

**DATE**

8/20/21

PRESENTING CLINICAL SIGNS

History: History of liver mass, R sided cardiomegaly. Progress cervical edema unresponsive to diuretic. No coughing, still e/d.

Current Medications: 10 mg Vetmedin AM, 5 mg PM - since April 2021.

PATIENT

75 mg Salix q 8 hours - since April 2021. 300 mg Gabapentin q 12-24 hours prn.

Mighty Moe Hall

Lab Results: no changes from last ultrasound/echo

Date of Previous IntraPet Ultrasound: 04/02/2021

Sedation: Not needed.

Stat Report: Not requested/declined by doctor.

SPECIES

Canine

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

English Bulldog

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.

SEX

Neutered male

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 7.33 cm.

AGE

2009

WEIGHT

72 lbs

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 2.42 x 0.74 cm at the caudal pole and 0.8 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

Splenic nodules were noted and measured 1.74 x 1.03 cm at the cranial pole.

HOSPITAL NAME

Churchville VC

Liver

The **liver** revealed a passive congestion liver pattern and coarse hepatic architecture with increased portal markings and minor isoechoic ill-defined nodular changes. The left liver revealed a mass that measured 7.4 x 3.6 cm. The left sided liver mass was particularly vascular. This is most likely hepatoma. The vena cava was persistently dilated at 2.0 cm with passive congestion liver pattern. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

REFERRING VET

Dr. Uhland

INVOICE

91411

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

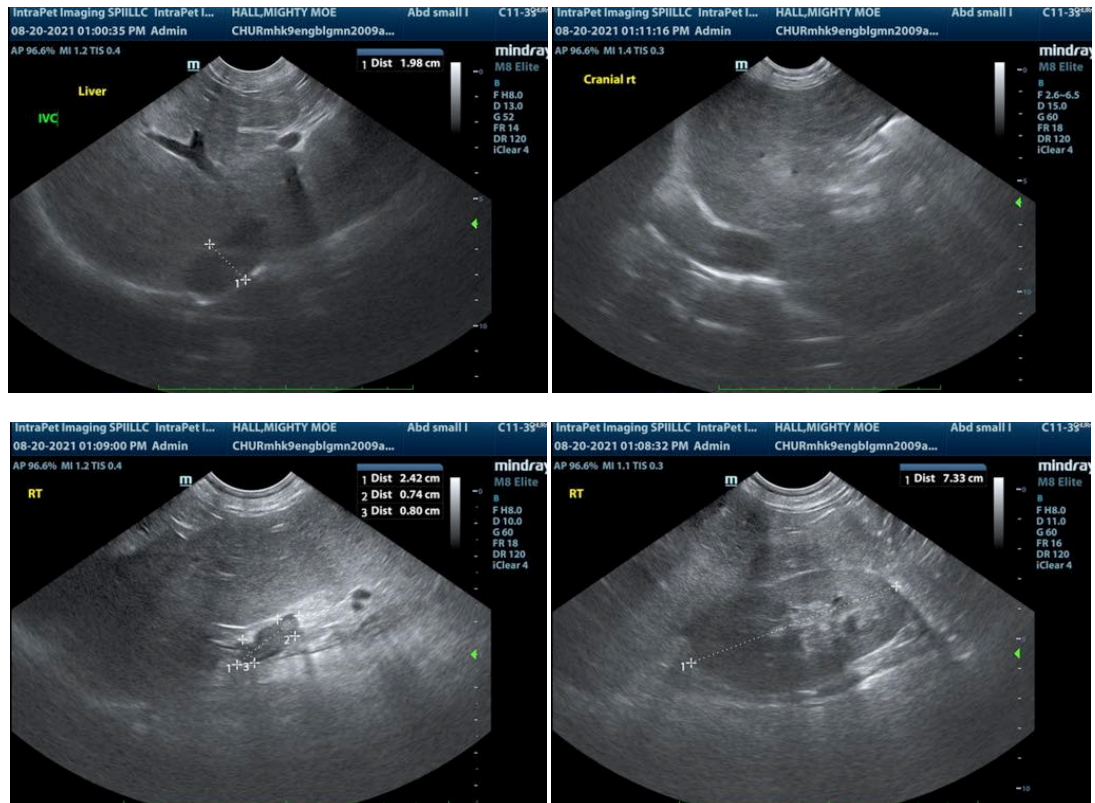
Persistent splenic nodule.

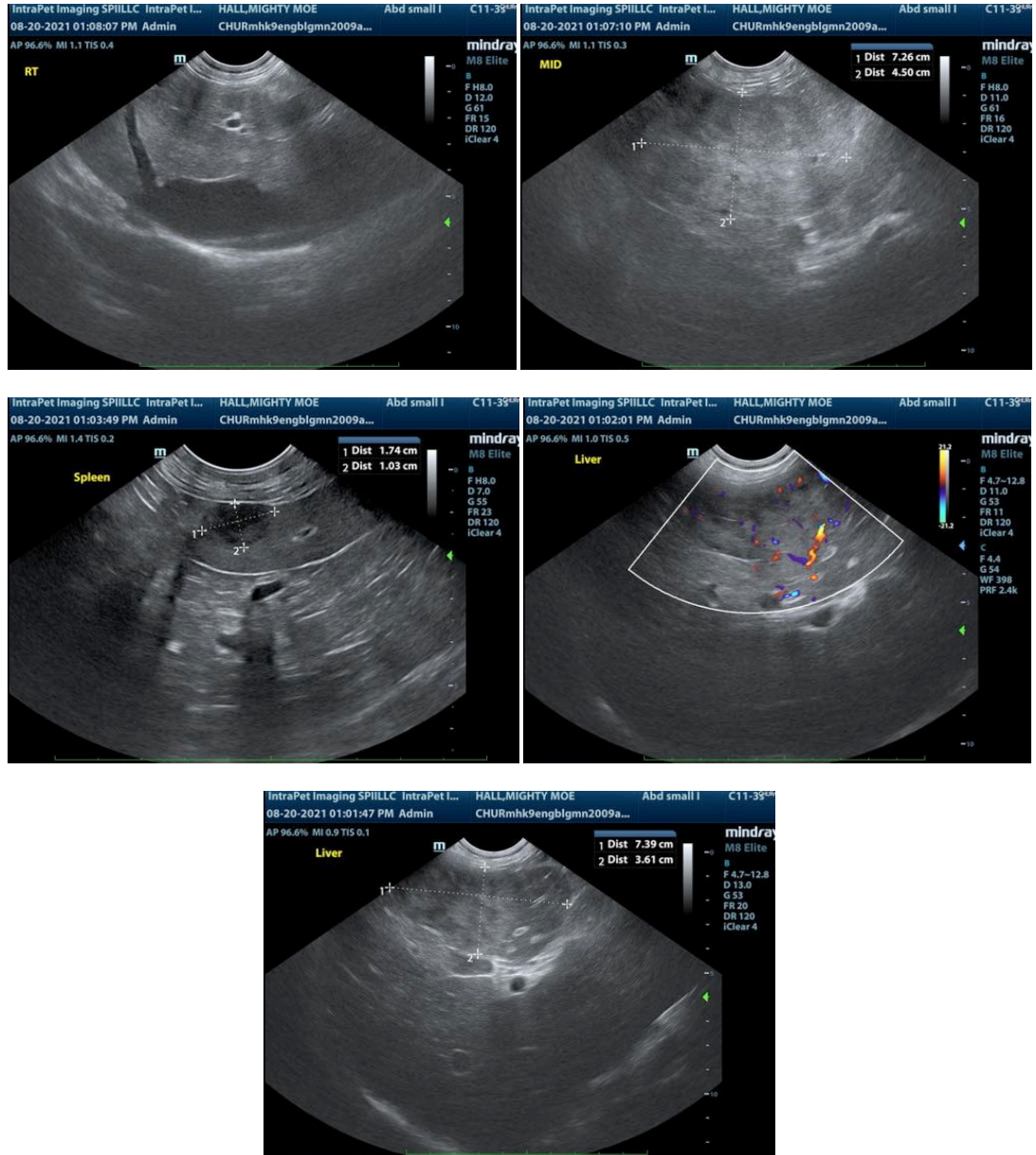
Hepatic mass with passive congestion liver pattern.

Otherwise, the abdomen was unremarkable with similar changes to the prior sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend to continue to focus on the right-sided heart failure in this patient. Eventual left liver lobectomy can be considered. FNA of the splenic and hepatic lesions are recommended for further definition as to whether intervention is necessary given the precarious state of the cardiac presentation.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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