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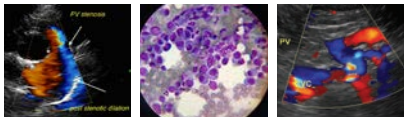


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

11/18/22

PATIENT

Gulliver Crawford

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

6/28/10

WEIGHT

15.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Pleasantville AH

REFERRING VET

Dr. Gounaris

INVOICE

42865

PRESENTING CLINICAL SIGNS

Presented 10/18/22 as P seemed a little bloated. Had not been to the vet in several years. E/D normal, no c/s/v/d normal energy. Exam findings: mid abdominal mass area of the spleen, grade 5 left systolic heart murmur, keratoconjunctivitis sicca, atopic dermatitis

Current Medications: pimobendan 2.5 mg BID
Lab Results: PCV 36% ALP 1240.
Radiographs: Abdominal mass with mass effect, cardiomegaly
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 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 5.15 cm. The right kidney measured 5.17 cm.

Adrenal Glands

The **left adrenal gland** was enlarged, irregular, hypoechoic, and expansive at the caudal pole, measuring 2.79 cm x 1.6 cm at the caudal pole and 0.75 cm at the cranial pole. Capsular expansion noted without capsular escape or vascular invasion.

The **right adrenal gland** was uniformly enlarged at 3.98 cm x 1.86 cm at the cranial pole and 1.47 cm at the caudal pole.

Spleen

The **spleen** revealed a 4.0 mm nodule at the caudal pole. This should be investigated at surgery.

Liver

The **liver** revealed an expansive mixed echogenic cystic mass with significantly disrupted architecture measuring 12.0 cm. The mass was significantly cystic and at risk for rupture. It impinges cranially upon the diaphragm and appears to be occupying the left medial liver. The gallbladder and common bile duct appeared unaffected. Minor gallbladder debris noted.

Gastrointestinal

The **gastrointestinal tract** was deviated caudally. The stomach presented mucosal hypertrophy. The small intestine and colon were unremarkable. No loss of gastric mural detail noted.

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.

Other
Rapid view of the heart revealed no evident pathology.

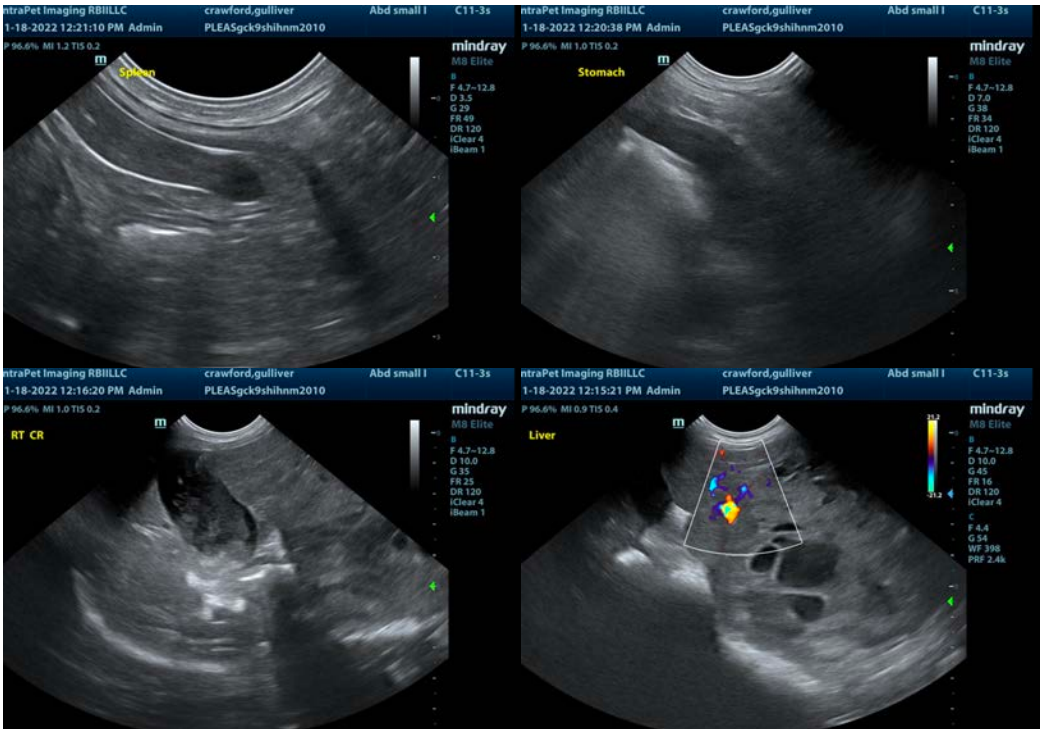
ULTRASONOGRAPHIC FINDINGS

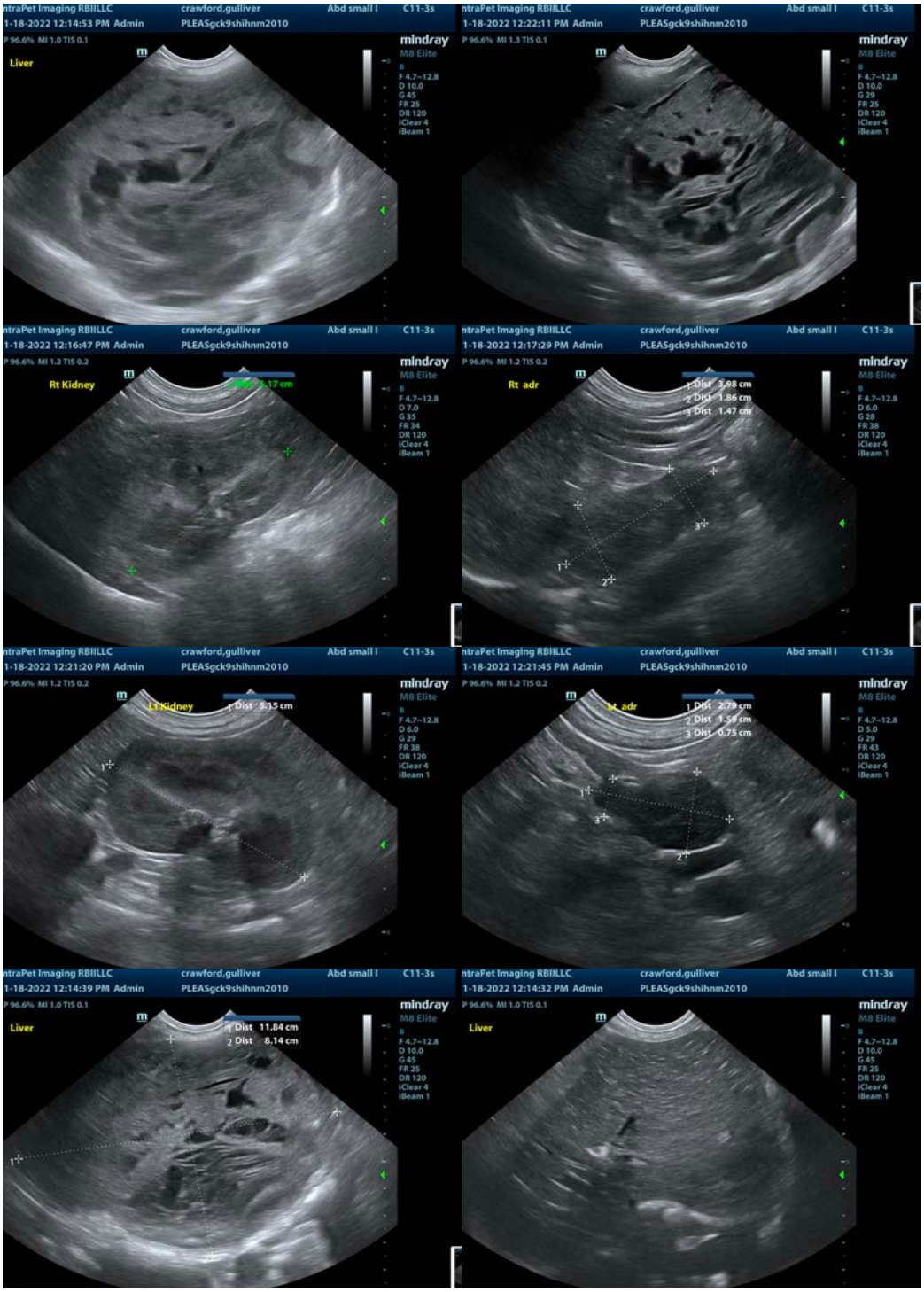
- Expansive liver mass – Likely biliary carcinoma, possibility of histopathologically benign yet precarious mass. Possibly resectable.
- Bilateral adrenal hypertrophy – Differentials for the left adrenal include adenoma, adenocarcinoma, hyperplasia, less likely pheochromocytoma. Differentials for the right adrenal include likely hyperplasia.
- Splenic nodule – Infarct, granulomatous lesion, round cell neoplasia all possible.
- Gastric mucosal hypertrophy
- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation of the liver mass indicated. If the patient appears cushingoid, workup for PDH indicated. Eventually, after liver mass removal, gastric biopsy would be warranted at the time, given the hypertrophy. Guarded prognosis. FNA of the splenic nodule indicated.

Radiographs: Mid cranial abdominal mass.




ntraPet Imaging RBIILLC
crawford,gulliver
Abd small I
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Liver
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2 Dist 1.86 cm
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Liver
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2 Dist 8.14 cm
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Liver

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
info@SonoPath.com