



**PATIENT**

Maggie Prescott

**SPECIES**

Canine

**BREED**

Shorkie

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

4.50 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Yashar Alami  
Alamdari

**HOSPITAL NAME**

King Hopkins PH

**REFERRING VET**

Dr. Yashar Alami  
Alamdari

**INVOICE**

13343

**DATE**

1/9/22

**PRESENTING CLINICAL SIGNS**

History: Maggie is a 10 years old spayed female dog. P has had trouble with eating and constipation over the last couple of months, has lost weight over that time, not eating a lot, every 2-3 days will skip breakfast (fed twice a day), strains to have BMs, soft and small and bloody sometimes. Lethargic, staying in bed over the last couple of days, now whimpering and yelping when touched, still drinking and urinating, no other symptoms. Blood work revealed low platelet, cholesterol and ALP.

**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 mild 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. Mineralization was present. The left kidney measured 3.8 cm. The right kidney measured 4.12 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 right adrenal gland measured 0.4 cm. The left adrenal gland measured 0.33 cm.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**Liver**

The **liver** revealed a moderately complex (4.9 cm) mixed echogenic and microcystic mass. The hepatic mass was moderately vascular on power doppler assessment. The liver mass appeared to be deriving from the left medial liver. The left sided liver mass appeared to be potentially resectable with full left lobectomy. CT evaluation for surgical planning would be ideal. Regional inflammatory pattern noted. Suspect carcinoma. The portal hilus was unremarkable and appeared to be unaffected. The remainder of the liver was unremarkable with minor amount of dependent gallbladder debris.

**Gastrointestinal**

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropy" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade,



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chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. Intestinal wall thickness measured up to 0.38 cm.

## Pancreas

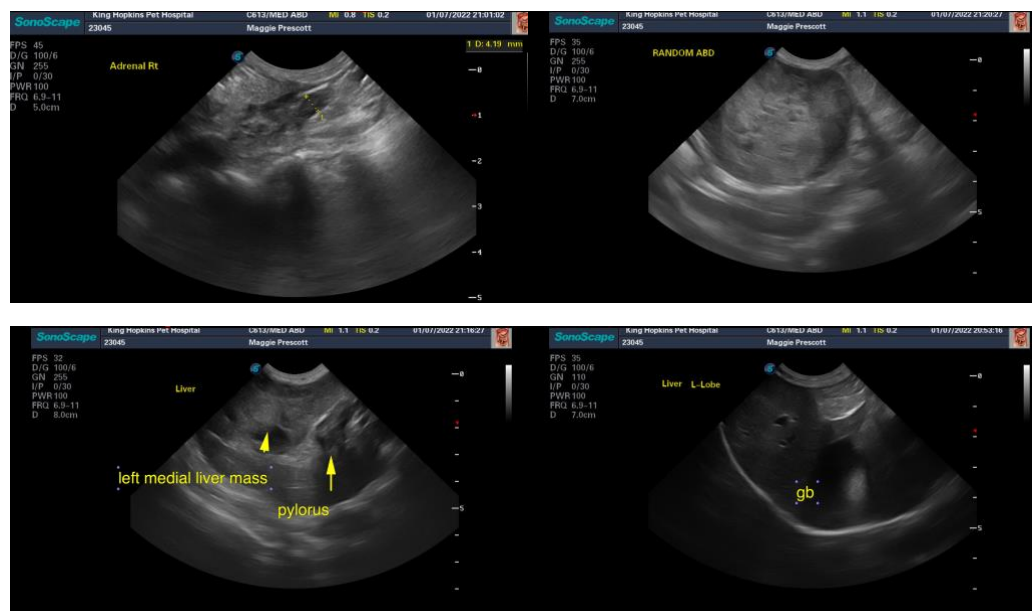
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Left liver mass, suspect carcinoma
- Minor GI thickening, likely history of inflammatory bowel
- Minor pancreatic remodeling
- Age-related renal changes with mineralization, non-obstructive

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left sided liver mass appeared to be potentially resectable with full left lobectomy. CT evaluation for surgical planning would be ideal. FNA of the liver mass could be considered for further definition. However, surgical correction is recommended.





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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.

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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.

**BREED**

Shorkie

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

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