

PATIENT PRESENTING CLINICAL SIGNS

Luna Burns

History: On routine blood work August 2021 p had elevated liver enzymes. P sent for abdominal ultrasound and a cystic liver mass found. O elected to monitor p rather than proceed with additional testing at that time. Since then p has been doing well on liver support supplement (Denamarin Advanced or Vetri Liver Chew). Also on gabapentin 300mg PRN and proin 50mg PO BID.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Three view chest x-rays - wnl Last two chemistries wnl and no LE elevation

BREED

Hound Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed female

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.

AGE

11 years

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.

WEIGHT

64.3 lbs

Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.13 cm. The right kidney measured 6.0 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The left **adrenal gland** was visualized obliquely and measured 0.4 cm. The right adrenal gland is visualized obliquely and measured 0.5 cm.

IMAGING PERFORMED BY

Dr. Fritz

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.

HOSPITAL NAME

Waterbury VH

REFERRING VET

Dr. Fritz

Liver

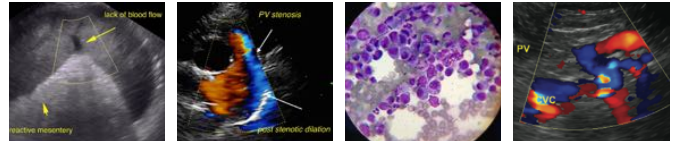
The **liver** in this patient revealed a cystic mass that measured 5.5 x 4.6 cm. The mass occupied the left cranial liver adjacent to the gallbladder. The mass appears to be adhered to the gallbladder. The left cranial liver mass, cystadenoma and carcinoma are possible, yet less likely. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

INVOICE

39560

DATE

9/22/22



PATIENT

Gastrointestinal

Luna Burns

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

SEX

Spayed female

ULTRASONOGRAPHIC FINDINGS

Left cranial liver cystic mass.

AGE

11 years

Structurally unremarkable abdomen otherwise.

WEIGHT

64.3 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the liver is indicated or monitoring to assess for any progression.

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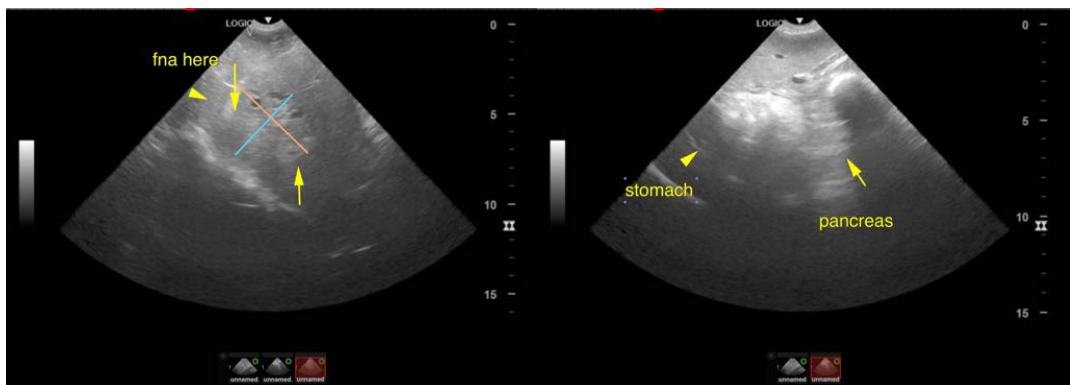
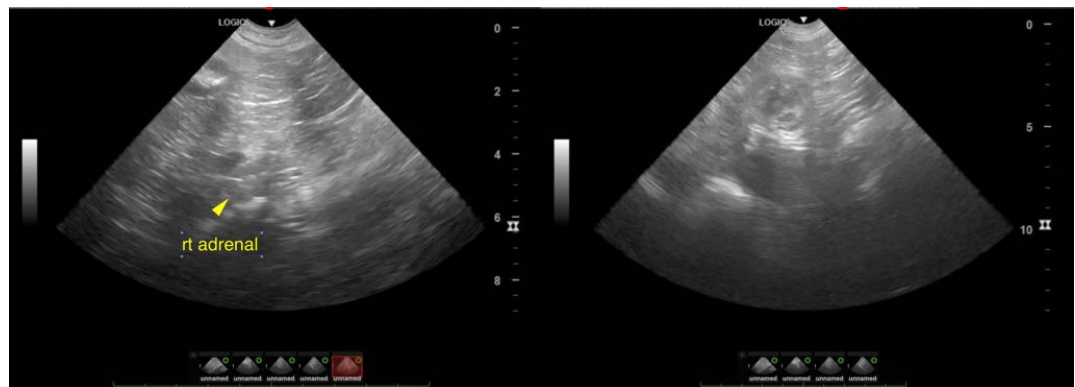
Dr. Fritz

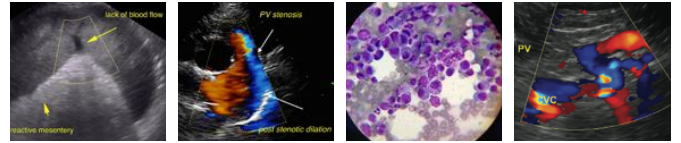
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PATIENT

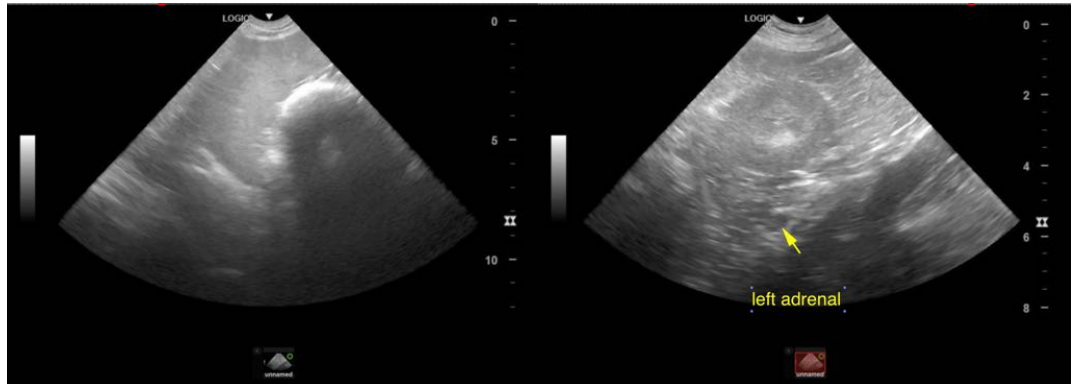
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SPECIES

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SEX

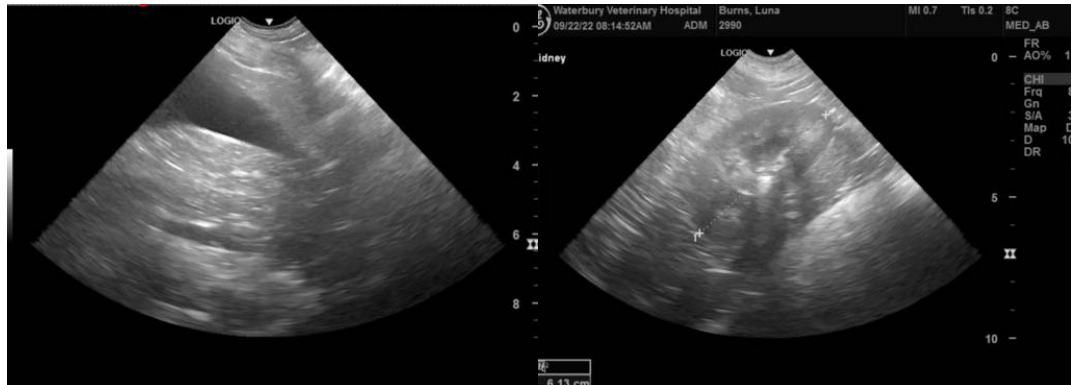
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AGE

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WEIGHT

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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.

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