



PATIENT PRESENTING CLINICAL SIGNS

Thule Brandt

History: Presented Tuesday 4/18 for acute onset lethargy/inappetence/disorientation. Abnormal PE/Chem/CBC/UA Results: 4/18/23: ALP 367 (20-150); ALT 583 (10-118); mild neutrophilia. Xrays revealed opacity in abdomen near spleen/liver. 6 weeks ago he was Lyme and anaplasma positive on 4dx and treated with a 4 week course of doxycycline, which he tolerated well.

SPECIES

Canine

BREED

Golden Retriever Mix

SEX

Neutered male

AGE

10 years

WEIGHT

70.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jill Rumachik

HOSPITAL NAME

Clarity Imaging LLC

REFERRING VET

Dr. Howlett

INVOICE

43896

DATE

4/19/23

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 7.0 cm. The right kidney measured 6.95 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The hepatic mass impinges upon the **spleen**, yet the spleen does not appear to be overtly involved. The spleen presented with 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.

Liver

The **liver** in this patient revealed left-sided expansive mass that extended into the right medial liver, regional omentum and impinges upon the spleen. Regional scalloping contour was noted. Significant inflammation was noted associated with the liver mass and regional free fluid. The liver mass expands upon the portal hilus and deviates the gallbladder. The visible right liver appears to be unremarkable.

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



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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.

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Heart

SEX

Neutered male

Rapid view of the heart revealed pericardial effusion and arrhythmogenic activity. .

AGE

10 years

ULTRASONOGRAPHIC FINDINGS

Expansive, irregular cavitated liver masses with regional free fluid and pericardial effusion in the heart. Hepatic hemangiosarcoma is suspected.

WEIGHT

70.5 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic mass does not appear resectable. The prognosis is poor.

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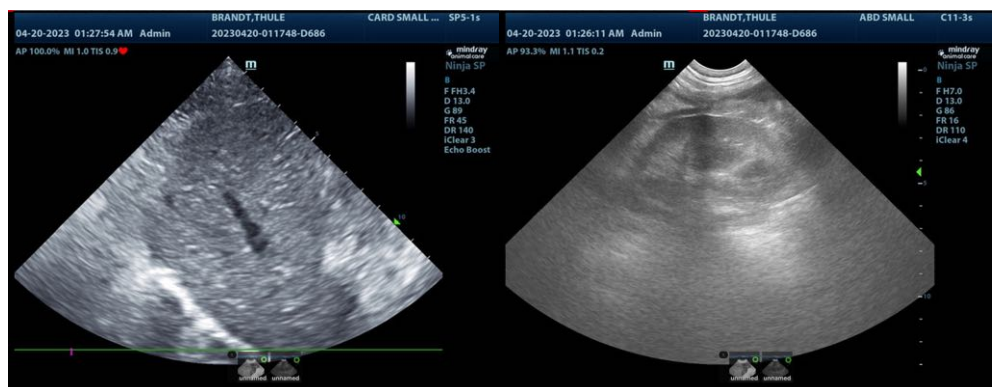
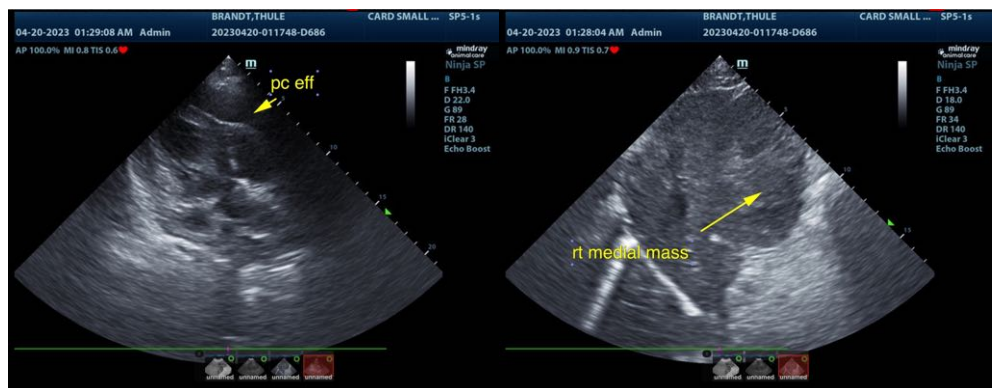
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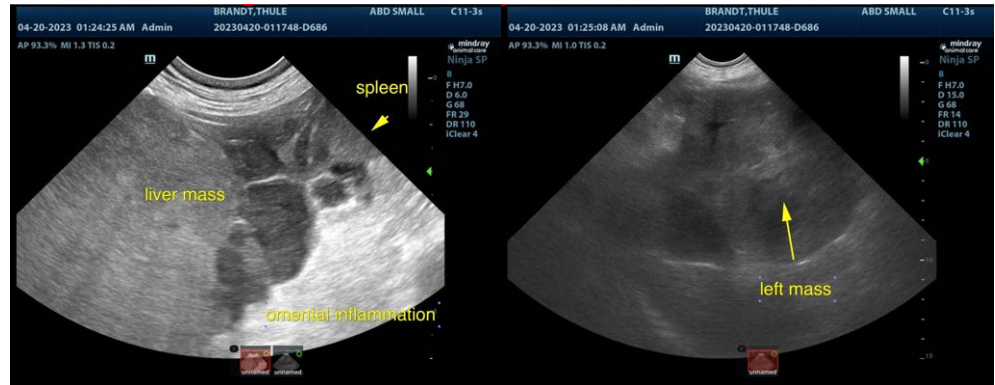
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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