



PATIENT PRESENTING CLINICAL SIGNS

Byte Grant Large mass in cranial abd on radiographs
Abnormal PE/Chem/CBC/UA Results: RBC HCT T4 Cl low SDMA BUN ALB ALKP high

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Husky

The **urinary bladder** presented multiple calculi, the largest of which measured 1.0 cm. Apical bladder wall thickening noted with a slight amount of attached debris and regional inflammation was noted. The iliac trifurcation was unremarkable.

SEX

Canine

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. Pinpoint mineralization noted in both kidneys, non-obstructive. The right kidney measured 7.34 cm. The left kidney measured 6.94 cm. Swelling was noted around the left kidney with pericapsular fluid accumulation.

AGE

13 Years

Adrenal Glands

WEIGHT

59.9 Pounds

The **left adrenal gland** measured at upper limits of normal, measuring 0.84 cm at the caudal pole, 0.45 cm at the cranial pole and 2.77 cm in length. The **right adrenal gland** measured 1.84 cm x 0.92 cm at maximum width.

Spleen

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Jenna Walsh, CVT

Liver

HOSPITAL NAME

The Ark Vet Clinic

A large **hepatic** mass was noted with surrounding echogenic free fluid, suggestive for hemorrhage. Regional inflammation noted. Disruptive nodular changes noted in the right liver as well as micronodular changes noted throughout the cranial liver. The gallbladder was unremarkable. A second mass was noted measuring approximately 8.0 cm, surrounded by a minor amount of free fluid. Free fluid was noted in the cranial abdomen.

REFERRING VET

Dr. Davies

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

INVOICE

33302

Pancreas

DATE

12/6/21

The **pancreas** presented undulating contour in the right limb. Heterogeneous parenchymal changes noted consistent with remodeling.



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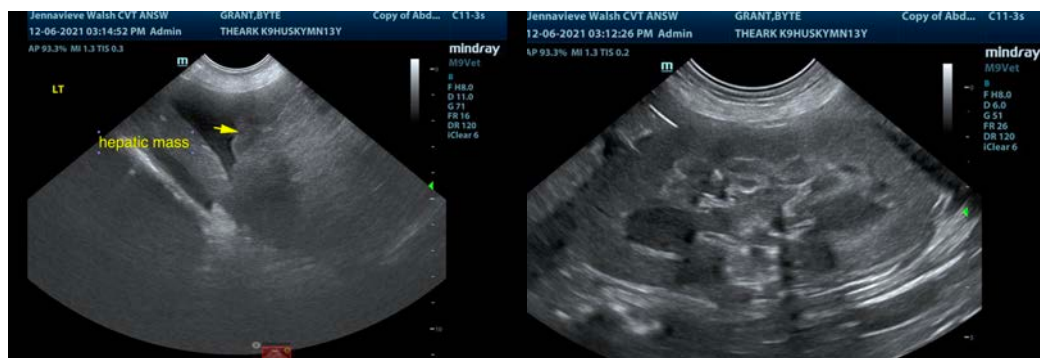
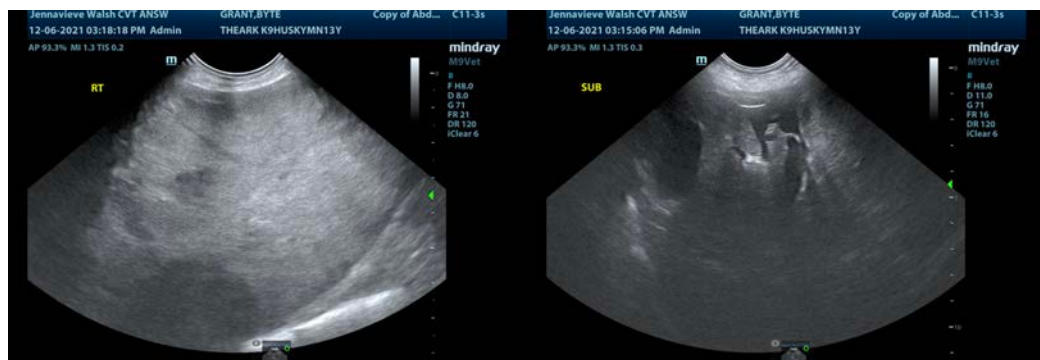
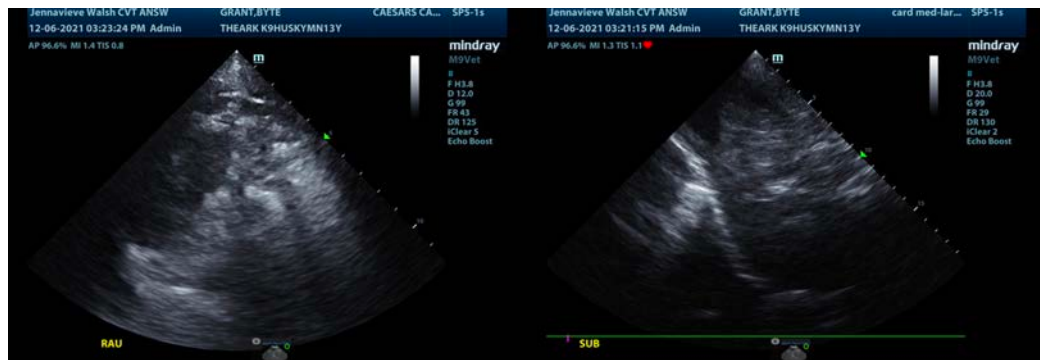
59.9 Pounds

ULTRASONOGRAPHIC FINDINGS

- Two separate liver masses with multifocal disruptive nodular changes noted elsewhere and free fluid – Multifocal hepatic neoplasia. The free fluid may be hemorrhage or paraneoplastic effusion.
- Bladder calculi with cystitis pattern and regional fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I do not believe the hepatic lesions to be resectable. Some densities were noted in the cranial mediastinum on rapid echocardiogram. Chest radiographs recommended to assess for possible metastatic disease. CT evaluation could be considered to assess the hepatic changes. However, given the blending pathology throughout the liver, I do not believe this would be a clean resection. However, exploratory surgery could be considered. Hepatocellular carcinoma suspected.



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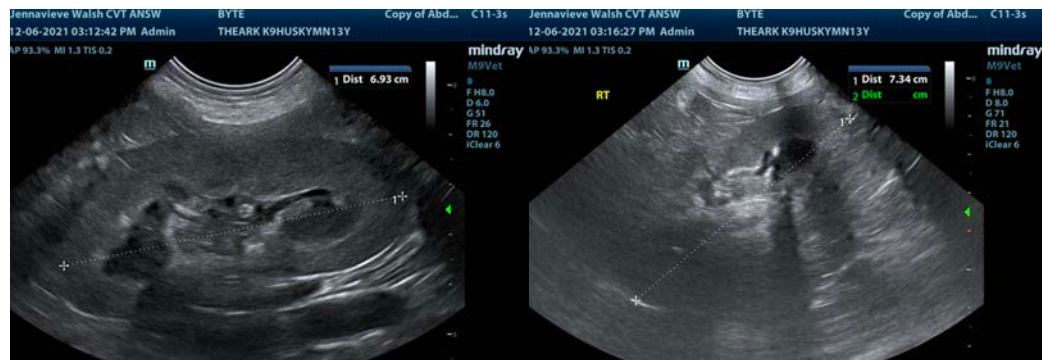
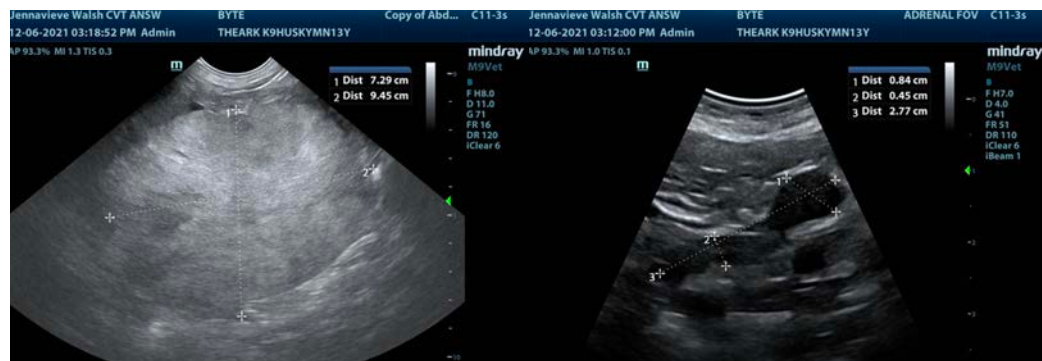
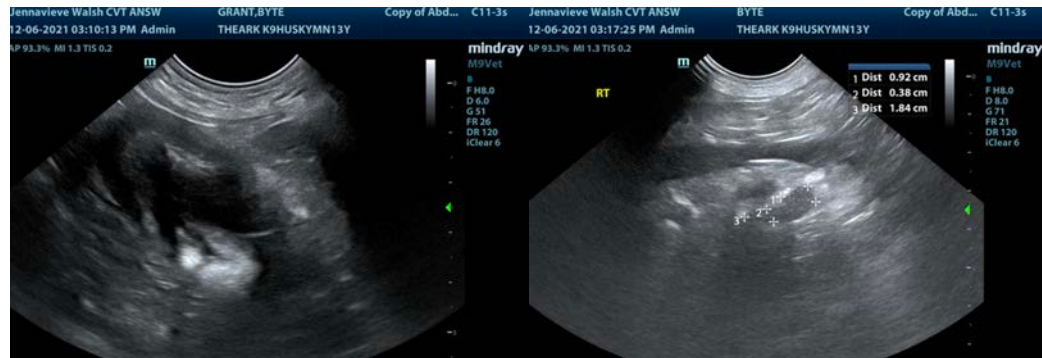
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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