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Clinical Sonography & Telecytology

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**DATE**

6/2/22

**PATIENT**

Raven Strickland

**SPECIES**

Canine

**BREED**

Golden Retriever X

**SEX**

Spayed Female

**AGE**

8/13/10

**WEIGHT**

76 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Stephanie Pearce  
RDMS, RVT

**HOSPITAL NAME**

Banfield White Marsh

**REFERRING VET**

Dr. Gutwillig

**INVOICE**

38318

**PRESENTING CLINICAL SIGNS**

Chronic hepatopathy.

Current Medications: Denamarin.

Lab Results: 6/11/21: cbc/chem – unremarkable. 3/1/22: cbc/chem - ALT 136 ALKP 435, UA to Antech. 4/4/22: Thyroid Profile 3 to Antech, UA to Antech: Chem panel: ALT 184 ALKP 516. 5/16/22: Chem profile: ALT 218 ALKP 1246. 5/31/22: Low Dex Suppression Test

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Declined.

**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 left kidney measured 6.32 cm. The right kidney measured 6.87 cm.

**Adrenal Glands**

The **right adrenal gland** was 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 3.17 cm x 0.64 cm at the caudal pole and 0.63 cm at the cranial pole.

The **left adrenal gland** presented slight enlargement, measuring 2.57 cm x 0.93 cm at the caudal pole and 0.84 cm at the cranial 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 were noted.

**Liver**

The left **liver** was riddled with multiple expansive disruptive coalescing masses, an example measured 5.8 cm. A second mass of 6.0 cm impinged medially upon the portal hilus. The right liver appeared to have a moderate amount of remodeling. 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

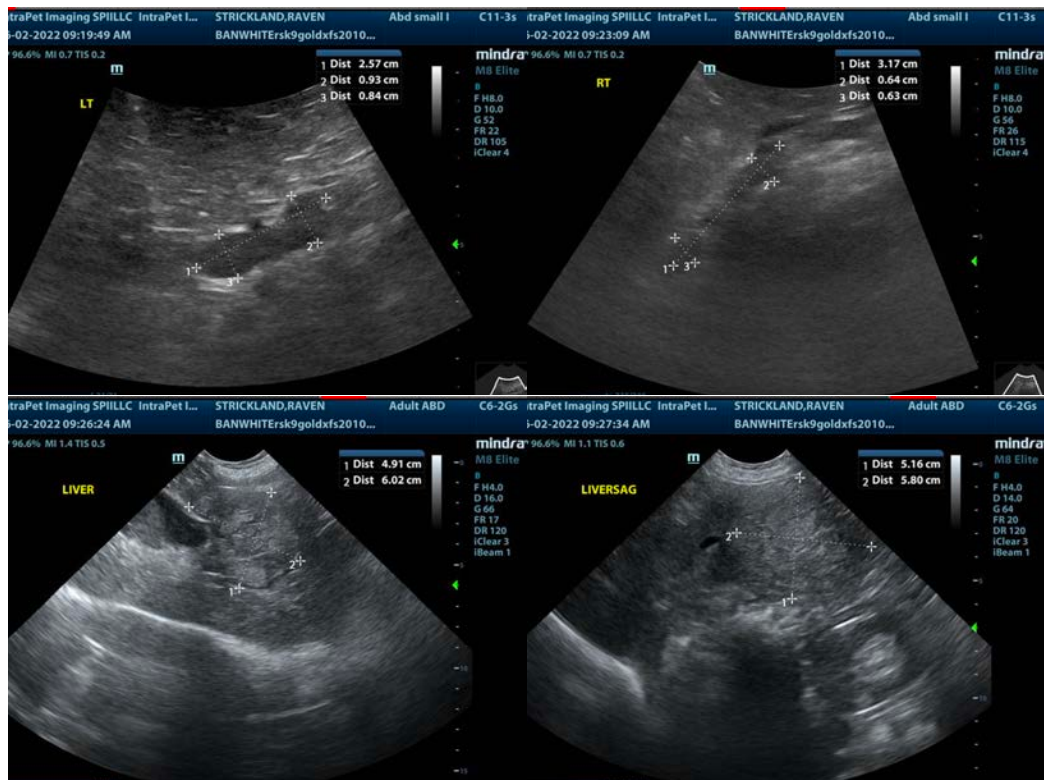
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

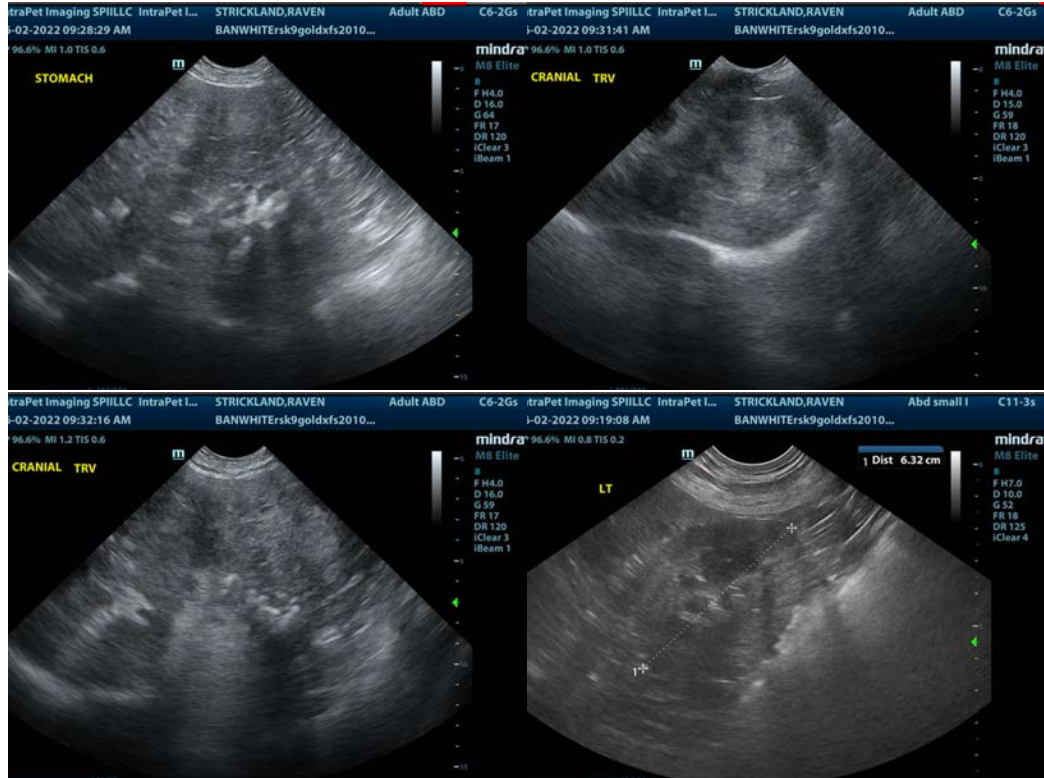
## ULTRASONOGRAPHIC FINDINGS

- Left-sided liver masses – possibly resectable with full left lobectomy.
- Slight left adrenal enlargement

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation with potential surgical planning warranted. Suspect hepatocellular carcinoma, possibility of benign expansive hepatomas. Ultrasound guided FNA or core biopsy could be considered. However, surgical approach would be ideal if CT evaluation allows for attempt at full left lobectomy. Concurrent treatment for UTI warranted based on urinalysis results. If urine specific gravity continues to drop, then Cushing's should be considered, given the left adrenal enlargement. The right adrenal was unremarkable.





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  
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