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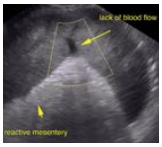

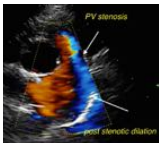

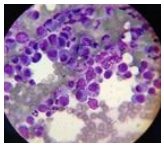
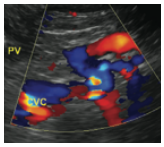

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1-800-838-4268 info@sonopath.com

PATIENT

Millie Leatherbarrow

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Spayed female

AGE

11.3 years

WEIGHT

62 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Carpenter

HOSPITAL NAME

Penndirge AH

REFERRING VET

Dr. Carpenter

INVOICE

46493

DATE

8/8/23

PRESENTING CLINICAL SIGNS

History: Millie is an 11.3 yo, SF, German Shepherd Mix, 62 lb Presented in July for wellness exam. Patient has OA. Senior panel showed elevated LE - ALT 191 (H), ALP 1547 (H), Tbili 0.2 (N), lipase 317 (H), UA USG 1.035, 2+ protein, 10-15 RBC per HPF. Treated with amoxi/metro. Recheck LE last week ALT 289 (H), ALP 1305 (H), tbili 0.3 (N). Here for AUS. Other than 2 day hx of hyporexia, patient is aclinical with normal urination.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

A pedunculated irregular homogenous mass is present in the neck of the urinary bladder most consistent with a urinary bladder polyp. It appears to have an attachment to the ventral bladder wall. Ballottement to ensure it is not mobile debris and color flow of the area to investigate for vascularization would be of use to further investigate. No other signs of mural thickening or surrounding inflammation.

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. Hyperechoic shadowing in renal pelvis with no dilation consistent with non-obstructive nephrolithiasis. The left kidney measured 6.35 cm and the right kidney measured 7.3 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.84 cm in length and 0.89 cm at the cranial pole and 0.97 cm at the caudal pole. The right adrenal gland measured 3.33 cm in length, 1.28 cm at the cranial pole and 0.52 cm at the caudal pole.

Spleen

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver contains a heterogenous partially cystic roughly spherical mass originating from hepatic tissue suspected to be in the right medial or right lateral lobe (though this cannot be definitively determined and an abdominal CT would be of use to further define the exact location). It measures at least 6.0x8.8cm. The caudal most aspect of the mass abuts the spleen and in one plane appears possibly contiguous with splenic tissue. The majority of images show the mass closely associated with liver tissue and so liver origin is most strongly supported by imaging planes available. An abdominal CT would be of use to further define if clinically indicated.

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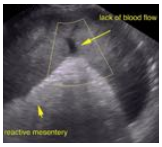
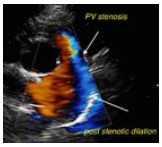
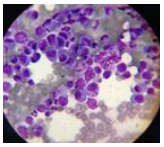
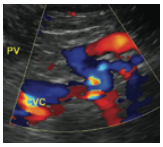

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Liver mass
2. Bladder mass – suspect polyp
3. Degenerative renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mass in liver is cystic and concerning for neoplasia with primary differentials to include hemangiosarcoma, biliary adenoma or adenocarcinoma, hepatic carcinoma, or less aggressive hepatocellular carcinoma with cystic or necrotic component, complex granulomatous non neoplastic mass, degenerative hepatoma, among other things. Aspirate should be attempted for further information. Ultimately surgical removal should be considered because of risk of rupture and abdominal hemorrhage and this may be both diagnostic and curative. Pre-operative abdominal CT may be considered for surgical planning, to confirm hepatic origin and thoracic CT could be used to screen for thoracic metastasis that may be missed on thoracic radiographs. Serial monitoring with follow up sonograms could be considered to monitor for progression if definitive removal is not desired at this time.

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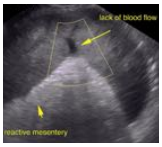
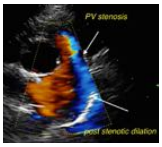
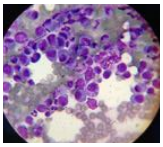
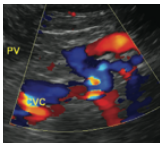

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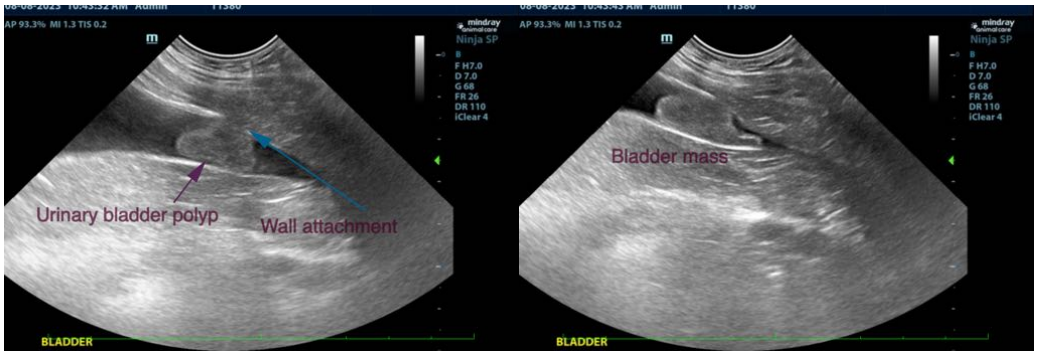
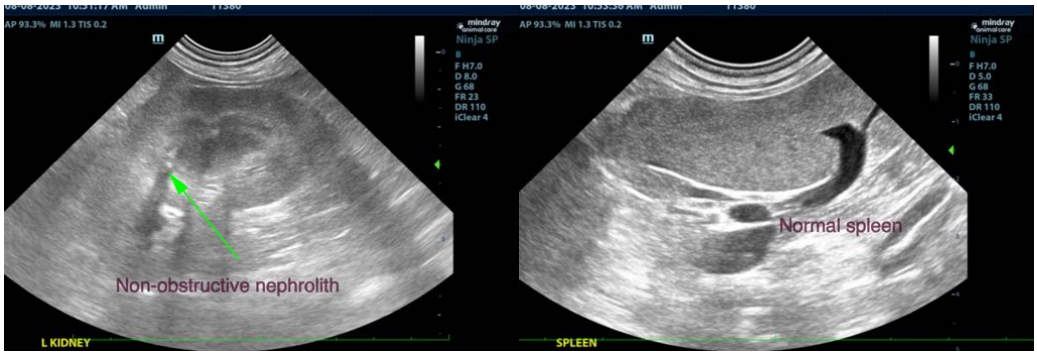
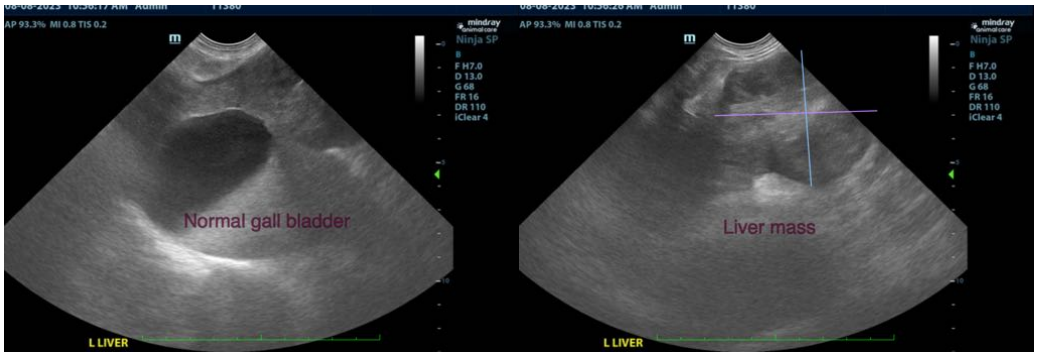
Urinary bladder wall changes are most consistent with a bladder wall mass with a urinary bladder polpy being suspected based on appearance. Transitional cell carcinoma remains a top differential and submission of urine for a CADET BRAF to further investigate is recommended. FNA could be attempted but has a risk of seeding neoplastic cells in the abdomen.

Renal changes are likely age related degenerative changes. Correlate clinical significance with blood work/urinalysis findings and clinical signs. Nephroliths may act as a nidus of infection and predispose to urinary tract infections. They can also cause sterile inflammation leading to renal hematuria. They have the potential to move into the ureters or bladder causing obstructive uropathy. B







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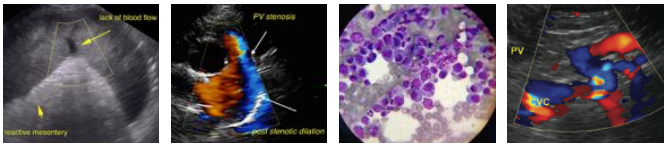

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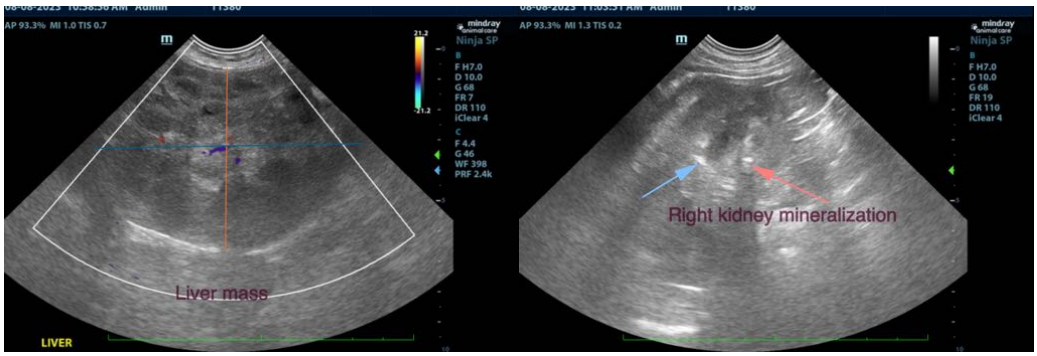

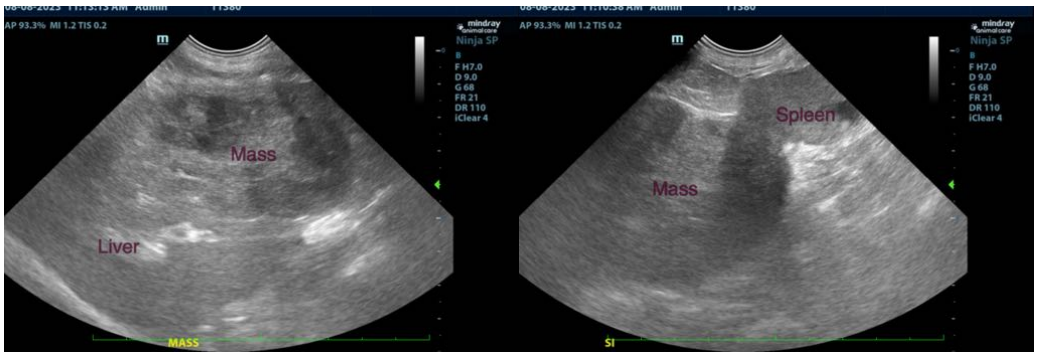

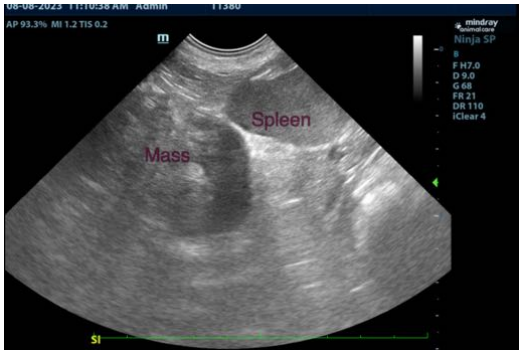

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
info@SonoPath.com