

**DATE**

3/7/22

**PRESENTING CLINICAL SIGNS**

History of IMHA diagnosed 2/5/22, received multiple blood transfusions at the Pe ER. No underlying cause detected so assumed primary IMHA, pet was managed on Prednisolone and Azothioprine with Doxycycline and was doing well (PCY over 25 for a week). Wednesday, pet started to go downhill, lethargic and swollen abdomen. Free fluid noted on AFAST, serous. Labwork shows significant liver change but suspect relate to steroids, proteins normal. Advise bicavitary for heart evaluation and cancer screen, no murmur ausculted. Current Medications: Prednisone 40mg BID since 2/5/22, Azothioprine 50mg 1.25 SID since 2/5/22, Doxycycline 200mg BID since 2/5/22, Aspirin 40mg SID, Omeprazole 20mg BID, Lab Results: 3/4/22- ALKP 10698, ALT 735, Tbili 0.8, Ca 7.8, Glu 143, Chol 373, AST 223, GGT 340, HCT 29, WBC 31K, UA USG 1.014, pro 2+.

Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.  
Imaging Performed By: Andi Parkinson, RDMS.

**PATIENT**

Dixie Lear

**SPECIES**

Canine

**BREED**

Labrador Mix

**SEX**

Spayed Female

**AGE**

1/1/14

**WEIGHT**

64.5 lbs

**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.

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. Slight pelvic mineralization was noted. The right kidney measured 6.96 cm. The left kidney measured 6.93 cm.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**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 2.36 x 0.85 cm at the caudal pole and 0.83 cm at the cranial pole. The left adrenal gland measured 3.0 x 0.87 cm at the cranial pole and 0.73 cm at the caudal pole.

**HOSPITAL NAME**

Everhart VH

**REFERRING VET**

Dr. Notarangelo

**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 was noted.

**INVOICE**

96597

**Liver**

The **liver** in this patient revealed a 4.13 cm mixed, hypoechoic and hyperechoic mass with areas of cavitation. The liver was enlarged with attenuating sound beam. Heterogenous nodular changes were noted. The gallbladder was collapsed and edematous.

### **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. Free fluid was noted in the abdomen.

### **Pancreas**

Heterogenous **pancreatic** changes were noted in the left limb.

### **ULTRASONOGRAPHIC FINDINGS**

Diffuse hepatic disease with left-sided liver mass.

Edematous gallbladder. No evidence of post hepatic obstruction.

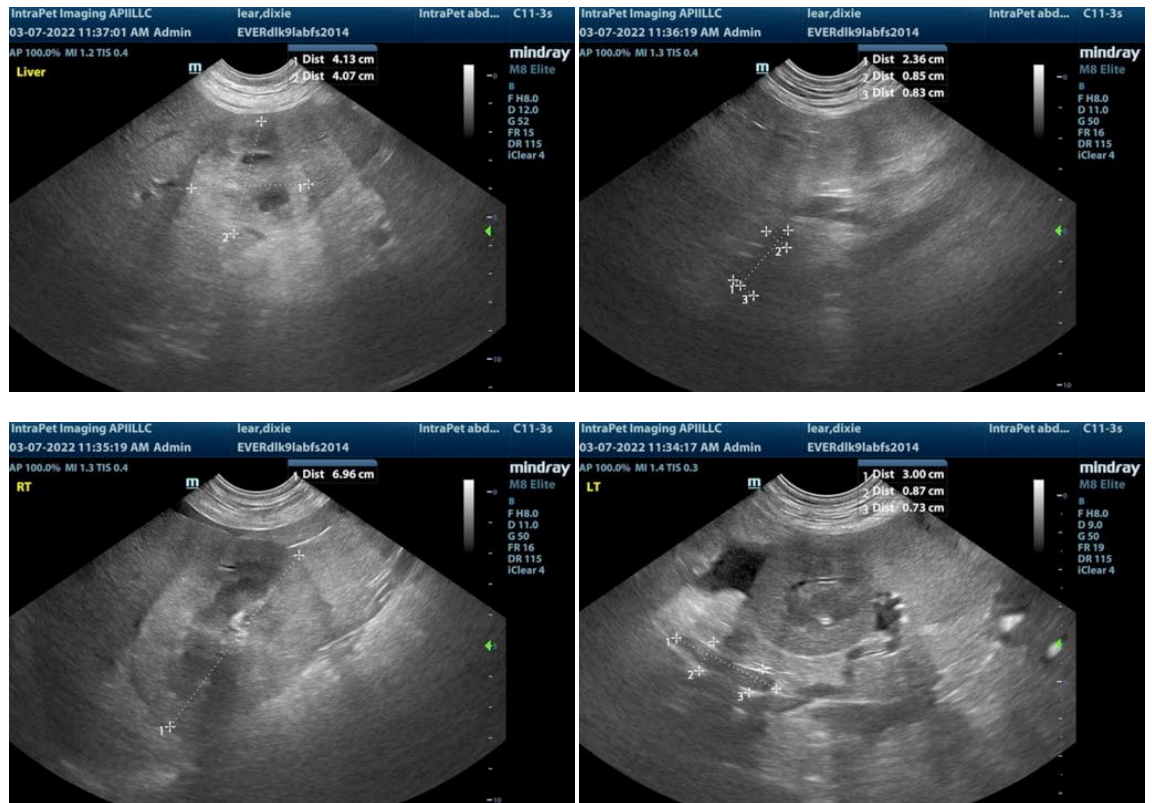
Free fluid, likely owing to portal hypertension or possible paraneoplastic effusion.

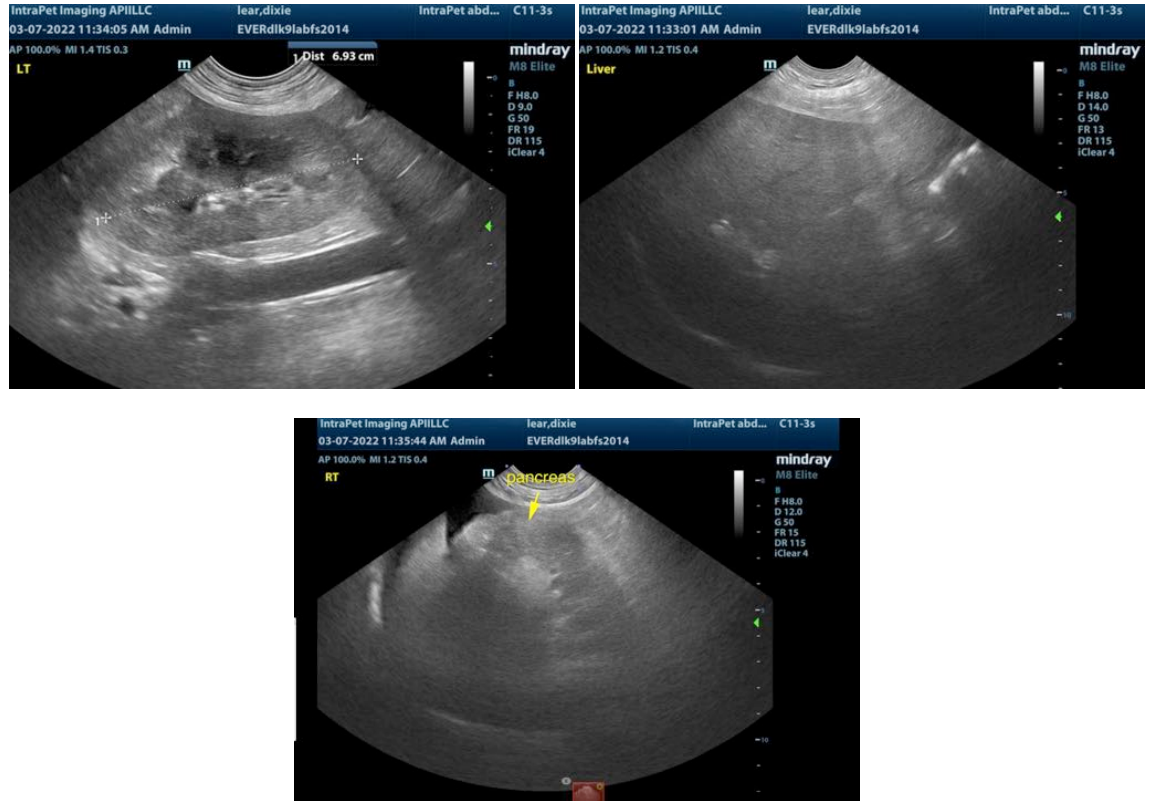
Probable low-grade pancreatitis.

Moderate degenerative renal changes with pelvic calculi.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend coagulation panel and ultrasound-guided FNA of the general hepatic parenchyma and the left-sided mass as well as abdominocentesis and cytospin. Some level of pancreatitis is also possible. Guarded prognosis. Hepatic neoplasia versus suppurative hepatitis +/- carcinoma.





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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