



PATIENT

Axel Tirpack

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

9 years

WEIGHT

66.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Christensen

HOSPITAL NAME

Tranquillity VC

REFERRING VET

Dr. Christensen

INVOICE

42338

DATE

11/5/22

PRESENTING CLINICAL SIGNS

History: Liver mass seen on ultrasound 2 months ago. Recheck ultrasound before schedule ACL surgery.

Abnormal PE/Chem/CBC/UA Results: BW and UA pending.

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 was noted. Ureteral papillae were normal.

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 left kidney measured 7.4 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. Left adrenal gland was normal and measured 2.29 x 0.54 cm at the cranial pole and 0.57 cm at the caudal pole. The right adrenal gland was slightly swollen at the cranial pole, yet there was no progression from the prior sonogram. The right adrenal gland measured 2.7 x 0.8 cm at the cranial pole and 0.59 cm at the caudal pole.

Spleen

The **spleen** was folded upon itself caudally.

Liver

The **liver** mass was noted on the prior sonogram and measures 7.8 x 4.6 cm. This appears to be left medial. The liver mass was mildly heterogenous with microcystic changes. The right liver was unremarkable with mild generalized enlargement. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

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The **stomach** revealed shadowing material. The small intestine was empty. The colon presented normal stool consistency.

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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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ULTRASONOGRAPHIC FINDINGS

Progressive left medial liver mass, potentially resectable.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass has increased by approximately 1-1.5 cm and is more heterogenous than the prior sonogram. I suspect low-grade carcinoma. Capsular expansion was also noted by the mass. CT evaluation is warranted for surgical planning. Concurrent gastric shadowing material may be post prandial. Some chyme transit into the small intestine was noted. CT evaluation was noted with potential left liver lobectomy +/- gastrotomy is indicated. The gastric presentation should be interpreted in light of post prandial timing. If the patient was not n.p.o. at the time of the sonogram. Further imaging at full n.p.o. status is indicated. FNA of the parenchymal portion of the hepatic mass can also be considered. Other hepatic differentials include granulomatous change and benign expansive hyperplasia. However, low-grade carcinoma is the primary concern. There is no evidence of organ spread. Chest radiographs are warranted to assess for metastatic disease.

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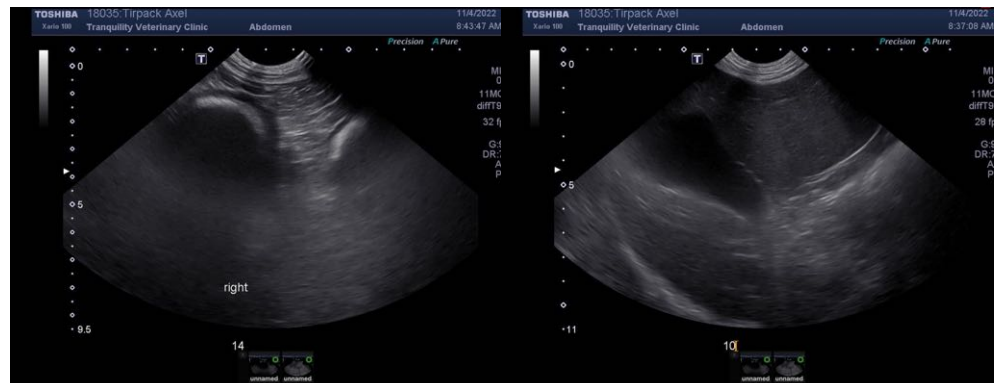
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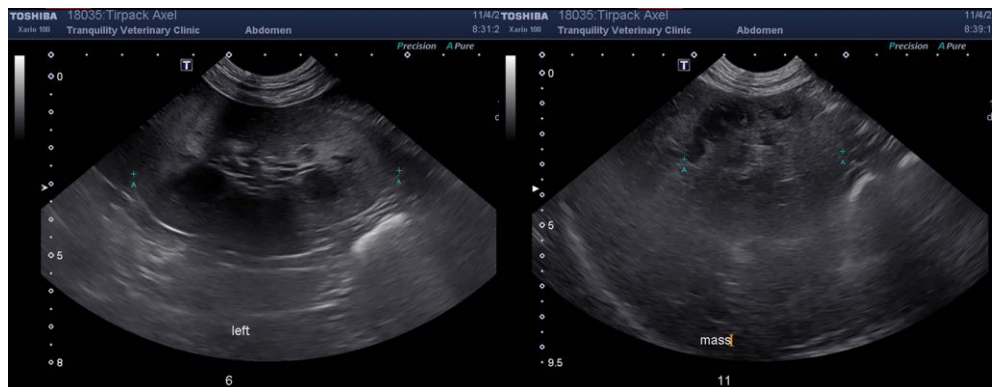
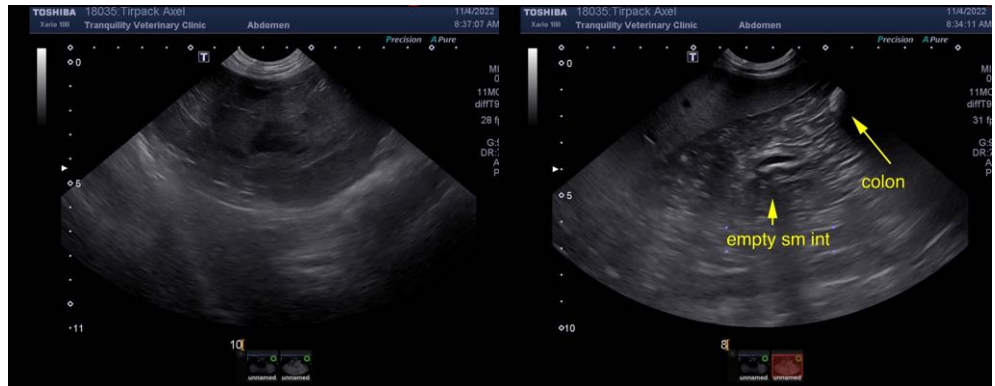
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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