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Clinical Sonography & Telecytology
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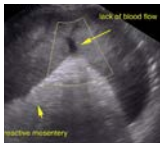
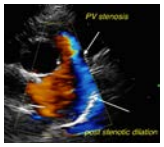
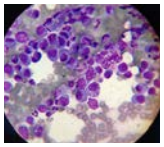
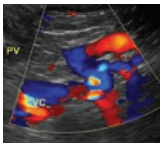

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Gohan Petegrosso

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

10 Years

WEIGHT

9.2 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Sorbo

HOSPITAL NAME

Mill Brook AC

REFERRING VET

Dr. Jeffers

INVOICE

44102

DATE

1/11/23

PRESENTING CLINICAL SIGNS

Panting, anorexic, uncomfortable for 3-4 days. Localization of abdominal mass + differentials.

Abnormal PE/Chem/CBC/UA Results: Painful abdomen, palpable mass. Mass seen on radiographs. Unable to tell where it originates from. Bloodwork is pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (3.66 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.82 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.49 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.42 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is large and irregular in shape. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is an iso- to hypoechoic solid mass effect measuring approximately 3.72 cm x 5.76 cm, arising from the caudoventral aspect of the liver.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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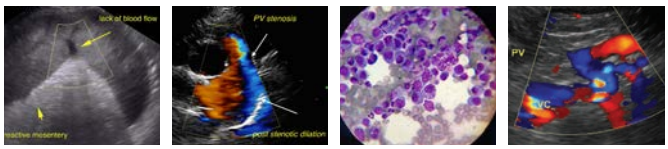

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.22 cm. Jejunum wall measures 0.21 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is scant anechoic free fluid. No lymphadenopathy. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Solid, slightly hypoechoic liver mass – This mass effect is fairly homogeneous with the normal liver tissue and is most consistent with a primary liver mass (large regenerative nodule, adenoma, carcinoma, etc.).
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Scant free abdominal fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is an iso- to slightly hypoechoic mass effect arising from the liver. It is relatively quiet and I am concerned that this is an incidental finding and not the true cause of the symptoms reported. Options moving forward regarding the liver mass would include ideally a contrast CT scan to further evaluate for surgical removal, and/or referral to a veterinary surgeon for explore and likely removal +/- fine needle aspirate. Based on the size and location of this lesion, I feel it would be a good candidate for surgical removal.

There is a small amount of free abdominal fluid visualized. This is likely associated with inflammation, but a significant source of inflammation is not visualized. Consider the possibility of pancreatitis, which is not visibly as significant as would be suspected, gastroenteritis, etc., or even extra-abdominal pain (back pain, etc.), as I would be surprised if this liver mass was painful, but this is always possible. Consider a quantitative cPLI and continued treatment for non-specific abdominal pain/pancreatitis. If this persists and is not improving, you could consider reevaluation with ultrasound, x-rays, etc. Additionally, recommend power doppler on the mass lesion to look for any evidence of torsion, etc.

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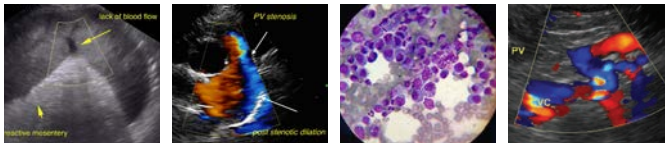

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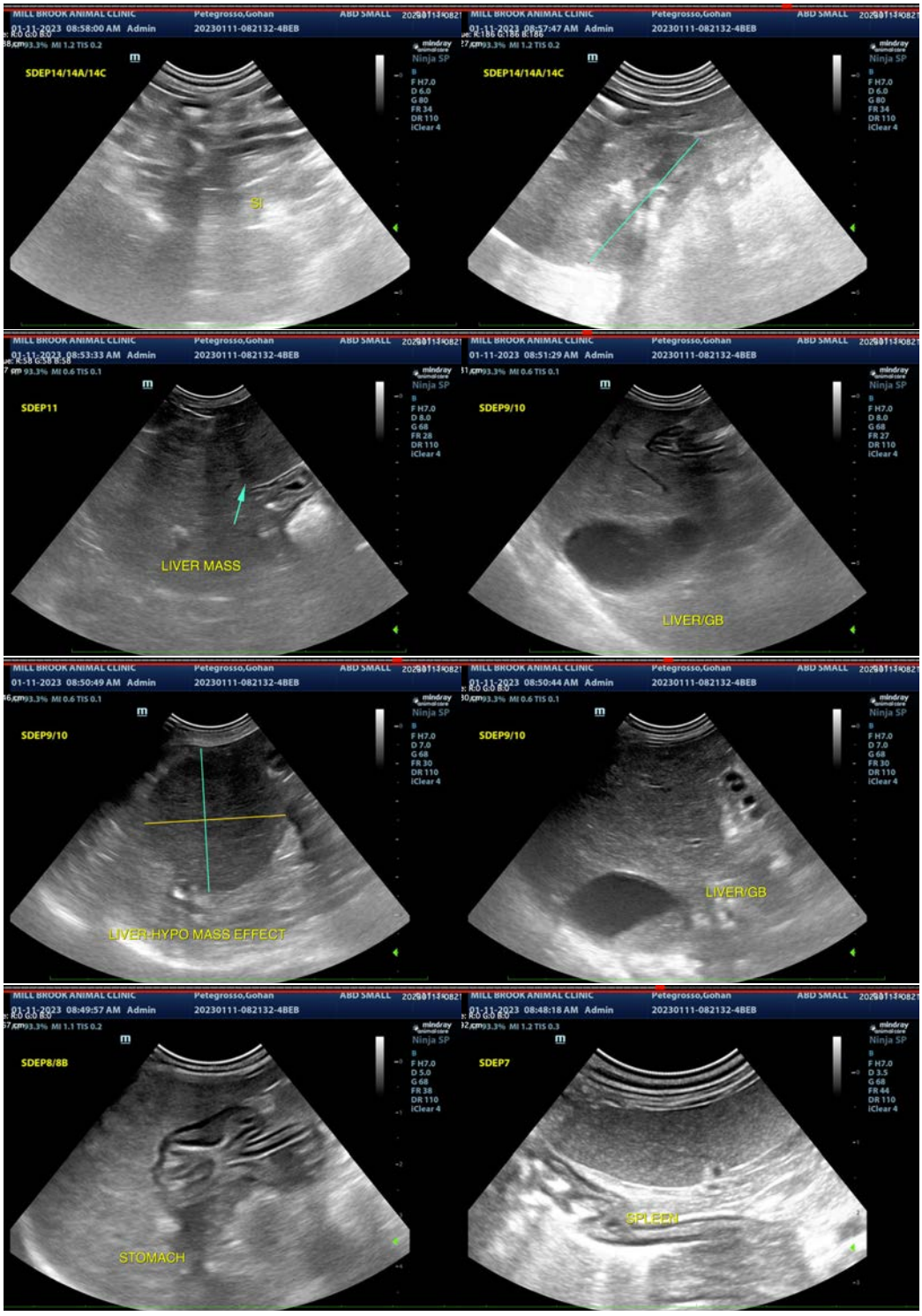
Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.



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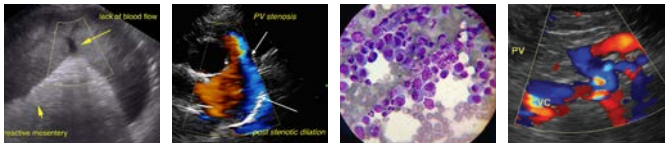

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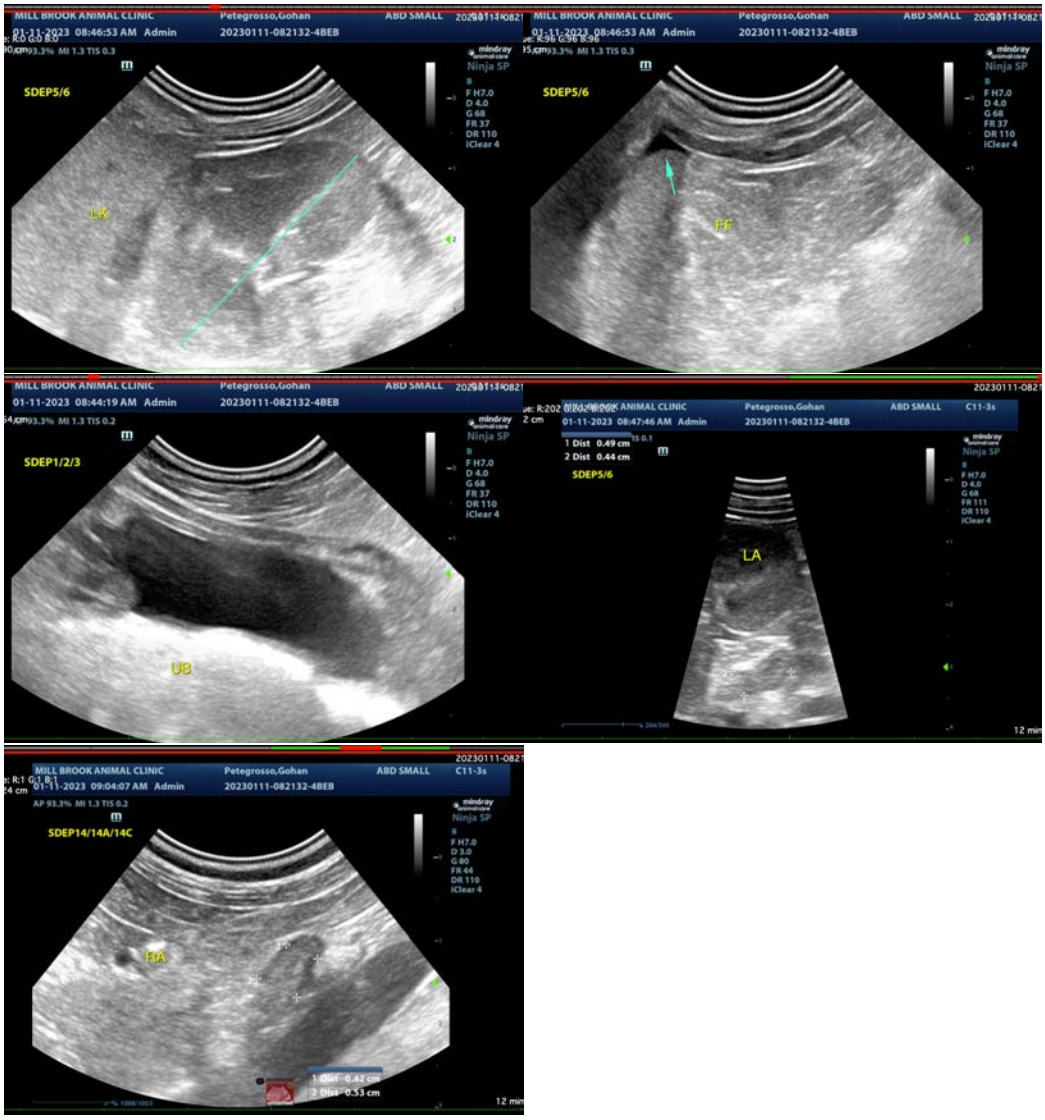

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

kathleen.sennello@sonopath.com