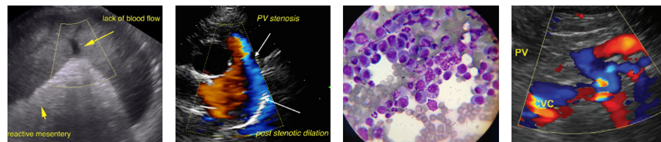

SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Quinn Simonson

SPECIES
Canine

BREED
Mix

SEX
Spayed Female

AGE
7 Years

WEIGHT
65 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Ebersole

HOSPITAL NAME
Scanvet

REFERRING VET
Dr. Flanagan

INVOICE
35854

DATE
3/3/22

PRESENTING CLINICAL SIGNS

Weight loss and not eating well for several months. Less active and can't jump up on couch, climb stairs, etc. On Apoquel, and just finished course of Doxycycline for treatment of Lyme disease (fever, lethargy, lameness). FNA done of liver/mass. Sedated with Propofol IV for FNA.
Abnormal PE/Chem/CBC/UA Results: PE: severe muscle wasting, pendulous abdomen, mild pain on palpation of T-L spine. CBC: Hct 32%, Leukocytosis w/neutrophilia, mild lymphopenia. Chem: ALP >993, ALT 278, AST 244, GGT 74, T. Bili 0.9. Alb 2.5. RADS (chest) WNL; (abdomen) hepatomegaly w/irregular border. Mass effect mid-abdomen with SI pushed caudally.

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 were noted. Ureteral papillae were normal.

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. The right kidney measured 6.46 cm. The left kidney measured 6.11 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.

Spleen

The **spleen** was volume contracted, slightly irregular and nodular.

Liver

The **liver** presented multiple expansive parenchymal masses, disrupting the entire hepatic architecture. The liver masses deviated the diaphragm cranially and displaced the gastrointestinal tract caudally. The gallbladder was unremarkable, other than being deviated dorsocranially. Regional free fluid noted between the liver lobes as well as in the caudal abdomen. Hepatic lymphadenopathy was present.

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.

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.

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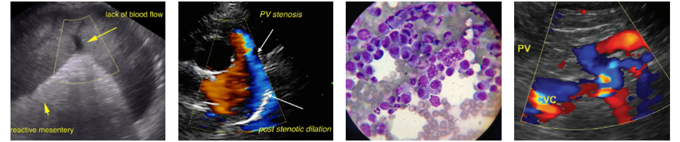

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Free Abdomen

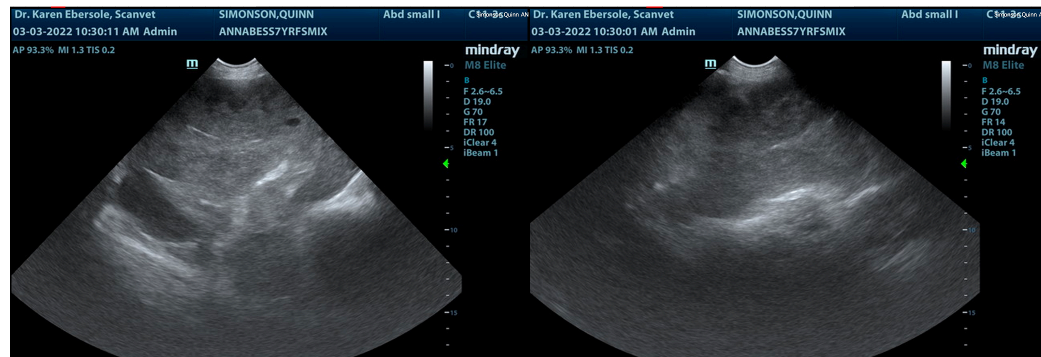
A mild to moderate amount of ascites noted. Enhanced mesentery noted throughout the cranial abdominal owing to the ascites.

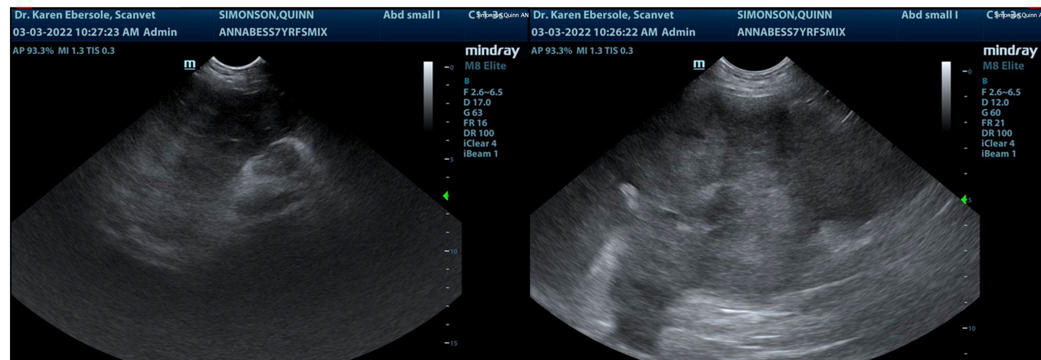
ULTRASONOGRAPHIC FINDINGS

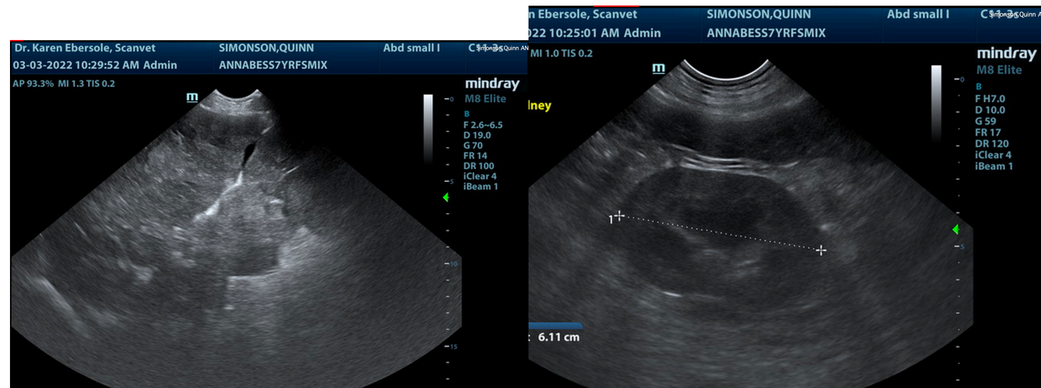
- Diffuse hepatic neoplasia – suspect sarcoma.
- Secondary ascites from portal hypertension or paraneoplastic effusion/lymphatic obstruction

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is undifferentiated hepatic disease. FNA could be considered for further definition. However, prognosis is poor. This is a diffuse process, and surgery is not an option.







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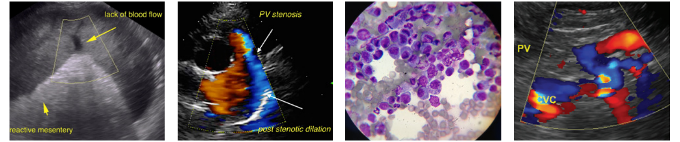

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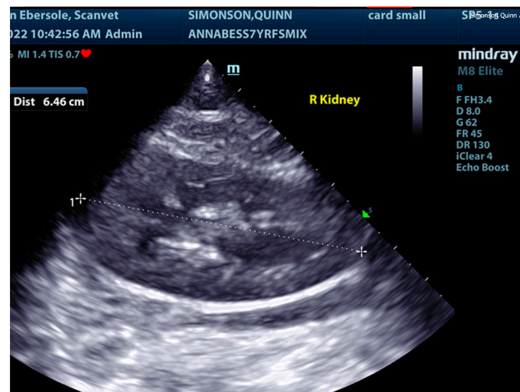

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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