

**DATE PRESENTING CLINICAL SIGNS**

4/27/23 Prior liver mass removed 2021. Presenting currently with enlarged liver. Having seizures and/or collapsing. Heart murmur grade 4; enlarged heart.

PATIENT

Tango Henningfield

Current Medications: Vetmedin 5mg- ½ BID for 7 days- started 4/19/23; can be refilled.

Lab Results: See attached.

Radiographs: Lung changes, enlarged liver, deviating stomach density.

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Canine

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Norfolk Terrier

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****SEX**

Neutered Male

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.

AGE

5/28/12

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. Slight pyelectasia noted in the left kidney. The left kidney measured 4.75 cm. The right kidney measured 4.86 cm with slight pyelectasia and pinpoint mineralizations.

WEIGHT

17.2 Pounds

Adrenal Glands**INTERPRETED BY**Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 2.4 cm x 0.67 cm at the caudal pole and 0.62 cm at the cranial pole. The right adrenal gland measured 1.34 cm x 0.58 cm at the caudal pole and 0.64 cm at the cranial pole.

HOSPITAL NAME

AMC of Dulaney Valley

Spleen**REFERRING VET**

Dr. Chrest

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself caudally owing to gastric deviation from the liver mass. 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.

INVOICE

47019

Liver

The **liver** revealed a large hepatoma type mass, expansive, measuring approximately 9.0 cm, occupying the majority of the left liver. The right liver revealed a 5.8 cm x 3.04 cm heterogeneous nodular change, technically a mass yet suspect low-grade pathology. In the lateral cranial liver, a separate cystic mass was noted measuring 5.0 cm in the midst of the hepatoma type mass. The gallbladder was 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 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.

Other

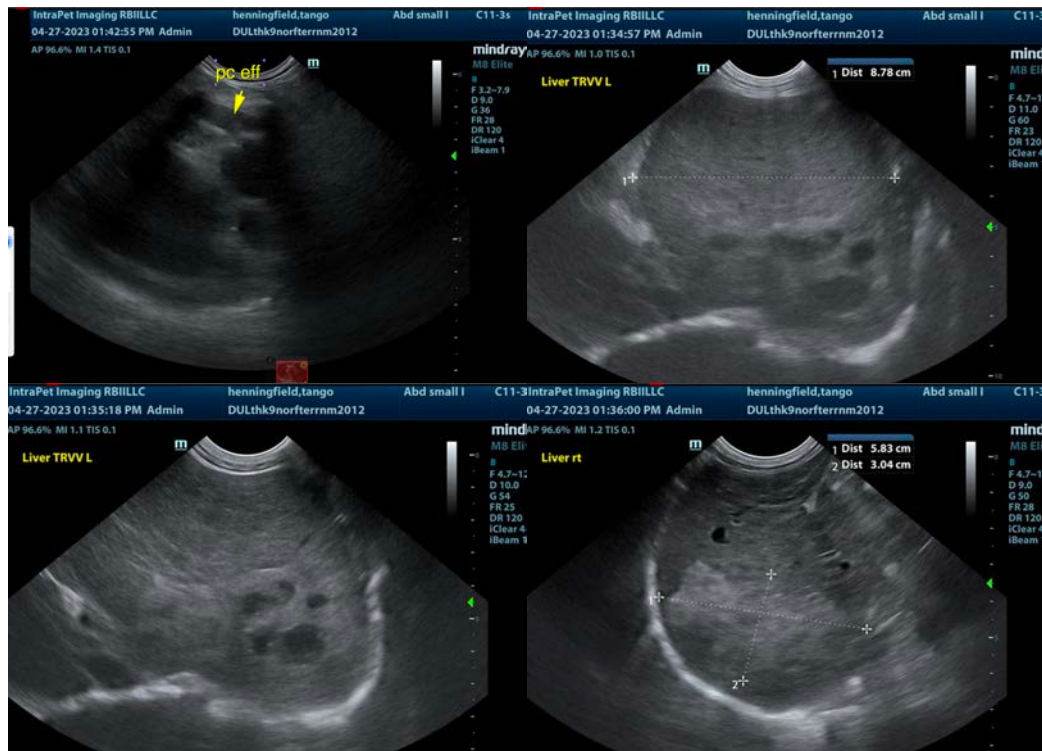
Rapid view of the heart revealed slight pericardial effusion. No obvious masses noted. However, an emerging neoplastic event could not be completely ruled out. Idiopathic pericardial effusion and/or emerging neoplasia possible. Subjectively, the left atrium appeared somewhat enlarged. Full echocardiogram recommended.

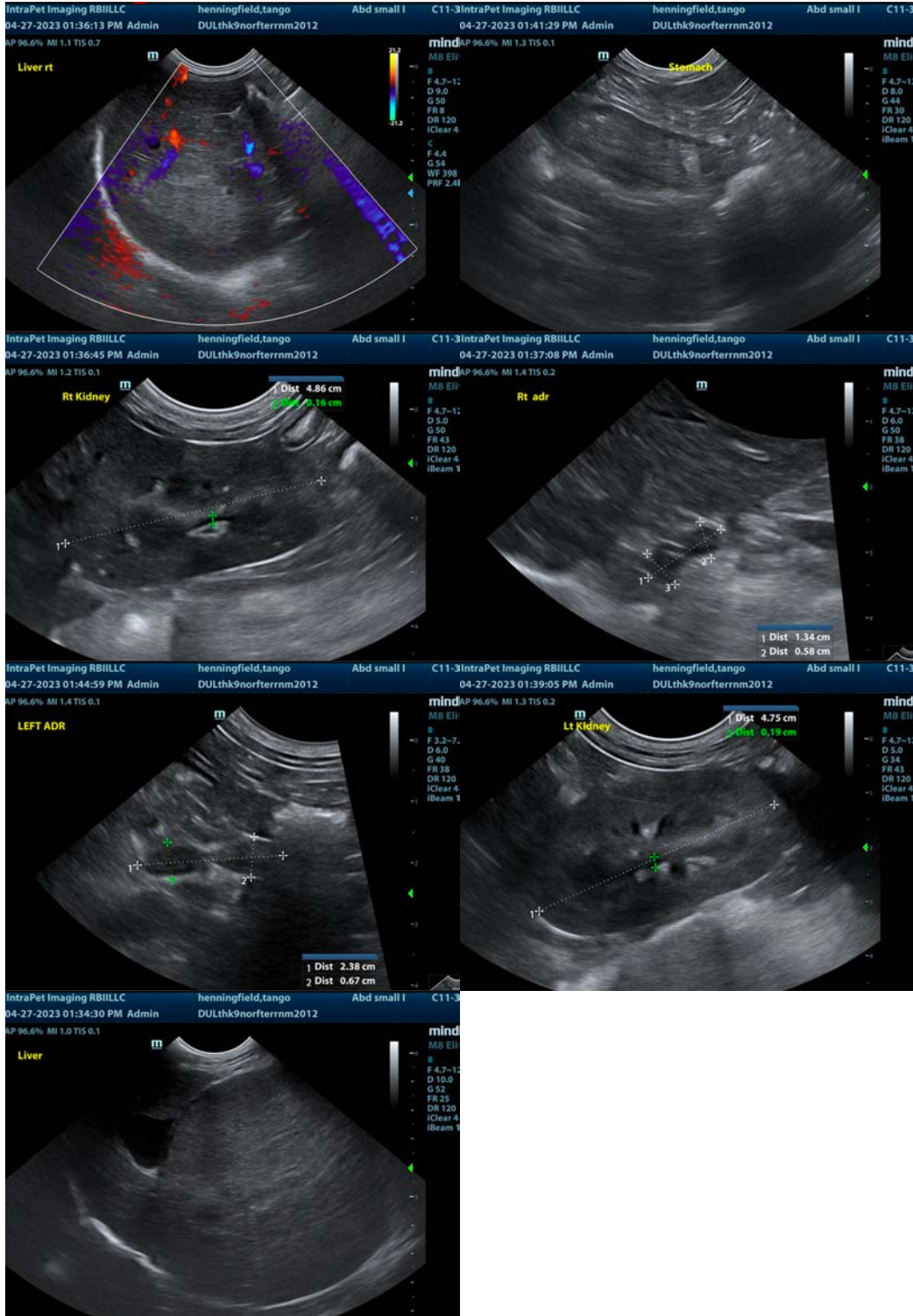
ULTRASONOGRAPHIC FINDINGS

- Hepatoma type liver mass with cystic component – possibly low-grade or benign.
- Right-sided liver nodule/mass – possibly low-grade or benign.
- Trace pericardial effusion – concern for emerging cardiac neoplasia. Idiopathic pericardial effusion with occult neoplasia possible, pericarditis less likely.
- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the right and left sided masses with drainage and cytology of the cystic component of the left-sided mass indicated. CT evaluation to assess for surgical planning of the left-sided mass recommended, as the right-sided mass does not appear resectable. Next step depends upon cytology results.





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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