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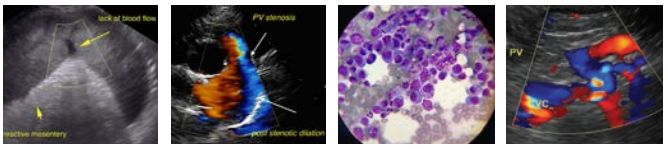

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1-800-838-4268 info@sonopath.com

PATIENT

Fenway Fegley

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

14 Years

WEIGHT

41 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Tam Mengine

INVOICE

33375

DATE

12/9/21

PRESENTING CLINICAL SIGNS

Patient presented today with 2 month history of abdominal distention, otherwise no clinical signs noted at home. On exam patient has marked ascites and cachexia. Prior hx of ALT 405 and ALP 1696 (7/21). Today, values were similar + Hct was 32% and CBC / Chem otherwise unremarkable. Ultrasound was performed after draining 6L of serosanguinous fluid from the abdomen. Brief scan of heart unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall is mildly diffusely irregular with normal thickness. The area of the trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no significant mucosal irregularities, mass effects or calculi. These findings are most consistent with lack of urine distention or mild cystitis.

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 (5.22 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 0.89 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 0.62 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 subjectively large in size, is very irregular in shape, and almost entirely obscured by a very large, irregular mixed echogenic hepatic mass measuring minimally 9.4 cm x 10.2 cm. It is difficult to visualize normal hepatic tissue, but I suspect in the cranial portion there is some adjacent to the gallbladder. No abnormalities associated with the gallbladder or biliary tract are visualized.

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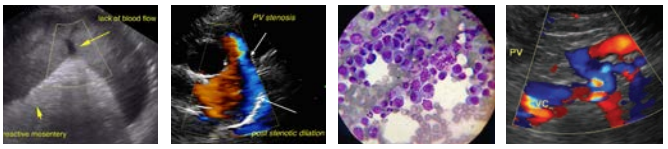

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Gastrointestinal

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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.51 cm. Jejunum wall measures 0.34 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The mild bowel thickening is likely due to edema secondary to the large amount of ascites present.

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 prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

A large amount of echogenic free fluid is present. No lymphadenomegaly noted. The omentum is generally of increased echogenicity.

PRIMARY FINDINGS

- Very large mixed echogenic hepatic mass – The appearance of this mass effect favors a primary liver tumor such as an adenoma or adenocarcinoma, but other possibilities exist.
- Large volume ascites – This is likely secondary to the hepatic mass.
- Decreased corticomedullary distinction both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

SECONDARY FINDINGS

- Mildly irregular urinary bladder wall – most consistent with cystitis or lack of urine distention. Recommend urinalysis and culture.
- Prominent hypoechoic pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Thickened small intestine – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease). Edema is a likely differential due to the ascites present.

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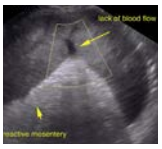
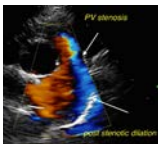
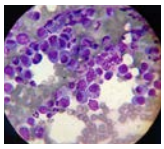
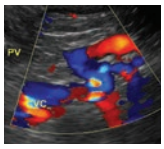

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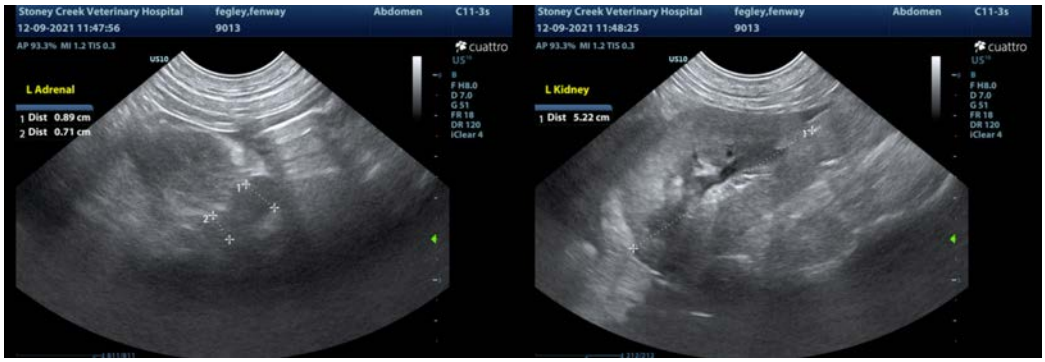
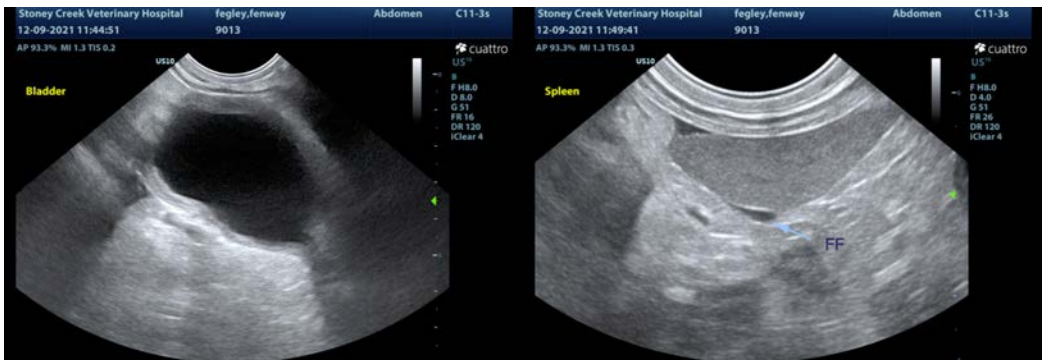
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A massive hepatic mass is present. It is large enough to displace other organs and make visualization of the remaining portions of liver difficult.

- Recommend a contrast CT scan to get a more global view of the liver mass and determine surgical options.
- Recommend 3-view thoracic radiographs.
- These massive hepatic masses can have a favorable prognosis if surgical resection is possible, as they tend to be slow to grow and metastasize.





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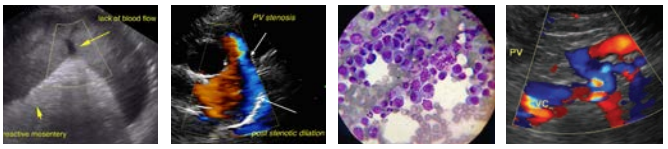

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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