

**DATE**

12/8/21

PRESENTING CLINICAL SIGNS

History: vomiting and diarrhea for 24 hours. History of liver mass from 3/17/21 impinging on the diaphragm. Current Medications: carprofen 50mg BID, Gaba 100-200 BID, Adequan monthly, Dasuquin daily. Date of Previous IntraPet Ultrasound: 3-17-2021. Sedation: Not required to complete full diagnostic ultrasound. Stat Report: Not requested.

PATIENT

Sasha Utley

SPECIES

Canine

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.

BREED

Samoyed

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Occasional cortical cyst was noted in the kidneys. The right kidney measured 6.0 cm. The left kidney measured 6.5 cm.

SEX

Spayed Female

AGE

9/27/07

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 2.72 x 0.81 cm at the caudal pole and 0.8 cm at the cranial pole. The left adrenal gland measured 2.04 x 0.63 cm at the caudal pole and 0.56 cm at the cranial pole.

WEIGHT

55 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Spleen**

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

IMAGING PERFORMED BY

Rachel Brillhart RDMS

HOSPITAL NAME

Mt Airy AH

Liver

The **liver** mass in this patient presented progressive enlargement measuring 14.0 x 12.0 cm with significant diaphragmatic deviation. There was significant progression from the prior sonogram. Regional inflammatory pattern was noted around the liver mass as well. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Riley

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

94417

Pancreas

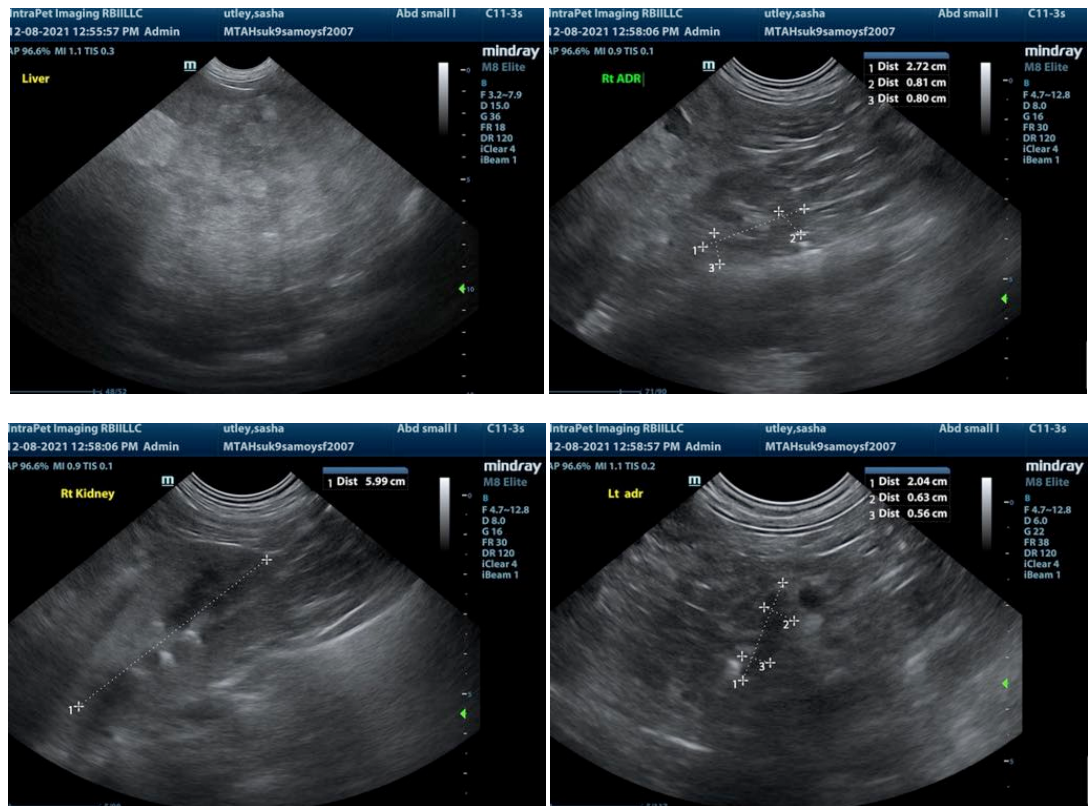
The **pancreas** was enlarged and irregular with a heterogenous, dilated duct with pericapsular inflammatory pattern. The left pancreatic limb measured up to 0.4 cm.

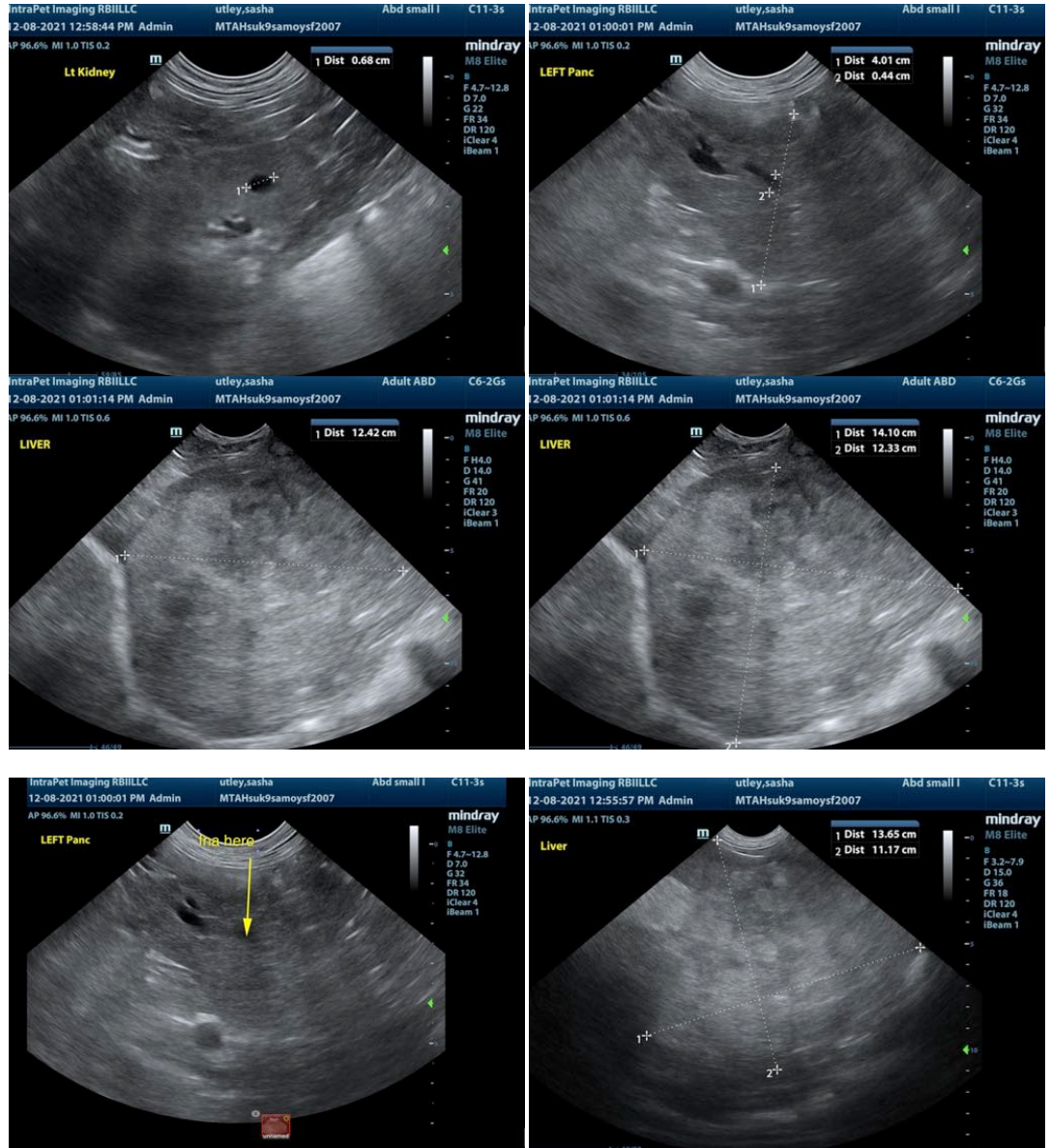
ULTRASONOGRAPHIC FINDINGS

Progressive left-sided liver mass impinging on the diaphragm with peripheral inflammatory component. Prominent, irregular pancreas. Suggestive for pancreatitis. Occasional renal cyst with mild degenerative renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver mass may be resectable; however, it impinges medially upon the portal hilus. CT evaluation is recommended for surgical planning. FNA of the pancreas and liver could be considered for staging purposes and refinement of treatment protocol.





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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