



PATIENT

Shadow Ragsdale

PRESENTING CLINICAL SIGNS

Pulmonary nodules- mass like affect in abdomen - intestinal displacement. Current meds: Carprofen 50mg Q 12
Abnormal PE/Chem/CBC/UA Results: WNL

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Lab X

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.

SEX

Spayed Female

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 measured 6.72 cm. The right kidney measured 6.8 cm.

AGE

8.5 Years

Adrenal Glands

WEIGHT

57.5 Pounds

The right adrenal gland is normal in size (2.7 cm long x 0.66 cm at the cranial pole and 0.79 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 (3.2 cm long x 0.67 cm at the cranial pole and 1.4 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. A hyperechoic nodule is noted in the caudal pole. Nodule does not disrupt normal shape and/or architecture. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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.

IMAGING PERFORMED BY

Jessica Miller

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion. In the mid to right caudal liver, there is an approximately 5.0 cm mixed mass with a cavitated center.

HOSPITAL NAME

Tranquility VC

REFERRING VET

Dr. Antonelli

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.

Gastrointestinal

INVOICE

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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.

DATE

8/30/22

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



PATIENT	per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.
Shadow Ragsdale	
SPECIES	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Canine	Pancreas
BREED	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.
Lab X	Free Abdomen
SEX	There is a small amount of echogenic appearing free fluid around the spleen and around the liver mass, as well as enhanced hyperechoic fat and mesentery surrounding the liver mass.
Spayed Female	There is no apparent lymphadenopathy noted in these images.
AGE	PRIMARY FINDINGS
8.5 Years	<ul style="list-style-type: none"> - Mid to right caudal mixed cavitated liver mass – concerning for infiltrative neoplasia such as sarcoma versus possibly primary hepatic neoplasia or even infiltrative round cell neoplasia. A benign abscess, hematoma, etc. can't be ruled out but is considered less likely. The remaining liver parenchyma is heterogeneous. These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.
WEIGHT	
57.5 Pounds	
INTERPRETED BY	<ul style="list-style-type: none"> - Echogenic free fluid – concerning for a cellular fluid such as a hemoabdomen versus paraneoplastic versus other.
Beth Johnson, DVM DACVIM	SECONDARY FINDINGS
IMAGING PERFORMED BY	<ul style="list-style-type: none"> - Age related kidney changes - Hyperechoic adrenal nodule (left caudal pole) – 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.
Jessica Miller	
HOSPITAL NAME	
Tranquility VC	
REFERRING VET	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. Antonelli	Given the reported pulmonary nodules, metastatic disease is suspected, which demonstrates a grave prognosis. However, if a histologic diagnosis is desired, a fine needle aspirate of the liver mass could be considered if patient's coagulation status is appropriate to try to obtain a histologic diagnosis, understanding the risk of hemorrhage when aspirating a cavitated mass. Alternatively, exploratory laparotomy could be considered with planned excisional biopsy. Prior to determining the best diagnostic plan, sampling of the abdominal fluid is recommended, because if this patient has a hemoabdomen, surgery may be the only interventional option available to stop the bleed.
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BREED

Lab X

SEX

Spayed Female

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REFERRING VET

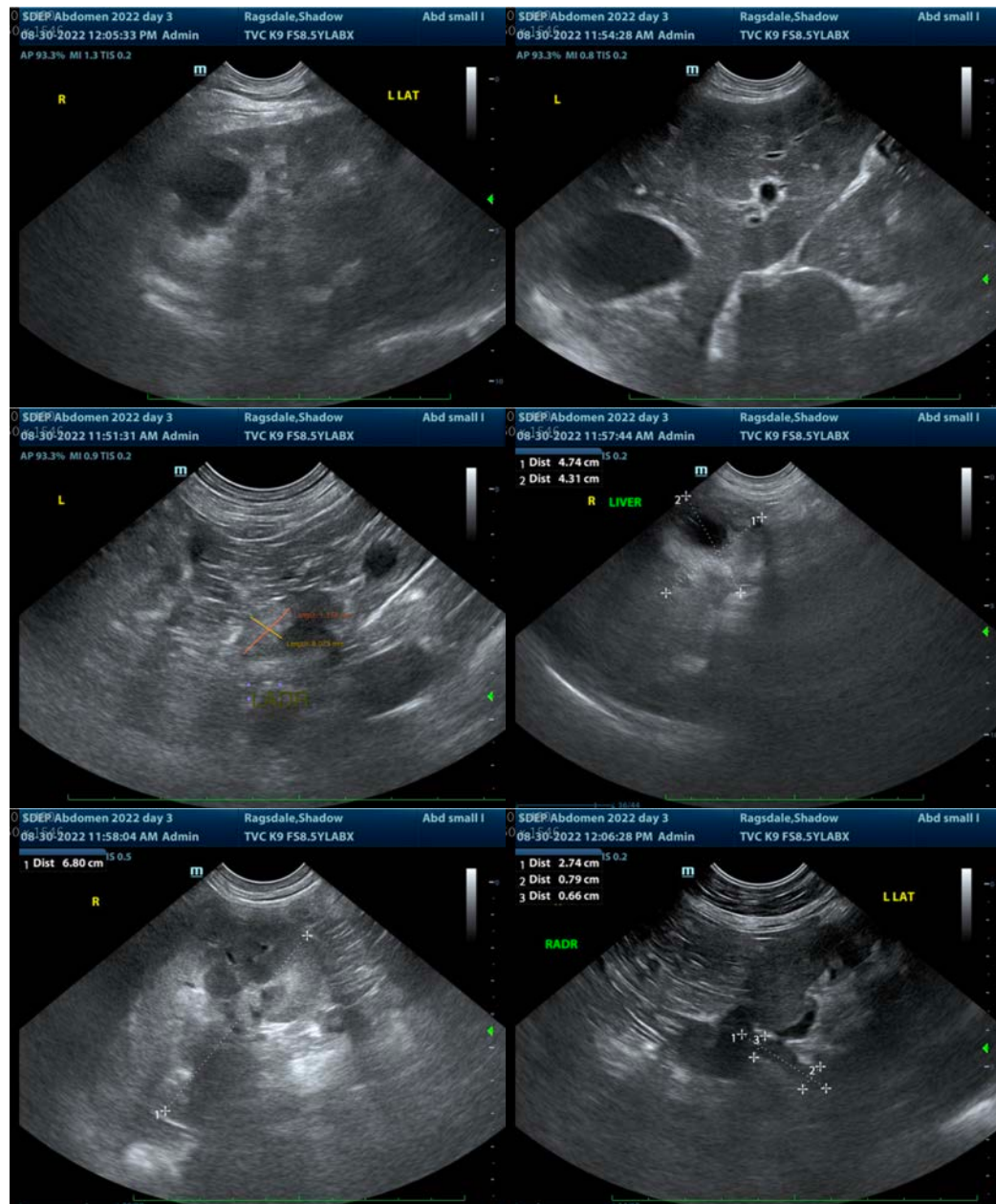
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SPECIES

Canine

BREED

Lab X

SEX

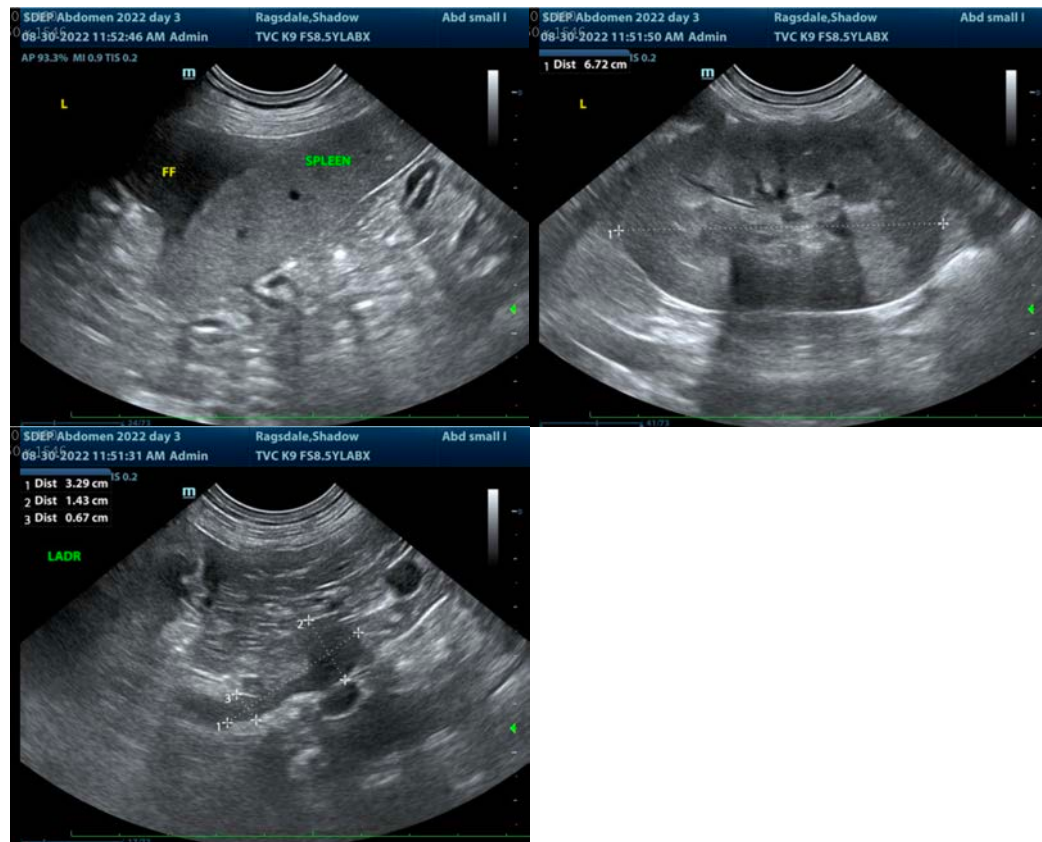
Spayed Female

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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