



PATIENT PRESENTING CLINICAL SIGNS

Mia Hoskins

History: Previous patient history is attached as a PDF. Brief Patient History Summary: 6/23/22: Patient seen at local ER clinic for hematochezia, and vomiting Elevated liver values noted at that time ALT: 287 and ALKP: 1838 Mass was also noted on the liver at that time and measured 5cm X 5.5 cm well demarcated mass arising from the left lateral lobe per report. Lepto snap was also performed and was positive but a send out PCR test was performed and was Negative. (All results attached) 6/30/22: Did follow-up lab work to check liver values (attached) 2/10/23: Patient presented with restlessness per owner and vomited once on 2/8/23. Mass over the left ilium (2in X 2in X 1in) - in-house FNA was performed suspect sarcoma (cells are also being sent into your pathology telemed department today for review). Patient is on VRS Hepato Supplement. Lab work performed (attached to case) 2/16/23: Patient presented for an Abdominal Ultrasound and radiographs looking for metastatic disease and to evaluate previous liver mass noted. Patient was given Torbugesic (1.7mg) prior to Ultrasound. Radiographs attached to case just for full global case view - not to be read
Abnormal PE/Chem/CBC/UA Results: 6/30/22: Did follow-up lab work to check liver values (attached) TP: 8.6 (Norm: 5.2 to 8.2) GLOB: 5.2 (Norm: 2.5 to 4.5) ALT: 355 (Norm: 10 to 125) ALKP: >2000 (Norm: 23 to 212) GGT: 195 (Norm: 0 to 11) All Else WNL 2/10/23: Chem Panel (full results attached) ALT: 256 (Norm: 10 to 125) ALKP: >2000 (Norm: 23 to 212) GGT: 258 (Norm: 0 to 11) All Else WNL **Refer to attached history**

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed female

AGE

11 years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

WEIGHT

17.2 lbs

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is moderately distended with anechoic urine with a small amount of suspended, echogenic debris observed within the lumen. The bladder thickness is considered normal for volume of urine.

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

The kidneys both appeared similar to each other. They measure mostly normal with the left kidney measured 4.7 cm and the right kidney measuring 4.8 cm. However, both kidneys had few cortical cysts on the left. The largest cyst measured 0.34 x 0.4 cm. There was decreased corticomedullary distinction and the cortices are hyperechoic (isoechoic to the spleen). There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

IMAGING PERFORMED BY

Dr. Bucha

Adrenal Glands

HOSPITAL NAME

Harveys Lake VC

The left adrenal gland is normal in size (cranial pole 0.45 cm, caudal pole 0.42). The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

The right adrenal gland is normal in size (0.47 cm at the caudal pole, 0.5 cm at the cranial pole). The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

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Spleen

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The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

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Liver

The liver is enlarged in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal portal markings. In the left cranial liver adjacent to the diaphragm there is a large, slightly heterogenous liver mass that is well defined. The mass measures 5.2 x 5.9 cm x 7.24 cm in one view. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder lumen is moderately distended with bile. There is some echogenic debris that is non-dependent and adherent to the wall. The wall is a normal thickness and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal Tract

The gastric lumen contained a small amount of ingesta and kibble. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.

The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum is normal with distinct wall layering. The remainder of the small intestines are normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. . No focal lesions observed.

(For Cats: The ileocolic junction was visualized and had normal intact wall layering and is subjectively or normal thickness)

The section of colon are visualized with formed fecal material and gas shadowing distally.

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Pancreas

The pancreas is hypoechoic and enlarged measuring up to 1.8 cm in the body. There was surrounding, hyperechoic fat and enlarged, hypoechoic, peri-pancreatic lymph node that measures 1.0 x 0.8 cm.

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Peritoneum

HOSPITAL NAME

Harveys Lake VC

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Liver mass, some growth in size.
- Mild pancreatitis.

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Secondary Findings

- Chronic degenerative renal changes.



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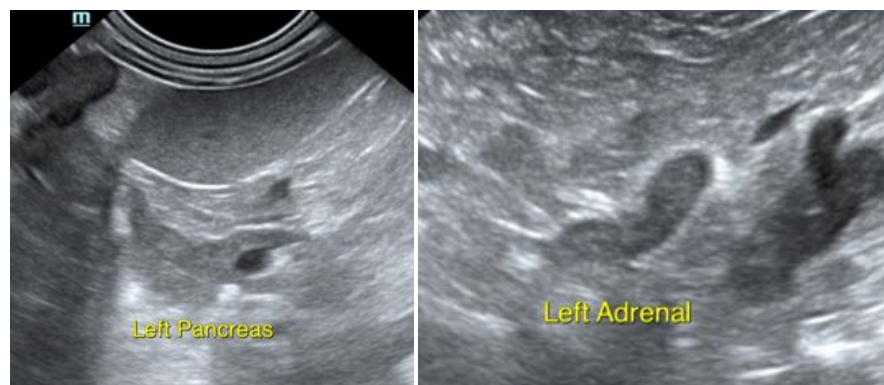
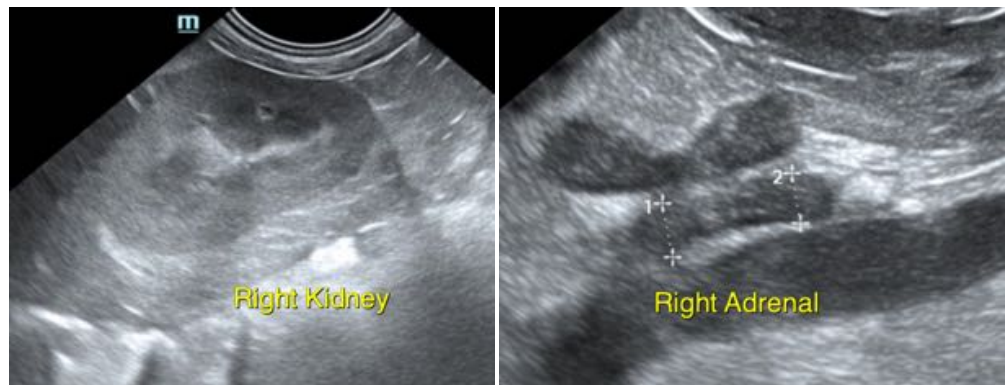
DATE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass in the liver is best seen from the left side of the abdomen. The mass has grown a modest amount based on the previous measurements provided. However, it is cranial and abuts the diaphragm. While the mass could be sampled with FNA or tru cut biopsy it is in an area that would be difficult for full surgical excision though a CT scan can be considered to evaluate further. The most common liver tumors in dogs are hepatocellular carcinoma or hepatoma/hepatic adenoma. Any neoplasia can predispose the patient to thromboembolic events. However, otherwise, the mass is likely clinically quiescent as hepatocellular carcinomas and hepatic adenomas are typically for the majority of disease progression. Anesthesia would not be contraindicated based on this examination.

The patient also has evidence of mild pancreatitis. Continue to provide supportive treatment with anti-emetics and consider a low-fat diet. There is also evidence of chronic renal disease with bright cortices and a small amount of echogenic debris in the bladder. Consider urinalysis to evaluate for urinary tract infection as well as proteinuria.





PATIENT

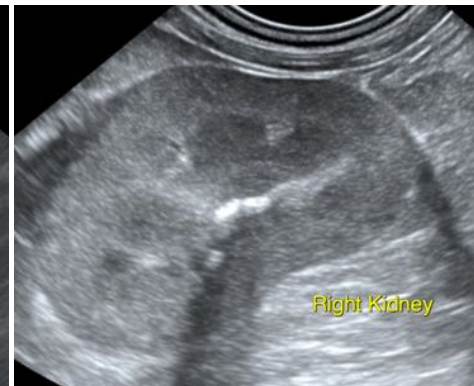
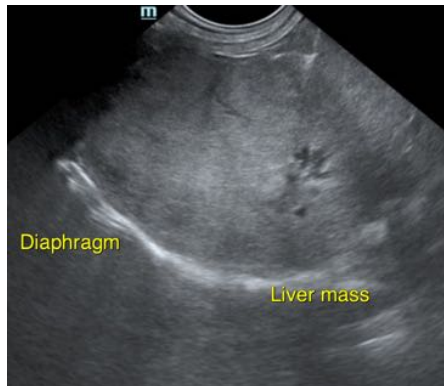
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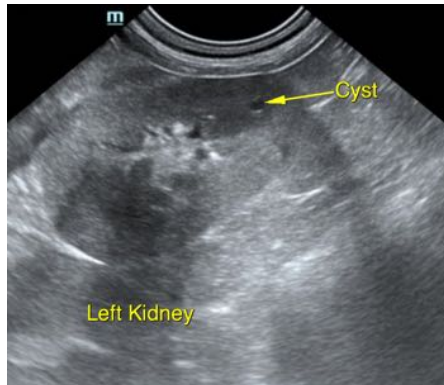
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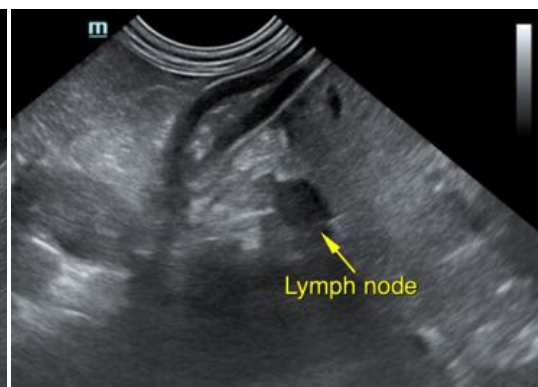
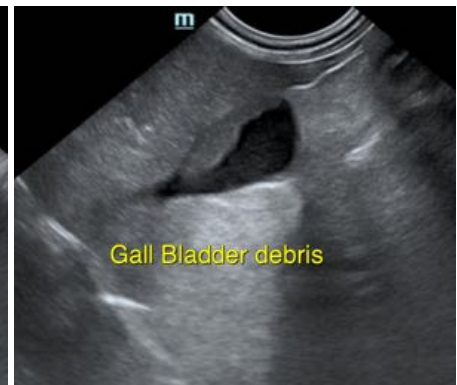
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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