



**PATIENT**

Hazel Horton

**SPECIES**

Canine

**BREED**

CockapooTerrier

**SEX**

Spayed Female

**AGE**

2005

**WEIGHT**

19.08 lbs

**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**

25412

**DATE**

09/14/21

**PRESENTING CLINICAL SIGNS**

History of liver mass

Decreased appetite, lethargy

Increased panting/coughing

Alb 1.3, Total Protein 3.3, Elevated Lipase 374

Prior u/s 2/17/21 - Hepatic mass with nodular hyperplasia liver pattern, chronic renal changes, pyelectasia, heterogeneous adrenals. Liver mass measured up to 6.0 cm.

**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. Moderate pyelectasia (0.2 cm in the left kidney) and slight mineralization noted. The right kidney measured 4.5 cm. The left kidney measured 4.6 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 2.28 cm x 1.07 cm at the cranial pole and 0.89 cm at the caudal pole. The left adrenal gland measured 2.09 cm x 0.78 cm at the caudal pole and 0.49 cm at the cranial pole.

**Spleen**

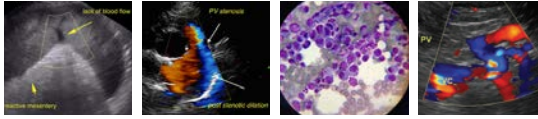
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**Liver**

The **liver** mass now measures 10.6 cm with capsular expansion and diaphragmatic deviation. The gallbladder and common bile duct were unremarkable other than minor excessive biliary debris.

**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.



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**Pancreas**

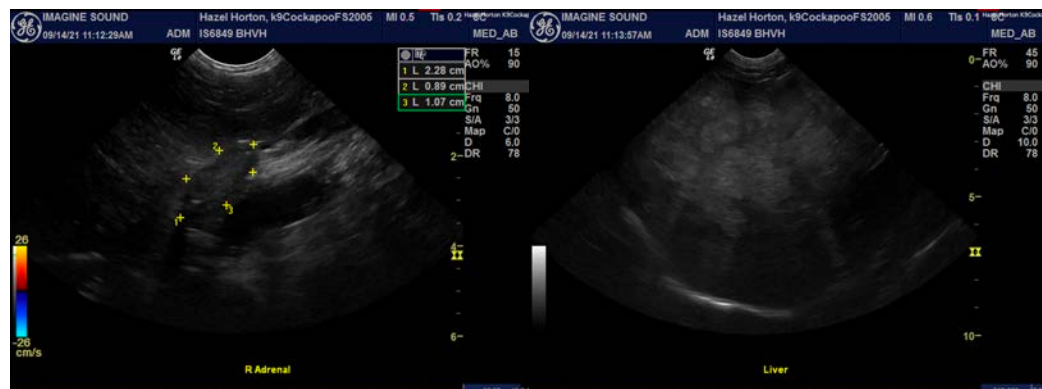
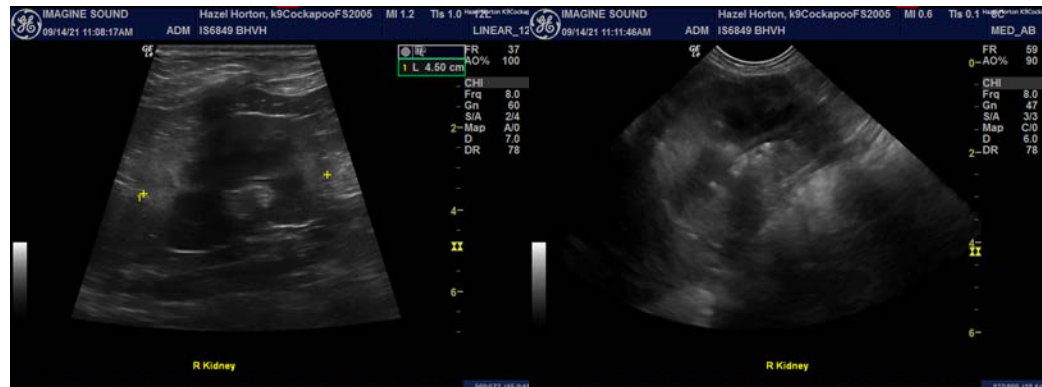
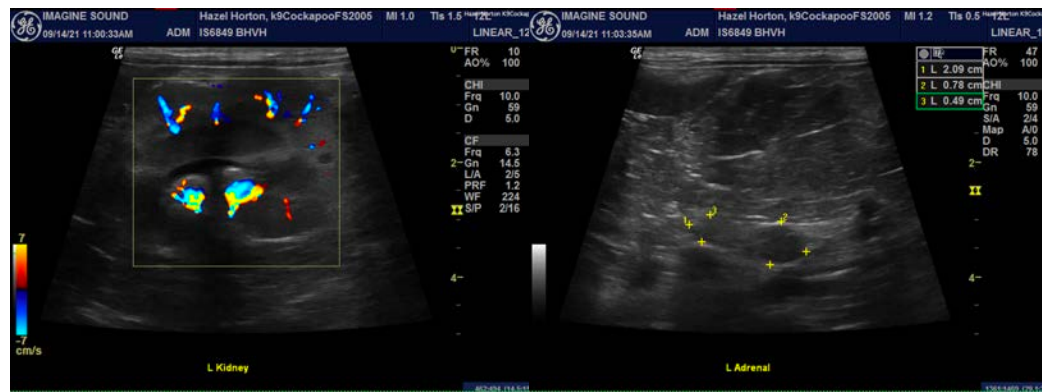
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

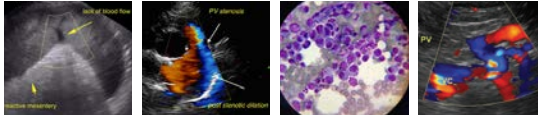
**ULTRASONOGRAPHIC FINDINGS**

- Expansive and progressive hepatic mass – strongly consistent with carcinoma
- Chronic renal changes with pyelectasia, stable
- Heterogeneous adrenal glands

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

CT evaluation for potential surgical intervention upon the liver mass would be ideal. However, the margins are ill-defined. Full urinary workup warranted if not already performed.





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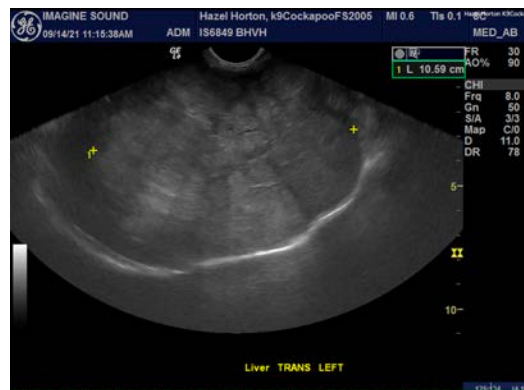
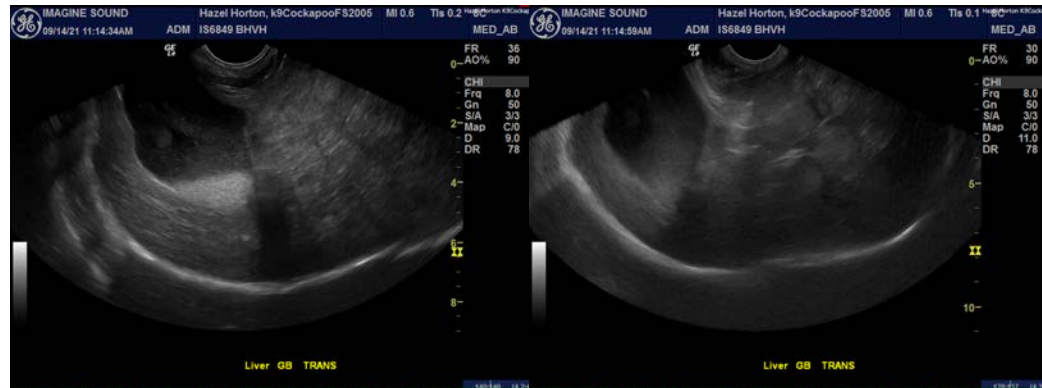
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
Eric.Lindquist@SonoPath.com