



PATIENT

Harley Meyer

SPECIES

Canine

BREED

Doodle

SEX

Neutered Male

AGE

9.5 Years

WEIGHT

34.8 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Laura de Cordon

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

Dr. Laura de Cordon

INVOICE

41939

DATE

10/10/22

PRESENTING CLINICAL SIGNS

Pt is known to eat things, normally passes. -1 week ago p ate wallet, not the zipper but did eat money and pieces of wallet. -Has been acting normal until today. Today not e/d anything, shaking, hind end weakness. -Took to AERC who did rads and dx with FB and recommend surgery. -They also noted a mass on liver that O would like to discuss removing if possible. -Having normal stools, last one was 5:30p 10/9/22.

Abnormal PE/Chem/CBC/UA Results: Abdominal Palpation: mildly tense on abdominal palpation with hard structure on right side. -CBC/Chem: WNL -Assessment of abdominal radiographs sent to AIS: 1. Mild segmental small intestine distention with intraluminal material. Primary differential is a foreign body lodged within the jejunum resulting and obstruction or partial obstruction of the lumen as the cause for the vomiting and anorexia. 2. Right cranial to mid ventral intra-abdominal mass, suspected and asymmetrically enlarged right side of the liver. This raises some concern for hepatic neoplasia or neoplasia of other tissue origin, but may be a benign process. Cytology/histology evaluation or serial recheck imaging may be required to determine the clinical significance. 3. Equivocal scant amount of material within the stomach. If actual material, this raises some concern for a small amount of non-obstructing but non-digestible foreign material. However, the appearance is also consistent with artifactual effect of normal gastric wall margin summation with intraluminal fluid. 4. Small caudal vena cava suggestive of hypovolemia (dehydration versus Addisonian crisis or shock). However, the appearance can also be observed as an incidental transient effect of the normal cardiac cycle.

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 8.03 cm. The left kidney measured 6.2 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 2.11 cm x 0.61 cm. The right adrenal gland was not visualized.

Spleen

The **spleen** appeared uniform, yet folded upon itself. It does not appear overtly involved in the presumed neoplastic process.

Liver

The **liver** was enlarged with isoechoic macronodular changes and swollen irregular contour. A moderately complex mass was deriving from the caudal aspect of the left liver with macronodular changes within the mass and regional inflammation. Vascular congestion noted in the liver prior to the mass. Other heterogeneous hepatic changes noted, likely unrelated. The gallbladder was unremarkable.



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Gastrointestinal

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Pancreas

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The **gastrointestinal tract** was structurally unremarkable, other than excessive gas accumulation. Other heterogeneous nodular hepatic changes noted, may represent metastatic disease.

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.

Free Abdomen

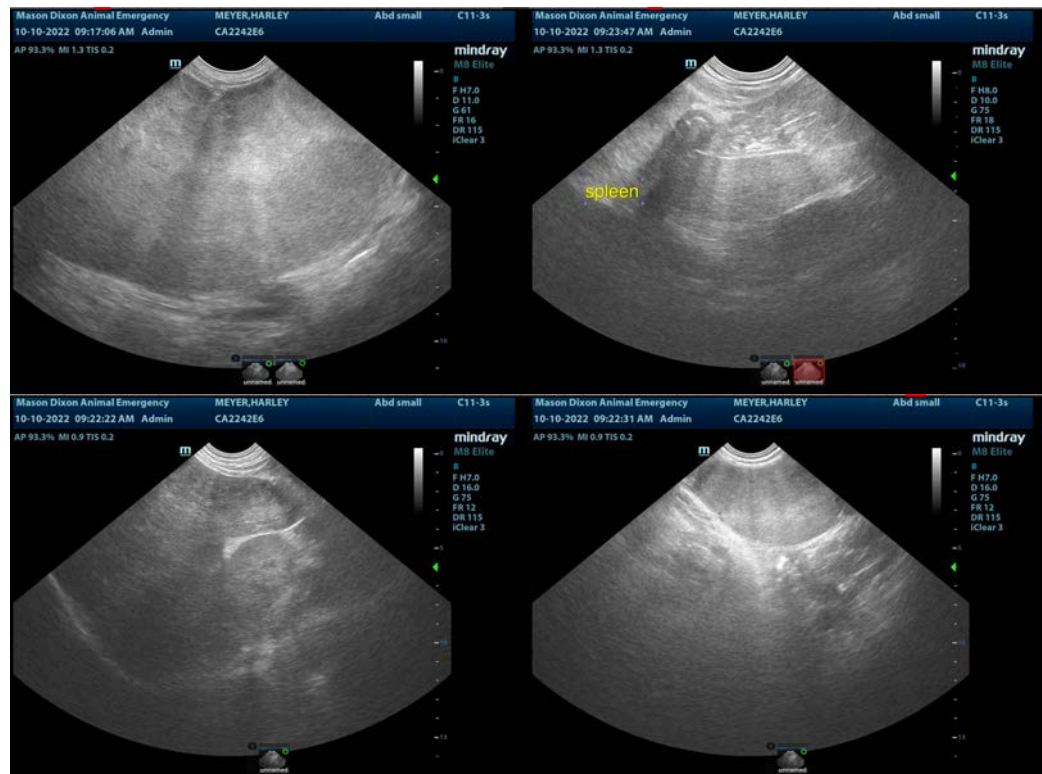
A mild amount of free fluid noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

- Pedunculated left lateral caudal liver mass
- Folded spleen
- Excessive GI gas
- Mild free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend chest radiographs and immediate exploratory surgery with left lobectomy/mass removal and inspection and biopsy of other lobes of the liver to ensure this is an isolated process. Suspect pedunculated carcinoma with possibly histopathologically benign lesion with secondary inflammation. Possibility of lobe torsion. This is a surgical emergency.





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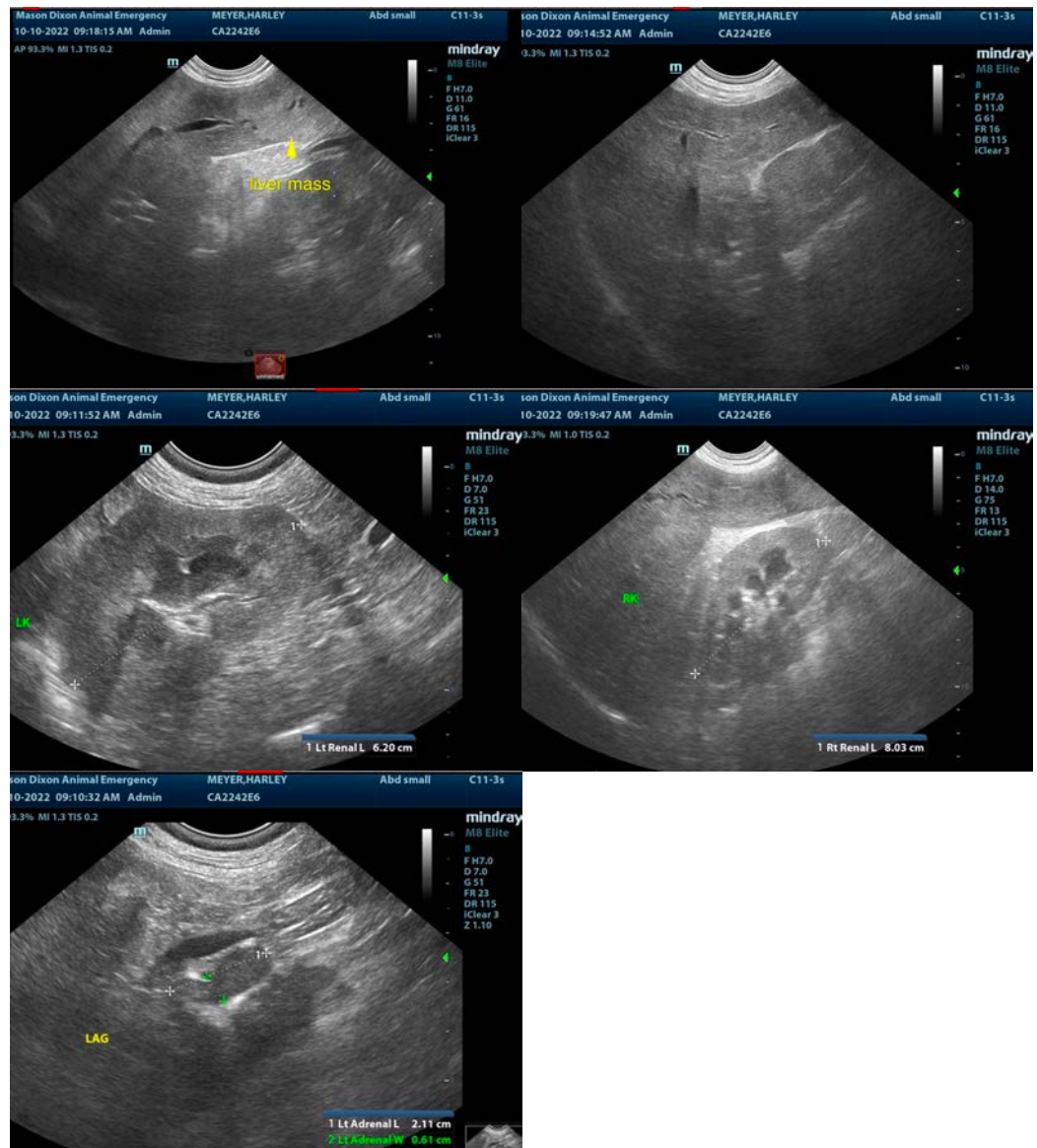
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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