



PATIENT

Ransom Wilson

PRESENTING CLINICAL SIGNS

Concern for cavitated hepatic mass. Globulins @ 4.2, ALT 1209, AST 80, ALP 2093.

SPECIES

Canine

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.

BREED

Shepherd X

The area of the prostate is examined without evident pathology.

SEX

Neutered Male

The right kidney is normal in size (5.9 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

AGE

13 Years 10 Months

The left kidney is normal in size (6.4 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The adrenal glands are unable to be visualized in these images.

WEIGHT

51 Pounds

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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Liver

The liver contains an 8-10+ cm mixed heterogeneous, cavitated mid caudal mass, primarily caudal to the gallbladder but appearing to involve the hilus.

IMAGING PERFORMED BY

Dr. Katie Freson

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.

HOSPITAL NAME

Kings Vet Hospital

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

REFERRING VET

Dr. Katie Freson

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 per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

INVOICE

41377

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

DATE

9/15/22



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Pancreas

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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.

SPECIES

Canine

Free Abdomen

There is a scant amount of anechoic free fluid noted around the liver mass.

BREED

Shepherd X

There is no apparent lymphadenopathy noted in these images.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

- Large, cavitated liver mass – most concerning for infiltrative malignant neoplasia such as sarcoma versus possibly a primary liver tumor such hepatocellular carcinoma versus other. A benign lesion is possible but considered much less likely.
- Scant amount of anechoic free fluid is present and is concerning for possible hemoabdomen, given the cavitated liver mass.

AGE

13 Years 10 Months

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.

WEIGHT

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A fine needle aspirate of the liver mass could be considered if patient's coagulation status is appropriate. However, given the risk of hemorrhage with both the procedure as well without mass removal, a surgical exploratory laparotomy with planned excisional biopsy/mass removal is the recommended approach. Given the size and location of the mass, full resection cannot be guaranteed based on these images, and a pre-surgical planning abdominal CT scan may be helpful to further evaluate resectability.

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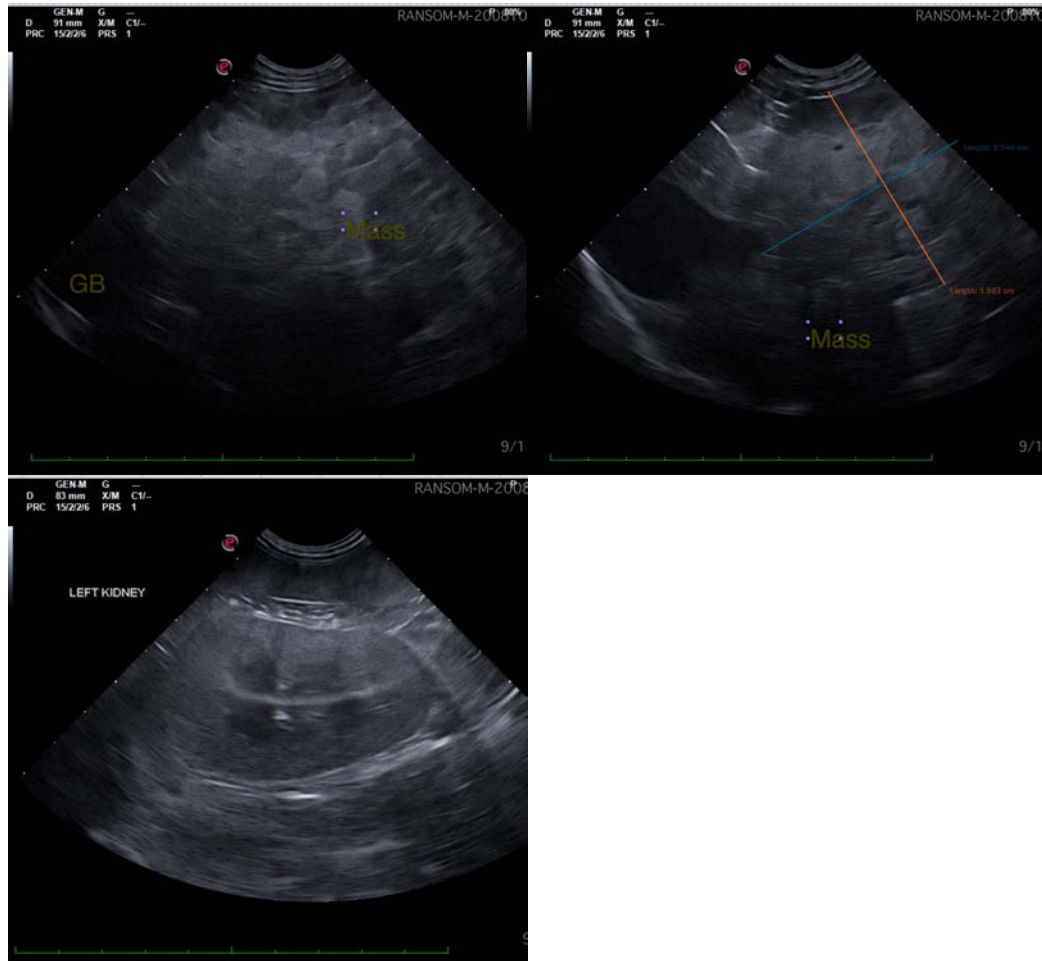
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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