



PATIENT

Coco Zoeckler

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

13.5

WEIGHT

11.9

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Carver

HOSPITAL NAME

Animal Emergency
Hospital, Volusia

REFERRING VET

Dr. Carver

INVOICE

20666

DATE

1/21/23

PRESENTING CLINICAL SIGNS

History: Coco is a 13 Y FS Mix who presented for lethargy, ADR. P wandering around, not resting. Normal BM last night. Urinated this AM.

Abnormal PE/Chem/CBC/UA Results: BW elevations ALT 985, ALP >993, GGT 43

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized, and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.0 cm. The right kidney measured 4.0 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 0.6 cm at maximum width. The right adrenal gland measured 0.8 cm at the cranial pole and 0.6 cm at the caudal pole.

Spleen

The **spleen** presented discrete and diffuse hypoechoic micronodular parenchyma. The capsule was generally smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. These changes are consistent with age related benign nodular hyperplasia. However, early hemangiosarcoma, lymphoma or mast cell neoplasia could not be entirely ruled out. Fine needle aspirate or biopsy following coagulation panel would be ideal especially if any weight loss is an issue. Otherwise, follow up ultrasound in 3-4 weeks to track these changes would be a more conservative approach. This change is mild and likely unrelated to the hepatic pathology.

Liver

The **liver** revealed a complex mixed echogenic (5.0 cm) mass, deriving from the left medial liver with peripheral inflammation. The mass deviated the stomach caudally. Mild heterogenous parenchymal changes were noted in the right liver and cranial liver. The gallbladder revealed a minor amount of suspended striating bile.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

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

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Mix

ULTRASONOGRAPHIC FINDINGS

- Left sided liver mass with gastric deviation and regional inflammation, potentially resectable-suspect carcinoma, possibility of granulomatous or nonneoplastic necrotic mass
- Micronodular hyperplasia splenic pattern
- Age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Direct exploratory surgery with expectation toward aggressive left lobectomy or CT with contrast for surgical planning would be appropriate.

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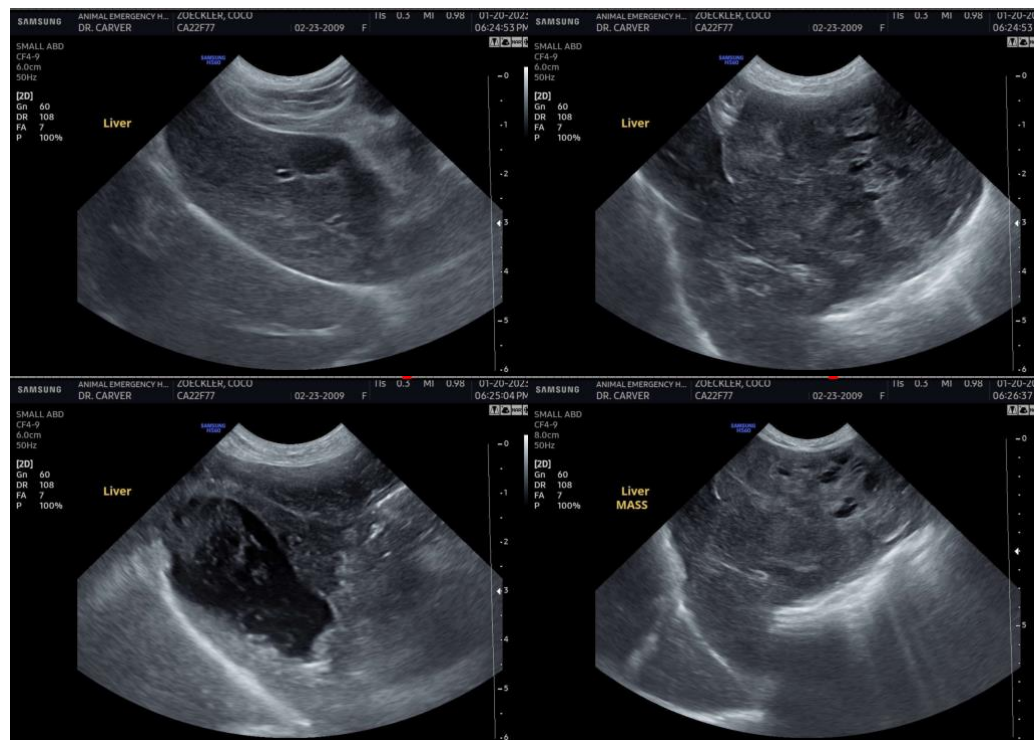
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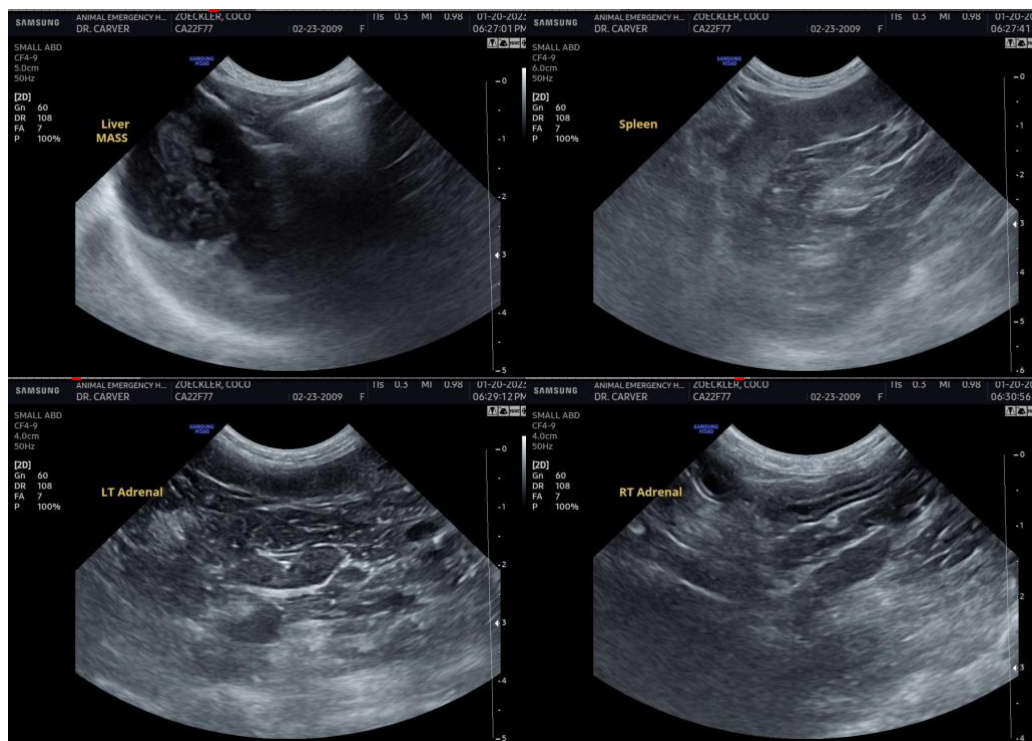
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
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