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Clinical Sonography & Telecytology
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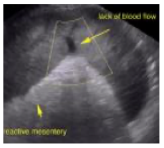
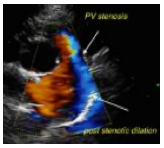
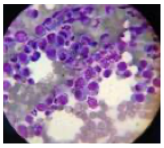
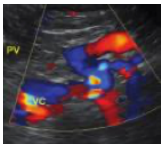

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Payton Walter

SPECIES

Canine

BREED

Siberian Husky

SEX

Female Spayed

AGE

11.5 years

WEIGHT

78.8 lbs

INTERPRETED BY

Karen Ebersole, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Denville AH

REFERRING VET

Dr Reddy

INVOICE

13962

DATE

8.4.23

PRESENTING CLINICAL SIGNS

History: owner noticed mass right front leg about 2 months ago; scan today to assess for masses/liver issues prior to pursuing removal. On prednisone, finished on 8/2/23

Abnormal PE/Chem/CBC/UA Results: ALKP 1078, ALT 42

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and shape. The serosal and mucosal surfaces were smooth and curvilinear. The bladder wall was normal in thickness for the volume of urine present. The urine was anechoic with no visible sediment or uroliths. The ureters were not visible, which is normal. The trigone was normal. The pelvic urethra was visualized to a depth of 3.00 cm and was normal in thickness and tone.

Both kidneys were of a normal size, shape, and position. The capsule was mildly irregular with no capsular expansion. There was mild to moderate increase in cortical echotexture. A slightly asymmetrical 1:3 cortex to medulla ratio was present, with a mild loss of corticomedullary distinction. These changes are largely as expected for the age of the patient. There was no pelvic dilation. The left kidney measured 6.40 cm in length. The right kidney measured 6.80 cm in length.

The iliac trifurcation was visualized and evaluated with color doppler. There was normal vascular perfusion with no evidence of thrombus formation. There was no iliac lymphadenopathy.

Adrenal Glands

Both adrenal glands were normal in size. There was an overall normal shape, with mild capsular irregularity and mild heterogenous parenchyma. The changes were mild with no suspicion of neoplasia. The left adrenal gland measured 6.00 mm at the caudal pole, 7.00 mm at the cranial pole and 2.9 cm in length. The right adrenal gland measured 8.00 mm at the caudal pole, 17.00 mm at the cranial pole and 2.9 cm in length.

Spleen

The spleen was normal in shape, size, and position. There was an overall smooth capsule contour. The parenchyma was mildly heterogenous, without overt nodules. The splenic vasculature was normal in volume with no evidence of thrombus on doppler exam. The parenchymal changes likely represent benign changes such as extramedullary hematopoesis or remodeling that can happen with age. The likelihood of inflammatory or neoplastic disease is considered low.

Liver/Gallbladder

The liver was subjectively normal in size with mildly irregular capsule contour. The hepatic parenchyma was mildly heterogenous with moderate coarse echotexture, except for an area measuring 4cm x 4cm in the deep liver, adjacent to the diaphragm. This area has more pronounced heterogeneous echotexture, with echogenic foci that could represent mineralizations or fibrosis. The hepatic vasculature was normal in volume and structure. The gall bladder was normal in size and contents. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation.

Gastrointestinal

The stomach was largely empty with normal size shape and position. The stomach wall was normal in thickness and maintained appropriate layering. The small intestine displayed normal curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained. Normal peristalsis was present. The visible colon wall was normal in thickness and layering, there were no visible masses or focal lesions.

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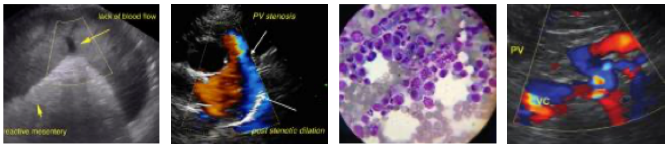

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Pancreas

The pancreas was isoechoic to the surrounding mesentery with normal size, shape and capsule contour. There was no evidence of inflammation or masses within the right and left limbs or body of the pancreas. The pancreatic duct was curvilinear without notable deviation.

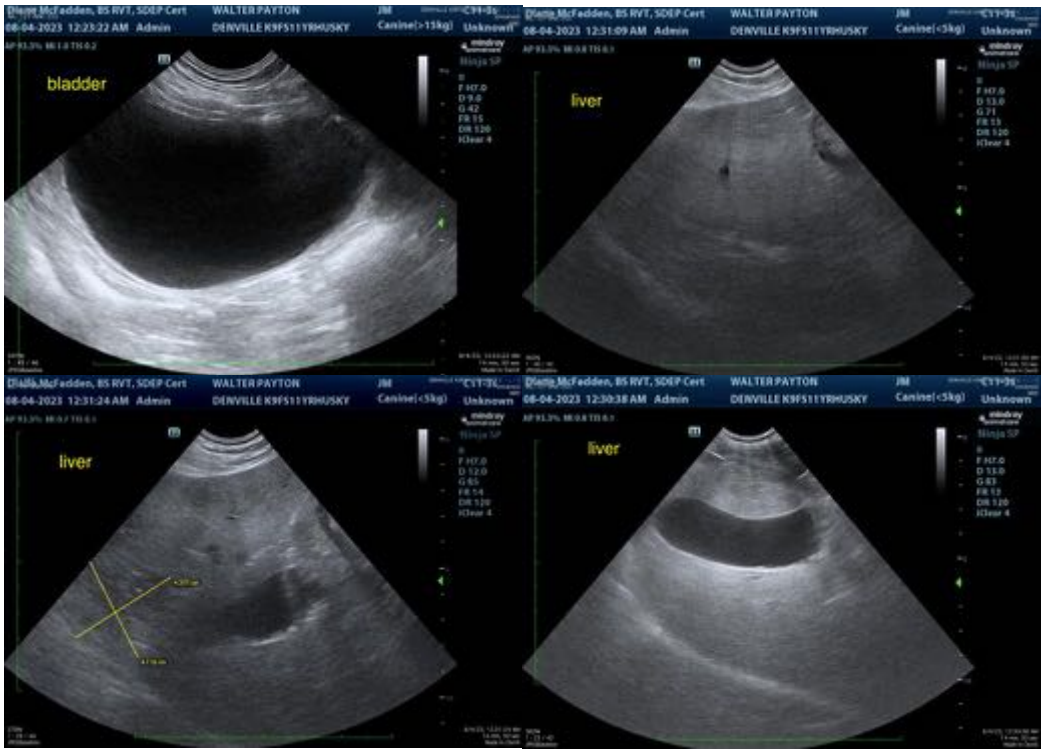
Free Abdomen

FINDINGS

- Diffuse nodular changes in liver (mild to moderate) – benign nodular regeneration likely, metastasis considered less likely
- Possible deep liver mass – ddx pronounced nodular regeneration, adenoma, carcinoma all possible
- Geriatric abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- The diffuse nodular liver changes are subjectively benign changes, although biopsy would be needed to confirm. The deep liver mass could be a very pronounced extension of that process, or a separate mass (benign adenoma vs carcinoma vs other). The prednisone may be suppressing a more dramatic presentation. I would recommend recheck US in 2 weeks with sedation to get a better look at the deep liver and assess the nodular changes for progression or stability. Sedation is highly recommended to reduce body wall tension and movement to be able to visualize the deep liver with more detail.



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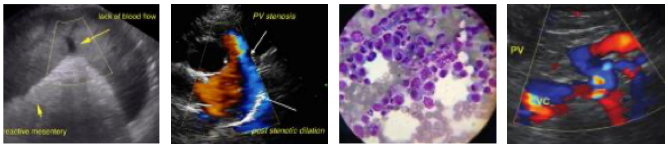

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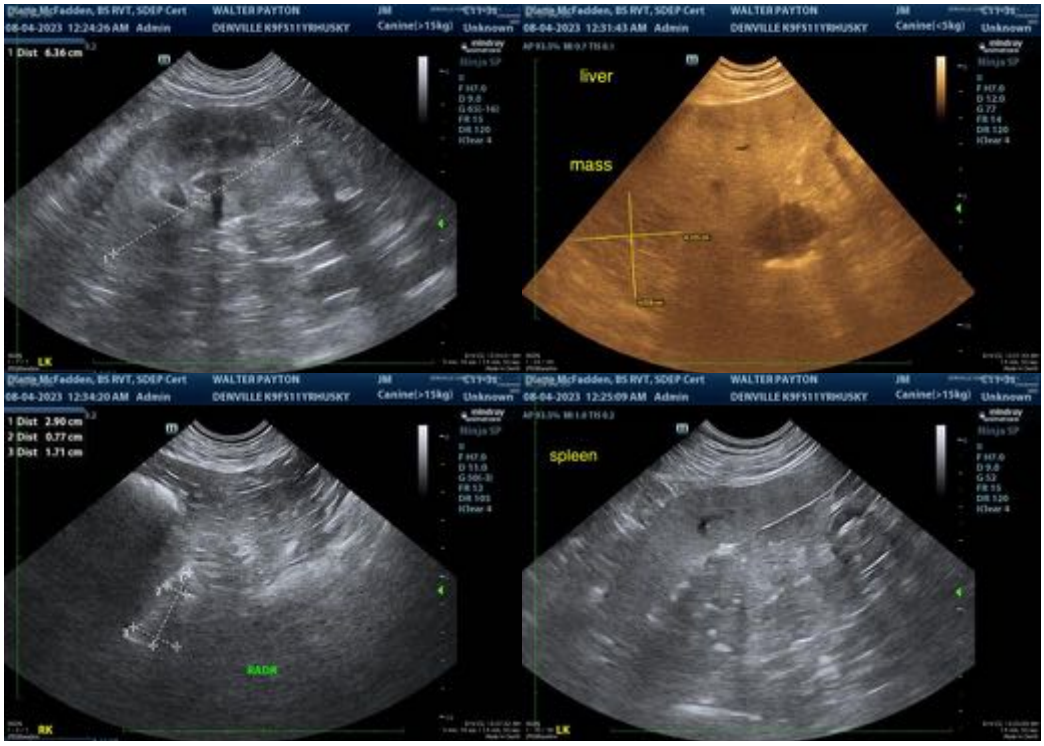

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com