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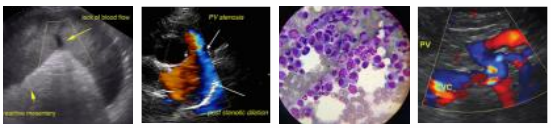

imagine SOUND LLC.
IMAGING PERFORMED BY
dbimaginesound@gmail.com 917-647-4318

PATIENT

Lacey Overfelt

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

12 Years 10 Months

WEIGHT

19.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT, RDMS

HOSPITAL NAME

Brooklyn Heights VH

REFERRING VET

Dr. Thomson

INVOICE

37703

DATE

5/17/22

PRESENTING CLINICAL SIGNS

large liver mass, increased liver values - ALT 773, AST 118, ALP 1727. Anemia 37.9 HCT Evaluate for bleeding vs anemia chronic dz. Head tilt (L), shaking head - Evaluate for otitis media, vestibular dz, other. Diarrhea - Hx giardia. Current meds: metro/propectalin, cerenia 24mg Sid, Zeniquin 25mg Sid, Temaril - P 1 tab Bid. Radiographs, labs + previous AUS attached.

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 5.33 cm. The left kidney measured 4.98 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. The right adrenal gland measured 2.17 cm x 0.48 cm at the caudal pole and 0.56 cm at the cranial pole. The left adrenal gland measured 1.69 cm x 0.51 cm at the caudal pole and 0.48 cm at the crania pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself caudally. 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.

Liver

The **liver** was riddled with multiple coalescing expansive nodular changes, areas of mineralization, and swollen irregular contour. A large, hepatoma type hepatic mass was noted measuring approximately 5.0 cm, occupying the left liver. The mass was pedunculated. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** was filled with ingesta and overdistended. Transit of chyme appeared to be normal with adequate peristalsis.

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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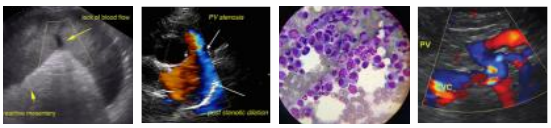

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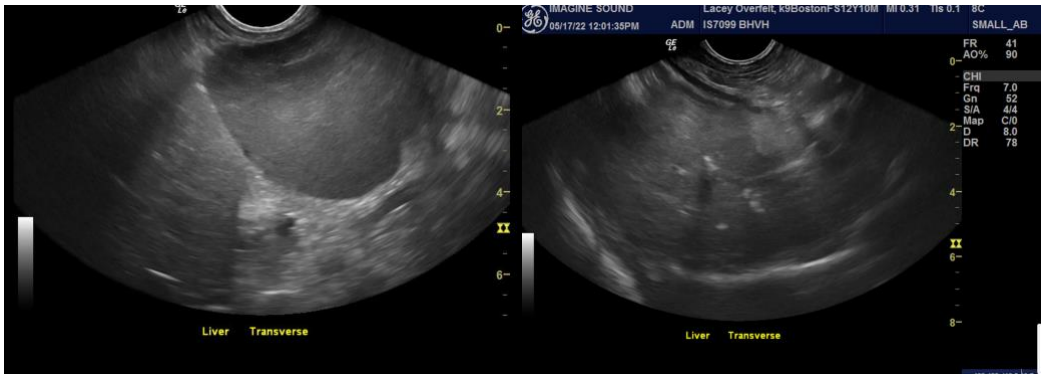
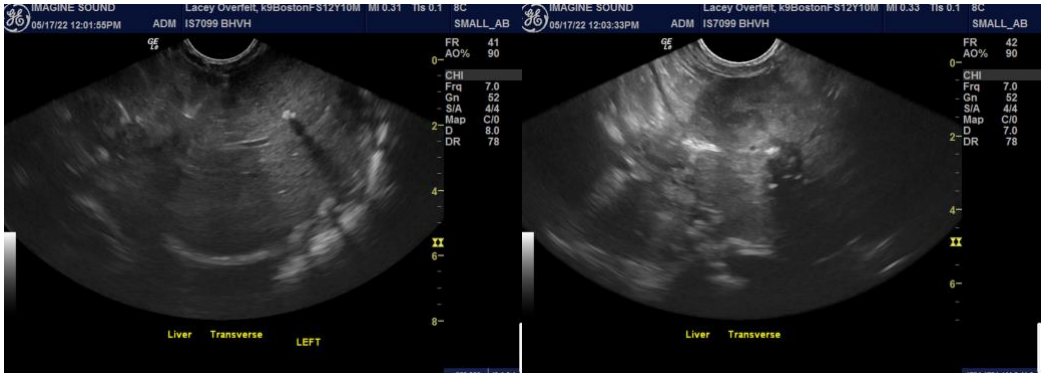
ULTRASONOGRAPHIC FINDINGS

- Hepatoma type mass and nodular hyperplasia pattern in the liver

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical approach would be ideal in this patient with removal of the hepatoma type mass. FNA could be considered for further definition. The nodular changes and mass have fairly ill-defined margins, therefore difficult to definitively measure. Given the head tilt issues, skull CT as well as abdominal CT would be ideal for surgical planning and further definition of causes of the head tilt such as inner ear pathology.





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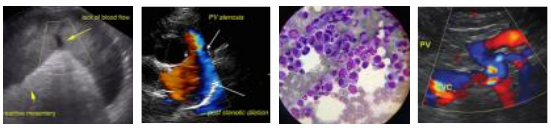

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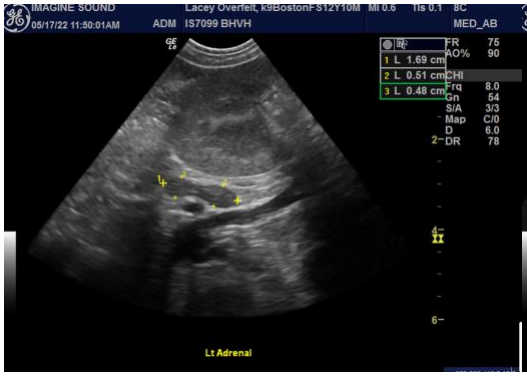

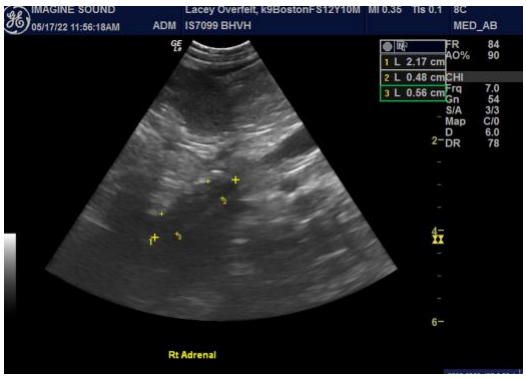

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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