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Clinical Sonography & Telecytology
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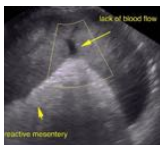
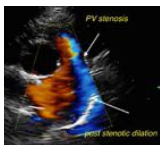
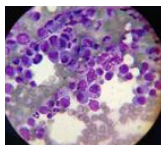
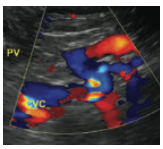

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1-800-838-4268 info@sonopath.com

PATIENT
Rockee Sardineer

SPECIES
Canine

BREED
Labrador Retriever mix

SEX
Neutered male

AGE
12 years

WEIGHT
45 lbs

INTERPRETED BY
Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY
Kelly Vazquez, CVT

HOSPITAL NAME
Westwood Regional VH

REFERRING VET
Dr. McConnell

INVOICE

DATE
2/13/23

PRESENTING CLINICAL SIGNS

History: Patient presents for hepatopathy, history of chronic diarrhea; vomiting and diarrhea recently. Geriatric screen. Current meds: Cerenia, famotadine, diet change from Purina Salmon to Science Diet Sensitive Stomach.
Abnormal PE/Chem/CBC/UA Results: AST 123, ALT 264, ALP 431; CPK 1,080.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The visible prostate is normal in size has uniform echotexture with no fluid accumulations, masses or other abnormalities

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Visualization of right kidney is limited by patient conformation and reported lack of compliance and measurement is likely underestimated. The right kidney measured 4.5 cm. The left kidney measured 5.96 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 2.18 cm in length and 0.85 cm at the cranial pole and 0.68 cm at the caudal pole. The right adrenal gland measured 1.9 cm in length, 0.95 cm at the cranial pole and 0.71 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

Heterogenous non-cystic complex roughly spherical liver mass hyperechoic to other liver tissue is visualized in the right aspect of the liver measuring at least 5.8x6.4cm with adjacent similar appearing mass tissue suggestive of extension of primary mass tissue or local metastasis between liver lobes

The gall bladder is displaced ventrally by the liver mass and is moderately distended with anechoic fluid, with hyperechoic non-shadowing debris present.

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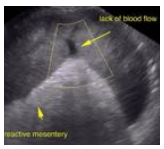
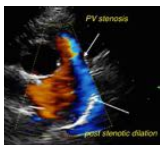
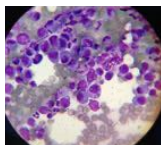
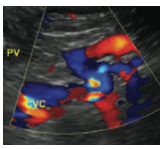

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Gastrointestinal

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. The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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

Scant free fluid between liver lobe and mass

ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Liver masses with focal scant free fluid
2. Gall bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Masses in the liver are most concerning for neoplasia with primary differentials to include hemangiosarcoma, biliary adenoma or adenocarcinoma, hepatic carcinoma, or less aggressive hepatocellular carcinoma, complex granulomatous non neoplastic mass, degenerative hepatoma, among other things. The presence of scant free fluid is concerning for minor hemorrhagic effusion and increases the importance of making a decision about proceeding with attempted definitive removal. Correlate clinical significance with patients stability and peripheral PCV. The amount of fluid is very scant and aspiration is not likely possible. The mass should aspirated 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 progression if definitive removal is not desired at this time.

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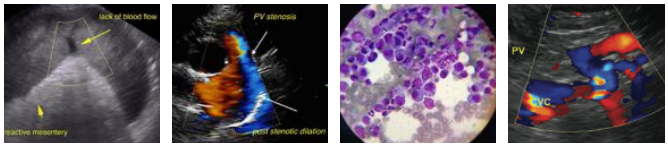

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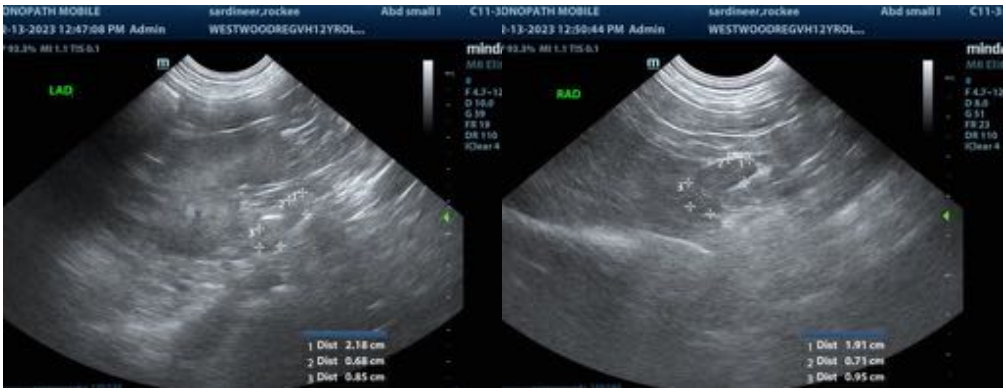
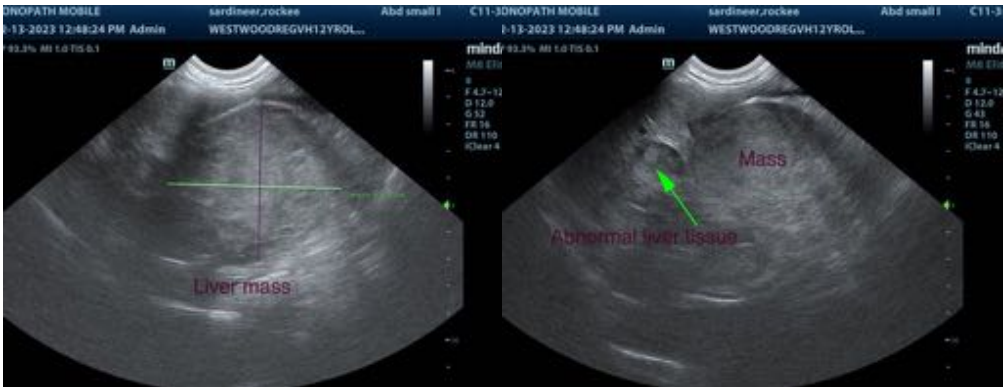
Gall bladder debris may be an incidental finding given lack of surrounding inflammation. Gall bladder motility may be affected by the presence of the displacing liver mass and this could predispose to accumulation of sludge. Ursodiol could be given as a choleretic and empiric treatments (SAM-E, milk thistle, Vitamin E, ursodiol) could be tried. If liver supportive medications do not improve liver enzymes, a course of empiric antibiotics (clavamox, enrofloxacin) could be considered to cover for infectious cholangiohepatitis, though the lack of surrounding inflammation makes this less likely. Imaging should be rechecked on a routine basis for monitoring (q3-6mo) or if further significant increase in liver enzymes and/or new clinical signs are noted. If otherwise clinically indicated, investigation for endocrinopathy such as hyperadrenocorticism or hypothyroidism could be considered as an underlying cause predisposing to gall bladder debris accumulation.





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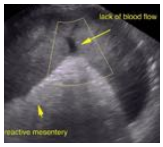
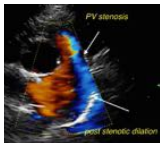
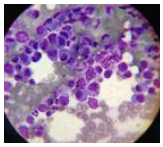
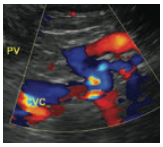

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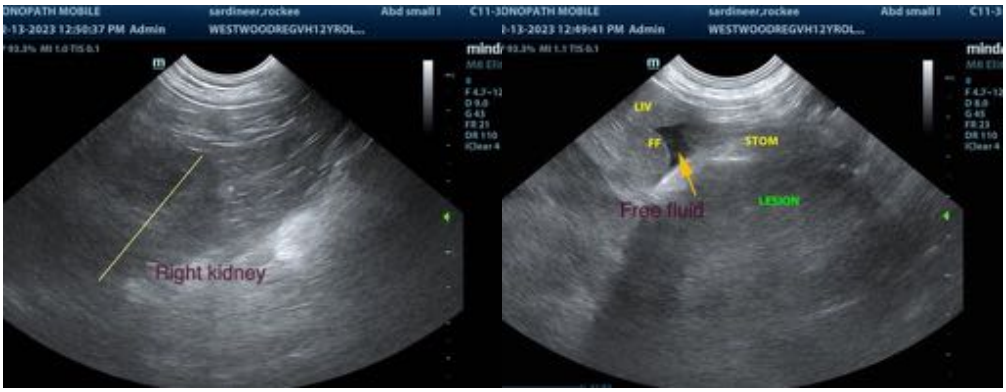

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
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