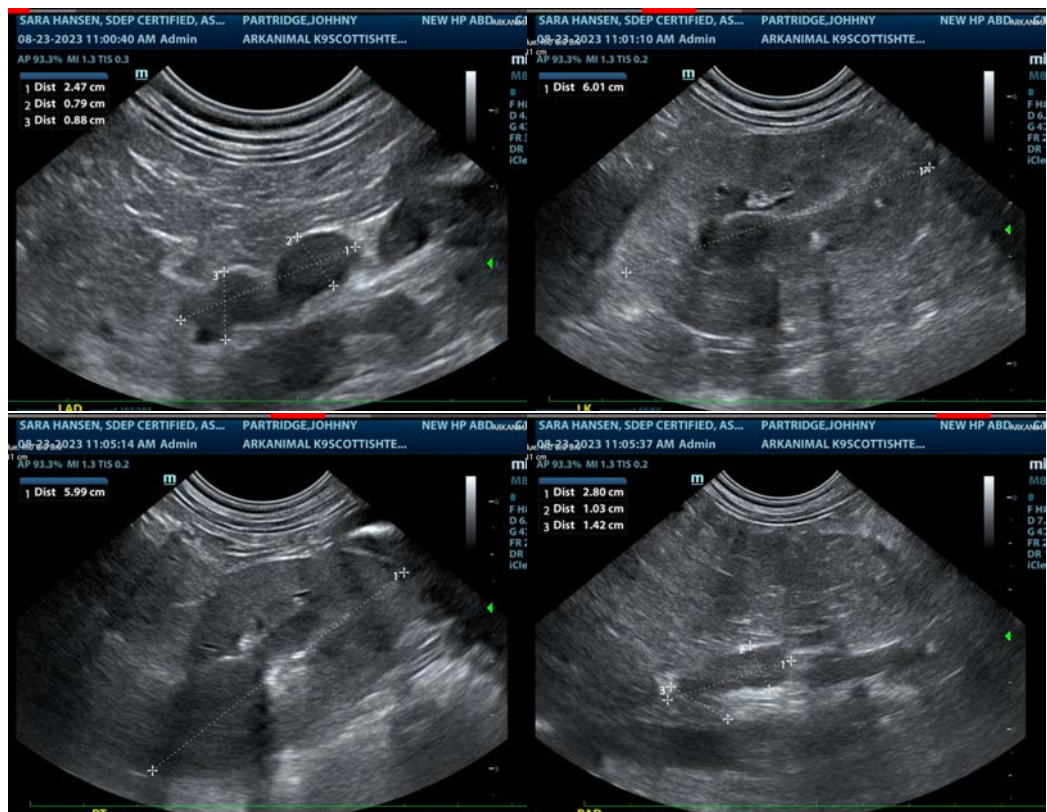
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Additionally, if patient's coagulation status is otherwise appropriate, anti-thrombotics such as clopidogrel or low dose aspirin may also be warranted.

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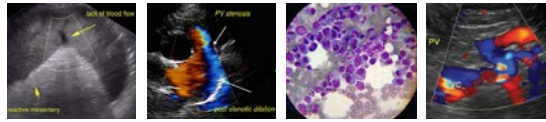
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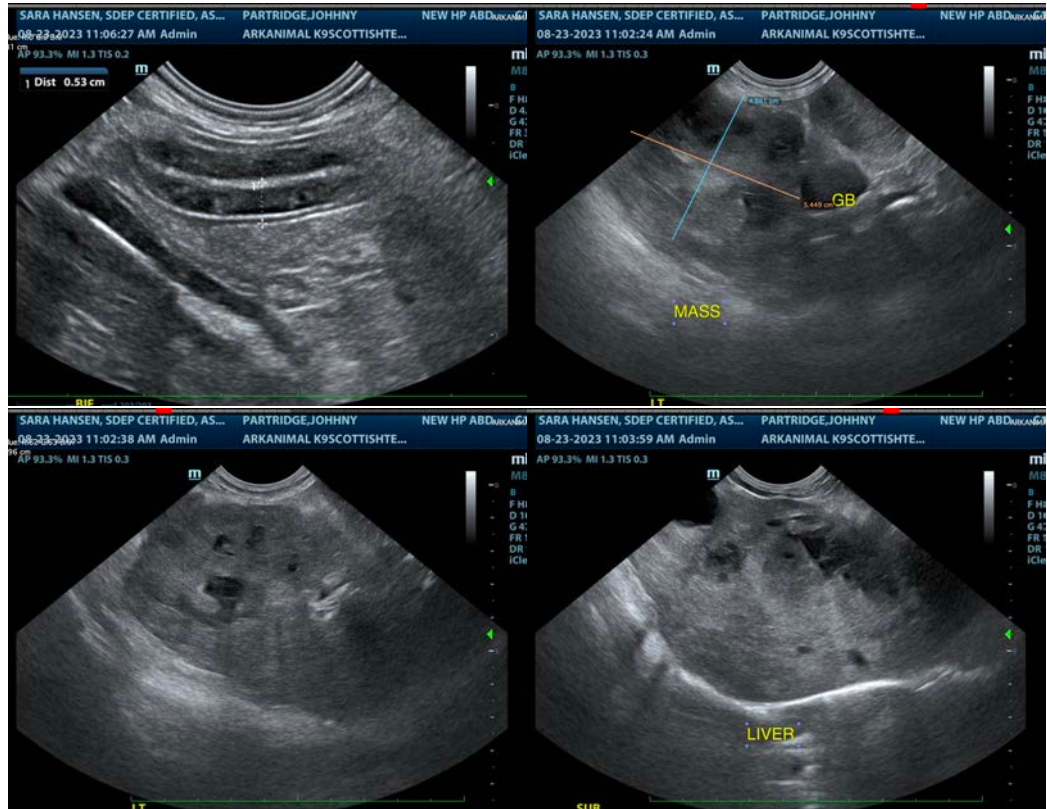
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com