



PATIENT

Kacey Vatcher

SPECIES

Canine

BREED

Pomeranian Mix

SEX

Spayed female

AGE

13 ½ years

WEIGHT

5.9 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Trudeau

HOSPITAL NAME

Petworks VH

REFERRING VET

Dr. Trudeau

INVOICE

44156

DATE

5/3/23

PRESENTING CLINICAL SIGNS

History: Kacey acutely collapsed while running on a walk on April 23rd. During the collapse she remained conscious, her mucous membranes were pale; prior to this there were no known illness or concerns

Abnormal PE/Chem/CBC/UA Results: CBC: Thrombocytosis Biochem: Elevated Ca (3.0), elevated K (5.7), elevated TP (81), elevated albumin (42), elevated ALT (373), elevated ALP (8194) -3-view abdominal rads: mass effect cranial abdomen (either liver or spleen)

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 right kidney measured 3.82 cm. The left kidney measured 3.53 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 left adrenal gland measured 0.41 cm at the cranial pole and 0.43 cm at the caudal pole. The right adrenal gland measured 0.45 cm at the cranial pole and 0.42 cm at the caudal pole.

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.

Liver

The **liver** was coarse in architecture with increased portal markings. A 6.0 cm mass was noted deriving from the caudal liver. The mass is pedunculated and appears to be deriving from the left caudal liver. Some hepatic remodeling was noted without evidence of metastatic disease. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal.



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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.

Free Abdomen

A slight amount of free fluid was noted between the liver lobes and liver mass.

ULTRASONOGRAPHIC FINDINGS

Pedunculated left sided liver mass with slight free fluid. Suspect hemorrhage owing to hepatic mass necrosis. Torsion cannot be completely ruled out, yet not suspected.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT with contrast is ideal for surgical planning or direct exploratory surgery with left liver lobectomy. Chest radiographs are warranted to assess for metastatic disease. FNA can be considered; however, this mass appears to be somewhat precarious especially given the patient's history. Hemorrhage with reabsorption may have occurred. Hepatocellular carcinoma is suspected. Benign hepatoma is possible with secondary necrosis.





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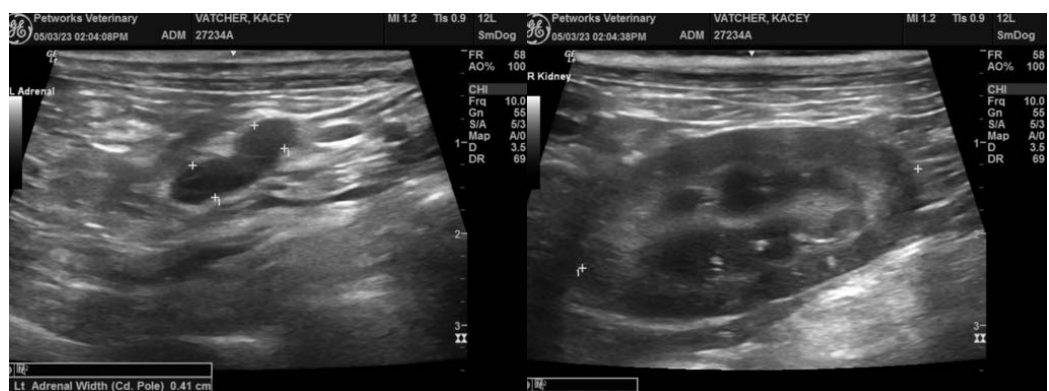
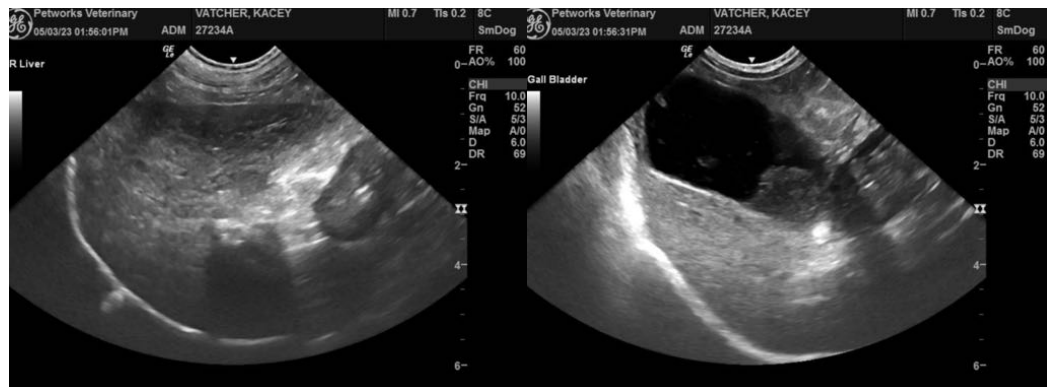
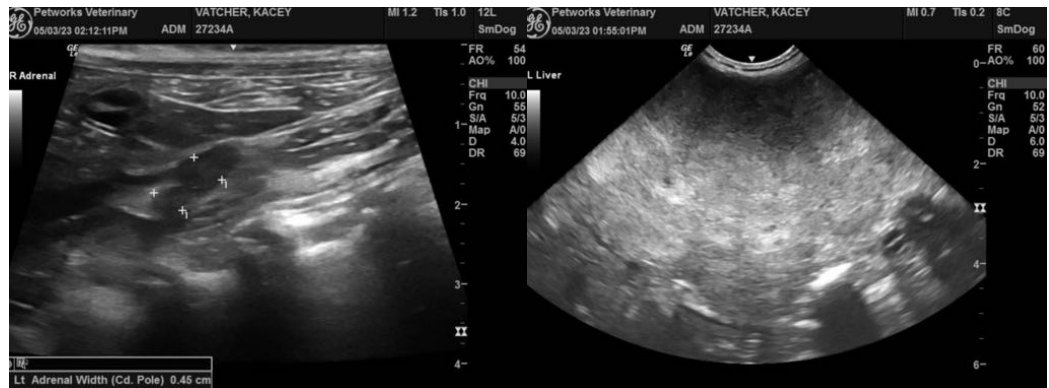
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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