



PATIENT PRESENTING CLINICAL SIGNS

Sasha Landry

History: ongoing monitoring of liver enzymes with blood work and liver with ultrasounds - last u/s was Oct 2020 Inv # 77995 recent blood work indicated a steep increase in the liver values she is not eating as much; her fur is coming out in clumps which is not normal for her; she seems more lethargic than usual - maybe over the last 3 mos

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Sept 2021 bloods - ALT 186 U/L; ALP 1118 U/L; GGT 89 U/L
March 2022 bloods - ALT 407 U/L; ALP 1915 U/L; GGT 148 U/L

BREED

Golden Retriever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

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.

AGE

13 years

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. The right kidney measured 5.85 cm. The left kidney measured 6.0 cm.

WEIGHT

31.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The left adrenal gland measured 0.8 cm at the cranial pole and 0.7 cm at the caudal pole. The region of the right adrenal and vena cava revealed a tubular, undifferentiated structure. This would be most consistent with invasive right adrenal tumor. Only portions of the right adrenal gland were visualized. I cannot rule out a portion of what appeared to be a normal left adrenal on still image may have locally invasive process.

IMAGING PERFORMED BY

Dr. Trudeau

HOSPITAL NAME

Petworks VH

Spleen

The **spleen** was folded upon itself and mildly heterogenous.

REFERRING VET

Dr. Trudeau

Liver

The **liver** has increased portal markings and hypoechoic nodular changes with an overt, right-sided expansive mass that measured 9.0 cm. Increased portal markings were noted. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. Free fluid was noted around the liver lobes.

INVOICE

97758

DATE

3/24/22



PATIENT

Sasha Landry

Gastrointestinal

SPECIES

Canine

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. The mesenteric lymph nodes were mildly enlarged and measured 2.28 x 0.58 cm and 1.19 x 0.9 cm.

BREED

Golden Retriever

Pancreas

SEX

Spayed Female

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

AGE

13 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

31.8 lbs

Diffuse liver nodular changes with disrupted architecture and overt right-sided liver mass. Possible metastatic from the adrenal glands. Vena cava invasion or thrombosis possibly from one of the adrenal glands.

Mesenteric lymphadenopathy.

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Eric Lindquist, DMV
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

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The hepatic mass is non-resectable. Significant progression and different presentation than the prior sonogram. FNA of the liver pathology could be considered primarily the more disrupted right-sided portion of the masses would be best for sampling. . If FNA's are performed upon the liver a metastatic process from primary adrenal neoplasia may be an issue. Further imaging would be necessary for clarification; however, the prognosis is poor based on the hepatic presentation alone.

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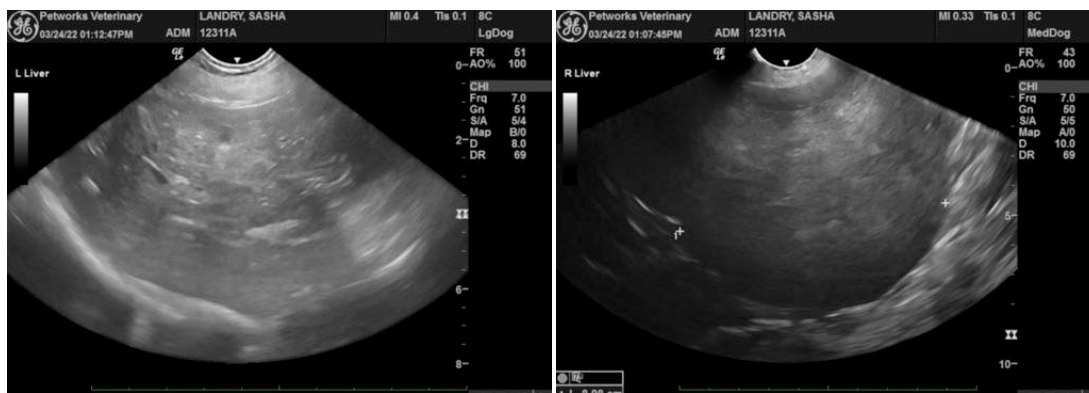
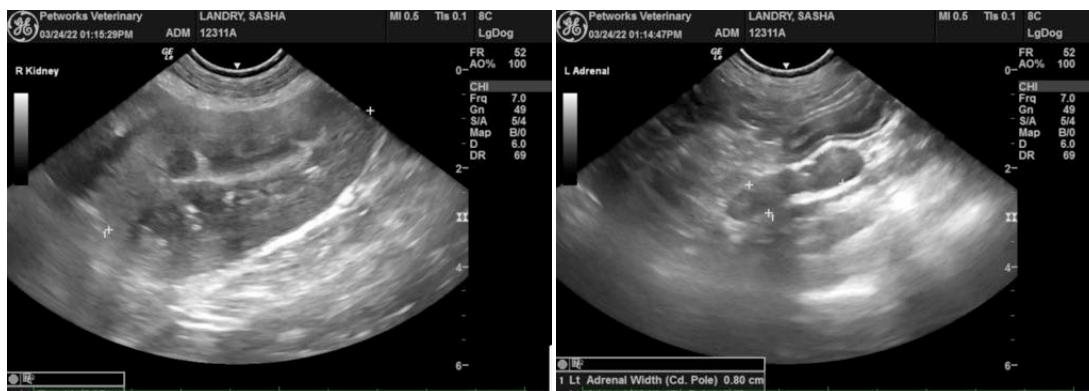
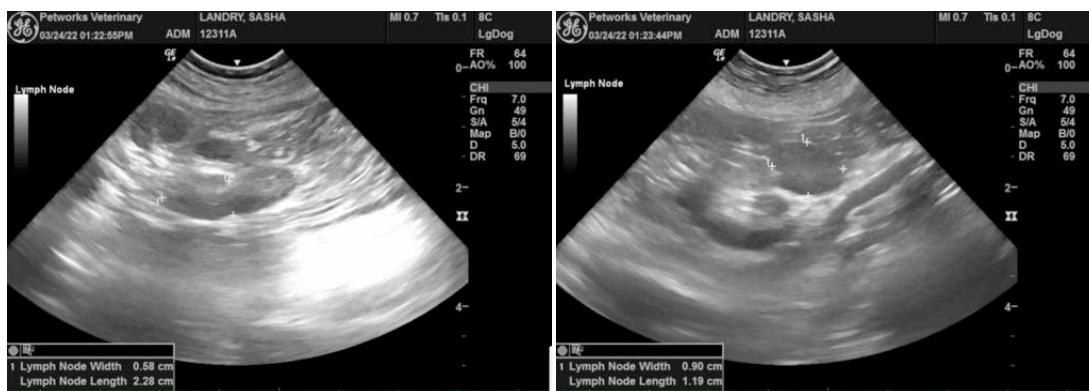
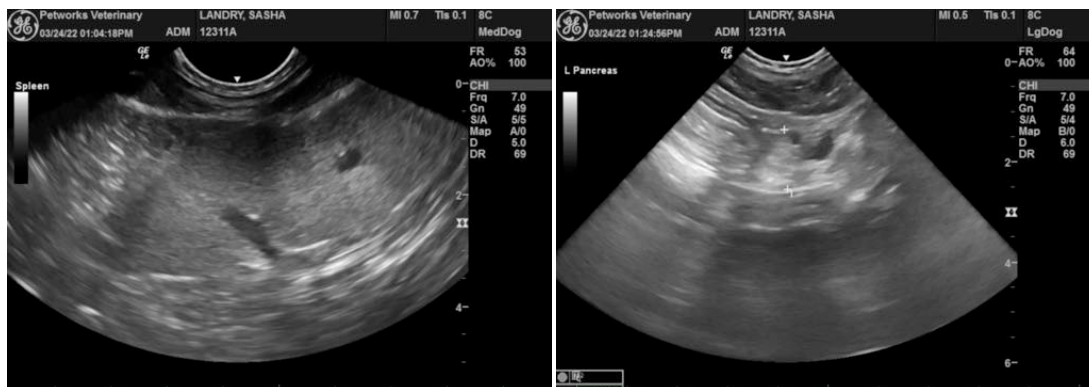
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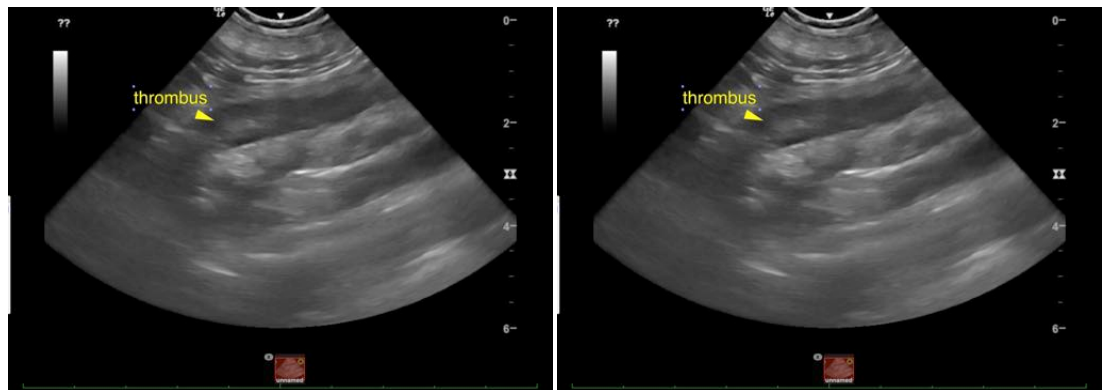
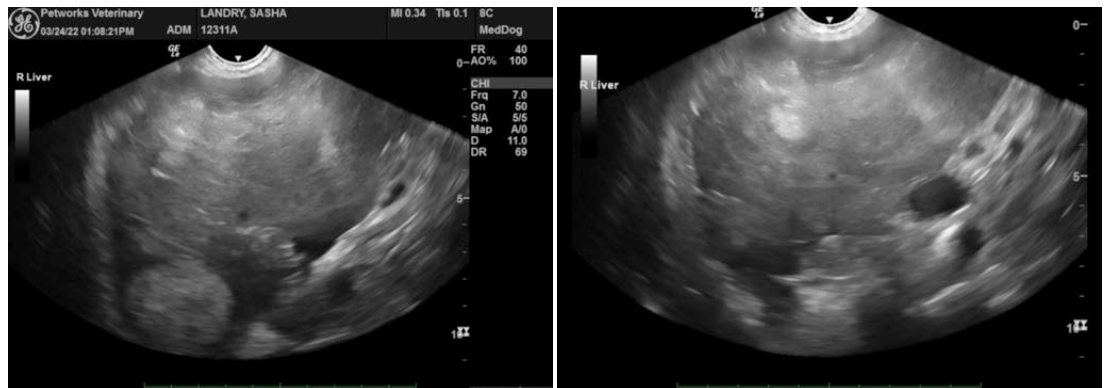
Spayed Female

AGE

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WEIGHT

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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.

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