

**PATIENT PRESENTING CLINICAL SIGNS**

**Mya Shuman**  
Diabetic pet presented 1-21-22 for weakness and weight loss. Pet has lost about 6 pounds over the course of the last 11 months. On PE we noted mature cataracts and blindness, significant periodontal disease, some possible pain on extension of the coxofemoral joints, and possible low grade dehydration. We advised a CBC, chem, UA, T4 and serum fructosamine.

**SPECIES**

Canine

**BREED**

Siberian Husky

Abnormal PE/Chem/CBC/UA Results: T4 wnl CBC wnl UA glucosuria with 3+ protein Serum fructosamine indicates good to fair regulation Chem panel shows slight increase in TP and globulins (r/o dehydration), GGT of 127, and all phos of 5052; r/o cholestasis, ALT elevated at 276; ro liver disease Current Medications Insulin Novilin N 16 units BID, Vitamin b12

**SEX**

Spayed Female

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**AGE**

11 Years

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. A minor amount of suspended debris noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present.

**WEIGHT**

44.7 Pounds

The region of the trigone and visible pelvic urethra were normal. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

The **right kidney** presented irregular contour with a dorsocaudal infarct and mild inflammatory pattern. Some loss of corticomedullary definition noted. Size was normal. The right kidney measured 6.2 cm.

The **left kidney** presented normal size and contour and measured 6.5 cm. Vascularity appeared normal. No evidence of infarcts.

**Adrenal Glands**

**IMAGING PERFORMED BY**

Sara Hansen

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 2.28 cm x 0.62 cm at the caudal pole and 0.51 cm at the cranial pole. The right adrenal gland measured 2.61 cm x 0.72 cm at the caudal pole and 0.62 cm at the cranial pole.

**HOSPITAL NAME**

Corvallis Vet Hospital

**Spleen**

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.

**REFERRING VET**

Dr. Gross

**INVOICE**

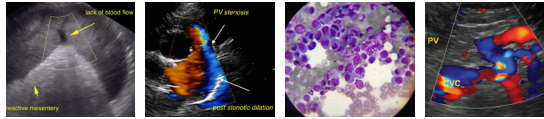
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**Liver**

The **liver** presented coarse architecture. Multifocal nodular changes were noted as well as a large, ill-defined mass that appeared to be deriving from the left liver and impinging upon the portal hilus and portal vein. The mass measured approximately 8.0 cm and was moderately vascular. Some normal liver was noted as well. The gallbladder and common bile duct were unremarkable.

**DATE**

2/1/22



**PATIENT** *Gastrointestinal*

Mya Shuman 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.

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**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.

**ULTRASONOGRAPHIC FINDINGS**

- Large liver mass, may be resectable
- Left renal infarct
- Unremarkable abdomen otherwise

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

CT evaluation of the hepatic mass warranted for possible surgical approach. However, clean resection may be difficult. FNA could be considered for further definition. Suspect hepatocellular carcinoma, minor potential for hepatoma with remodeling. Moderate disruptive architecture present. Chest radiographs warranted for further definition.

**INTERPRETED BY**

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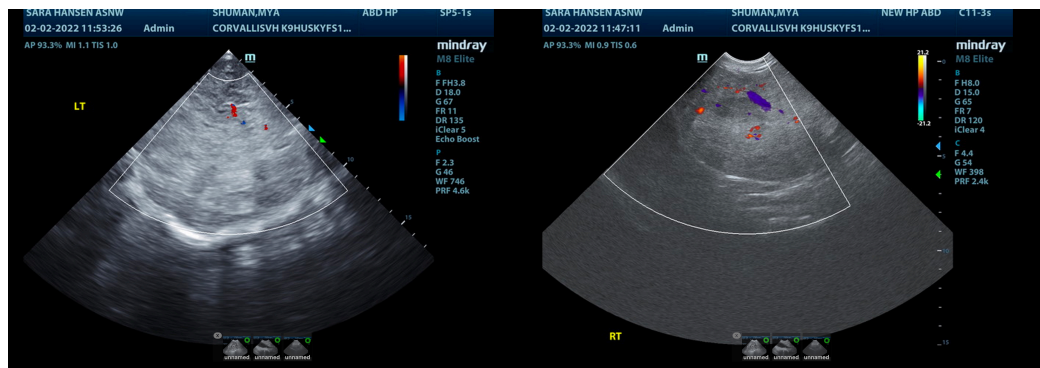
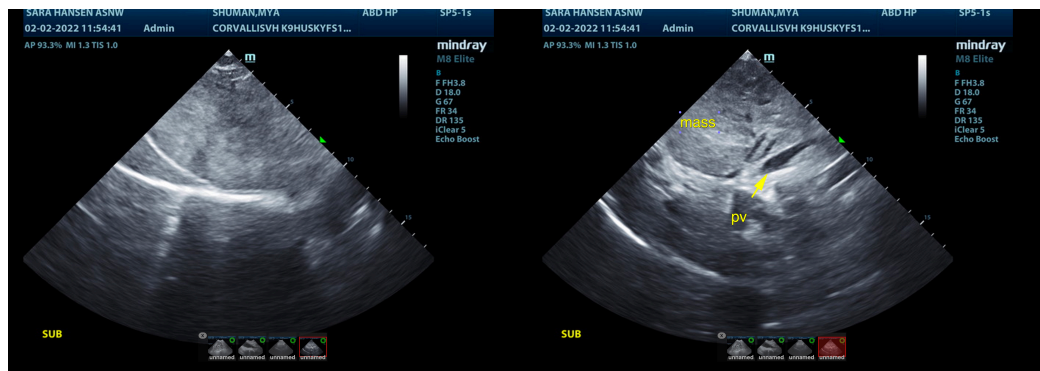
Dr. Gross

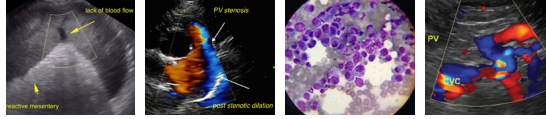
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**PATIENT**

Mya Shuman

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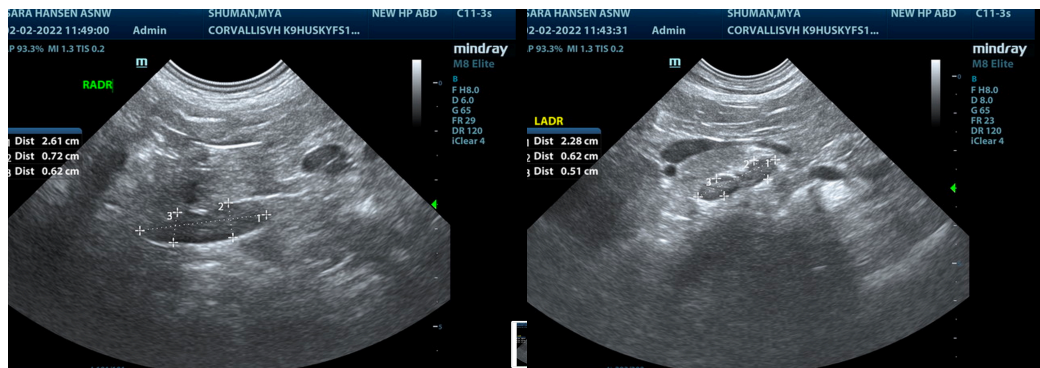
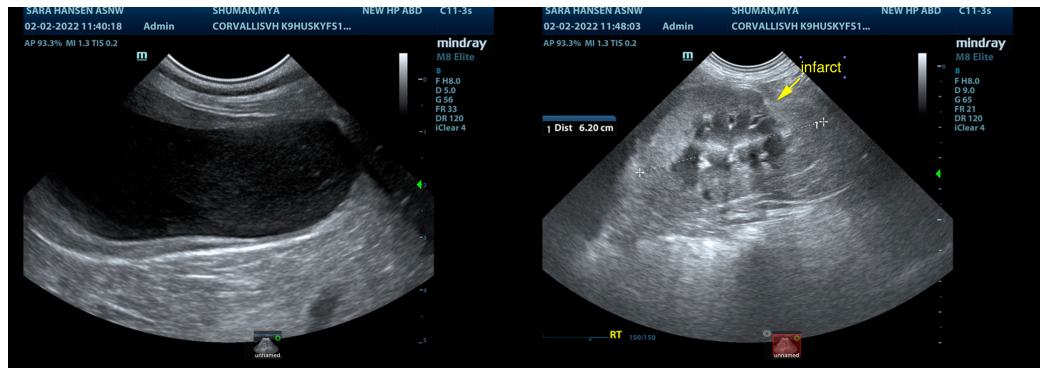
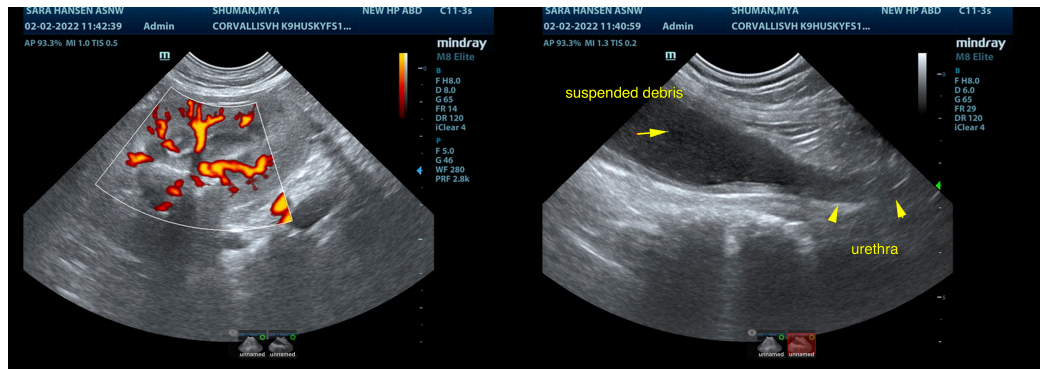
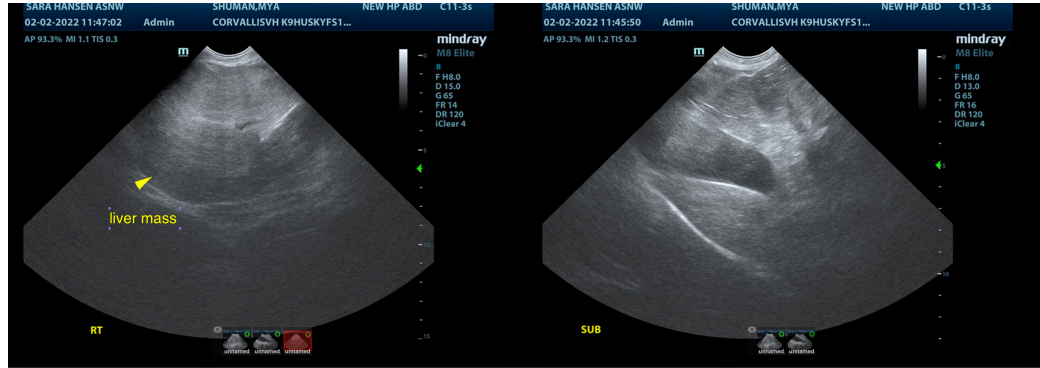
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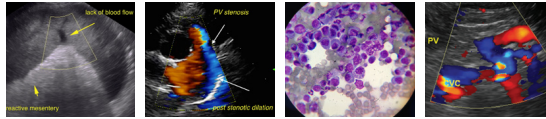
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**PATIENT**

Mya Shuman

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.

**SPECIES**

Canine

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**

**BREED**

Siberian Husky

[info@SonoPath.com](mailto:info@SonoPath.com)

**SEX**

Spayed Female

**AGE**

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