



PATIENT

Roscoe Sills

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered male

AGE

10 years

WEIGHT

27.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Deml

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Deml

INVOICE

32929

DATE

9/15/22

PRESENTING CLINICAL SIGNS

History: P has a history of chronic vomiting and diarrhea that has been managed with low dose prednisone (0.2mg/kg). P's liver enzymes have steadily increased but spiked on last bloodwork check. O opted for an abdominal ultrasound. P is currently doing well save for a ruptured R CCL.

Abnormal PE/Chem/CBC/UA Results: ALP: 4,471 (5-131) up from 1,245 ALT: 272 (12-118) up from 159 AST: 264 (15-66) Thrombocytosis: 652 (170-400)

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 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 4.9 cm and 4.0 cm on the left.

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 0.5 cm. The left adrenal gland measured 0.5 cm.

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** revealed an expansive, 3.6 cm, hyperechoic, ill-defined mass with margins that were irregular. A separate 2.6 cm mass was noted and other various hyperechoic and hypoechoic nodular changes. A 6.7 cm separate hepatic mass was noted. The liver itself was expansive and irregular in contour. This is consistent with infiltrative pattern with concurrent mass formation. Minor gallbladder debris was noted. Free fluid was noted as well. This is likely owing to hemorrhage from the mass.



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Gastrointestinal

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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.

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Free Abdomen

Free fluid was noted, which is likely owing to hemorrhage from the mass.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

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Diffuse hepatic neoplasia with free fluid likely owing to hemorrhage.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Humane euthanasia should be considered in this patient. Regardless, the underlying histopathology of the liver is diffusely infiltrated with multiple masses and non-resectable pattern. Hepatic carcinoma is suspected.

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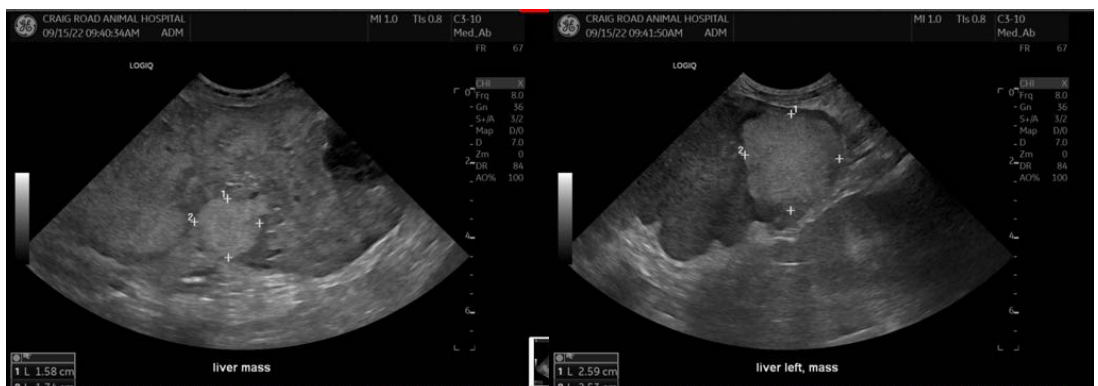
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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