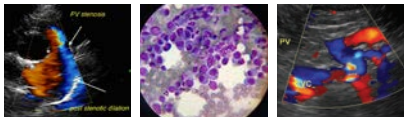
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

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DATE

4/13/23

PATIENT

Parker Jett

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

11/15/10

WEIGHT

15.6 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Banfield Towson

REFERRING VET

Dr. Mike

INVOICE

46657

PRESENTING CLINICAL SIGNS

Anxious; BCS- 5/9; wt- 15.6 lbs. / 7.08 kg; mm-pink/moist; crt<2sec; eent- 2/4 dental tartar; localized recession over 204; bilateral nuclear sclerosis; h/l- gr 2/6 systolic murmur loudest on left, abnormal sounds, pulses strong and steady; abdomen- very tense cranial abdomen, palpable mass mid cranial abdomen (r/o liver vs
spleen); s/c- 8 mm pedunculated skin mass left rectum/long nails; pln- wnl abdominal mass noted 12/10/22 on rads - large mid ventral abdominal mass with mass effect. declined u/s at that time, recent change in mind

Current Medications: On OTC liver supplement.
Lab Results: 3/14/22 AP 261, ALT 314, HCT 58.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

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 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 (5.0 cm). Overall echogenicity is slightly hyperechoic with poor 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 (5.28 cm). Overall echogenicity is slightly hyperechoic with poor 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 0.64 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 0.75 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 in size and irregular. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a large

heterogeneous, hyperechoic mostly solid mass effect with occasional small cystic regions associated with the left side of the liver, measuring 10.83 cm x 8.36 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.

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 0.30 cm. Jejunum wall measures 0.27 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.

PRIMARY FINDINGS

- Large, heterogeneous, hyperechoic, mostly solid hepatic mass lesion – Findings are most consistent with a primary hepatic mass (adenoma, carcinoma, etc.).

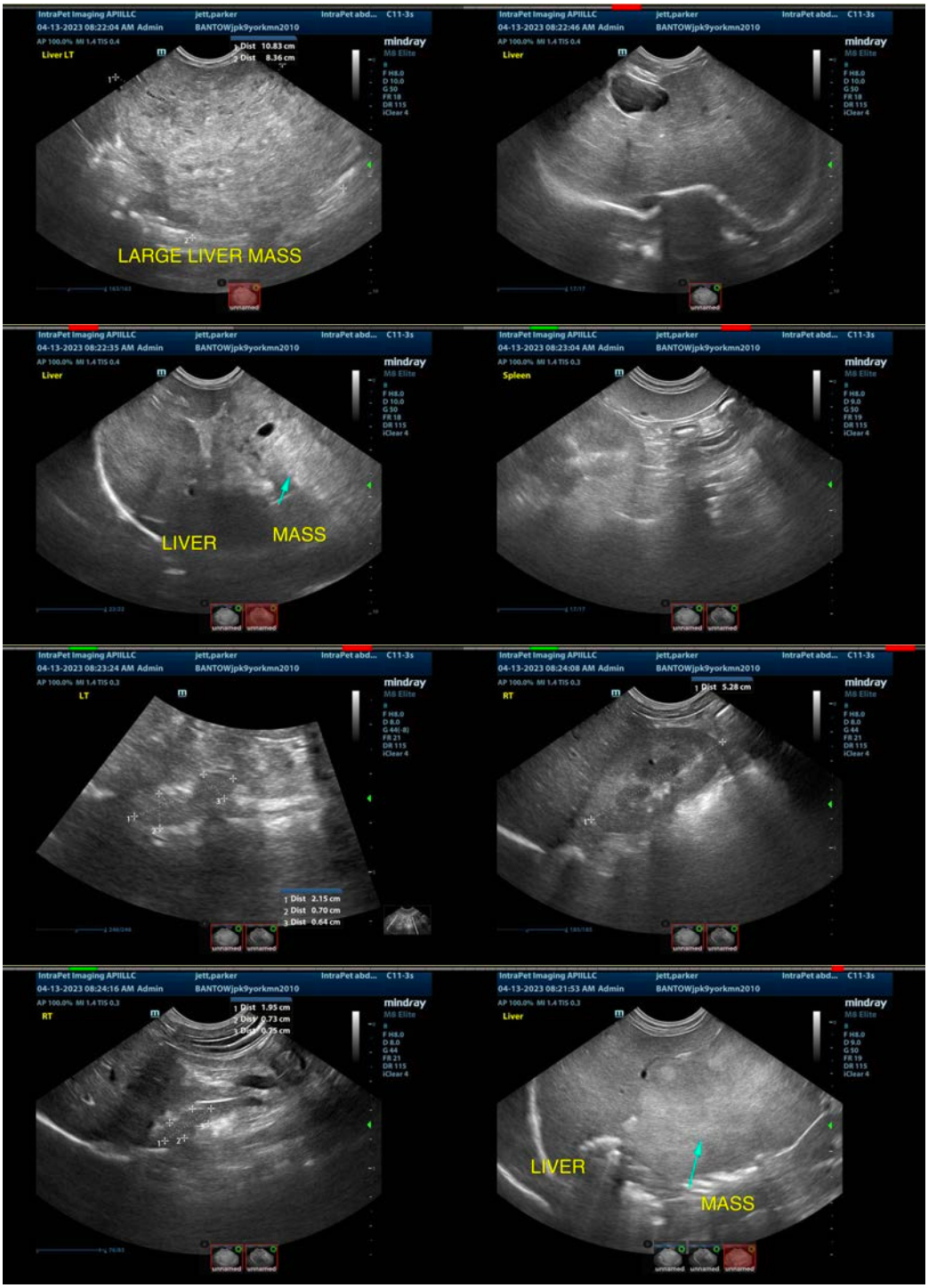
SECONDARY FINDINGS

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large hepatic mass lesion visualized that appears to be arising from the left side of the liver. This is most consistent with a primary hepatic mass lesion. These tend to be somewhat slow-growing and slow to metastasize. If surgical removal is possible, they tend to have a good prognosis. Options moving forward would include a fine needle aspirate to rule out the possibility of an unexpected cell type and a contrast CT scan to further evaluate for possible surgical removal.

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


IntraPet Imaging APIILLC
jett,parker
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C11-3s
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BANTOWjpk9yorkmn2010
mindray
M6 Elite
Liver LT
1 Dist 10.83 cm
2 Dist 8.36 cm
LARGE LIVER MASS
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Liver
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Spleen
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LT
1 Dist 2.15 cm
2 Dist 0.70 cm
3 Dist 0.64 cm
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RT
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RT
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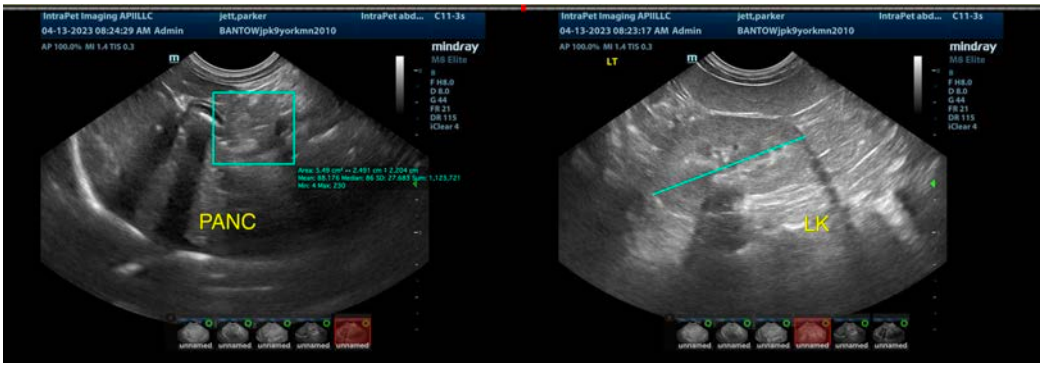
Liver
LIVER
MASS



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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