



PATIENT

Sprout Cudmore

SPECIES

Canine

BREED

Lhasa Apso X

SEX

Spayed Female

AGE

13.5 Years

WEIGHT

7.7 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Trudeau

HOSPITAL NAME

Petworks Vet Hospital

REFERRING VET

Dr. Trudeau

INVOICE

45578

DATE

2/28/23

PRESENTING CLINICAL SIGNS

Unexplained weight loss; increased appetite; recurrent corneal ulcers

Abnormal PE/Chem/CBC/UA Results: CBC - WNL Chem - mildly elevated ALT/ALP, otherwise NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately 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 left kidney has a normal shape and size (4.0 cm) with pinpoint mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.12 cm) with pinpoint mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.54 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 0.45 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 normal in size but slightly irregular in shape. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is some slightly abnormal tissue that appears to be extending in the left caudal aspect of the liver. This tissue is relatively isoechoic to slightly hyperechoic from the normal hepatic parenchyma and has a similar echotexture. This region of tissue measures approximately 2.96 cm x 3.05 cm.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.



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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. Jejunum wall measures 0.41 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Irregular tissue associated with the caudal left aspect of the liver – This could be an atypical liver lobe or more likely a mass effect (hepatoma, carcinoma, etc.). There is no significant inflammation associated with the mass lesion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan is relatively normal for a 13 year old dog. The GI tract and pancreas appear relatively normal.

There is an irregular area arising from what appears to be the left caudal aspect of the liver. This tissue has a similar appearance to the normal hepatic tissue but is slightly more hyperechoic, and it extends up caudally behind the stomach. I suspect this tissue is most consistent with a hepatoma, possibly a carcinoma, etc. Consider a fine needle aspirate. I would be somewhat concerned if this lesion was causing significant clinical signs, as it appears quiet and does not appear to be interfering with any other structures. Evaluation of pre- and post-prandial bile acids may be helpful in trying to determine if there is significant liver dysfunction that could be contributing to weight loss, anorexia, etc. If surgical removal is desired, a contrast CT scan would likely be necessary to get better resolution on the mass lesion and plan for surgical removal. Additionally, I would consider the possibility of a concurrent medical issue such as primary GI disease, which does not always have significant ultrasonographic lesions. Consider the following:

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.



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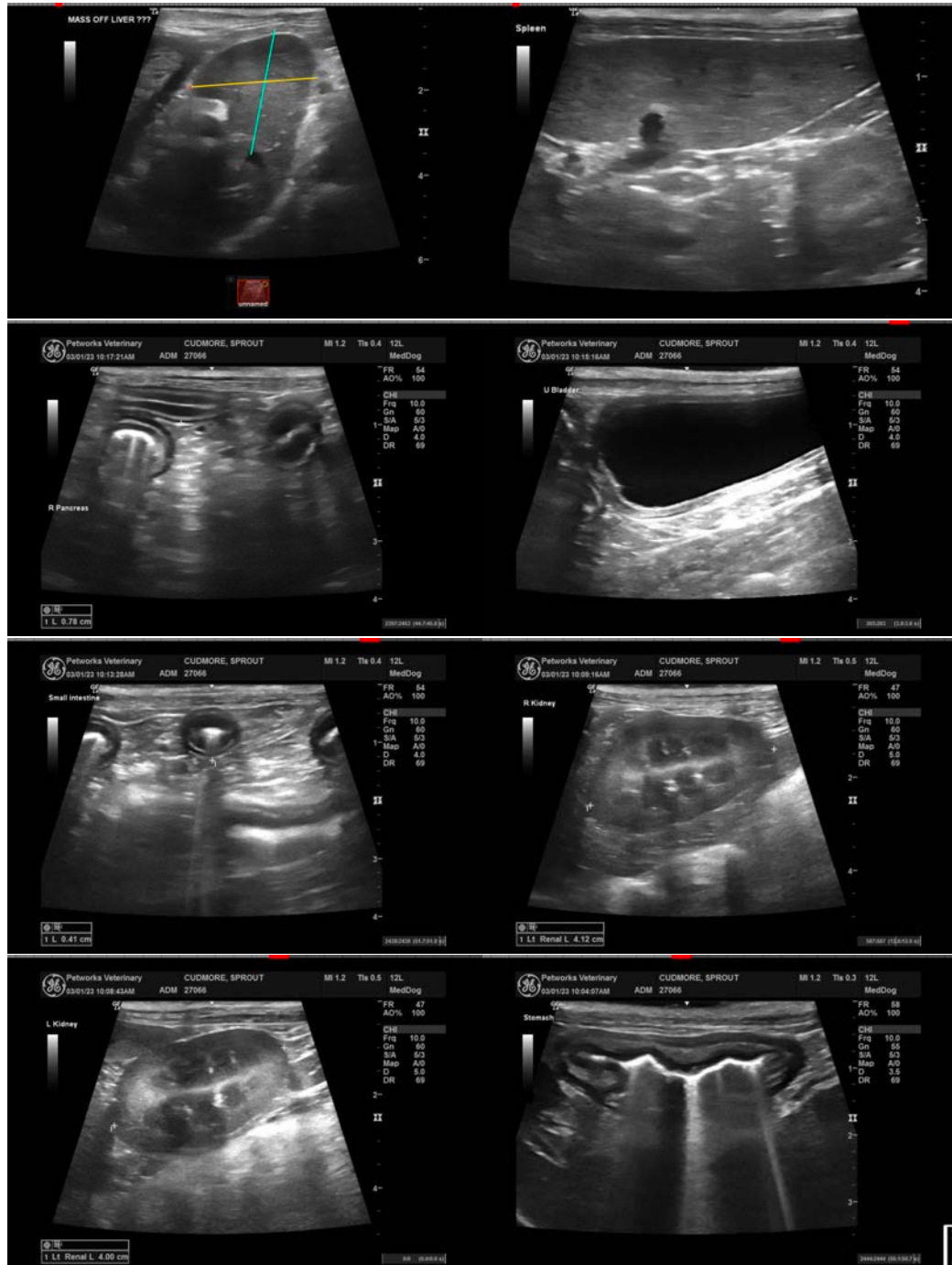
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- Consider chronic probiotic therapy.
- If symptoms persist and you feel that primary gastrointestinal disease s very likely, you could consider obtaining GI biopsies.

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





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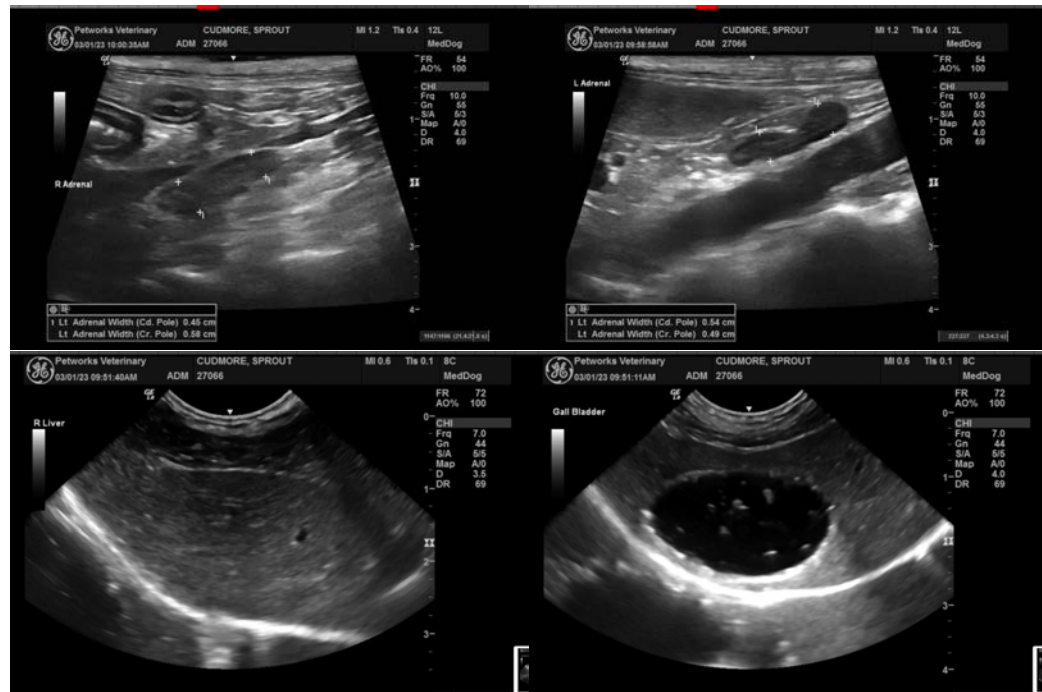
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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