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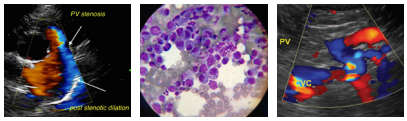

SonoPath
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DATE

4/27/22

PATIENT

Daisy Cialkowski

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

1/25/11

WEIGHT

36 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Taylorsville Vet Clinic

REFERRING VET

Dr. Earp

INVOICE

37226

PRESENTING CLINICAL SIGNS

Since starting thyroid meds (3/4/2022) p has become aggressive and food aggressive, on Friday 4/22/2022 broke gate separating cat area from dog area in o's home and got into cat food and litter box - no vomiting or diarrhea; p has not been eating for the past 2 days, o only able to get thyroid meds into p with lunch meat; today o made rice and mixed it in with p's regular dog food and she ate some; o said that in the past p has done this when she's had a UTI or an ear infection but o has not noticed any differences in urination or head shaking/itching. PE: Occasional cardiac tachy arrhythmia, Firm abdomen, not obviously painful.

Current Medications: Thyro Tabs 0.2mg 1/2 tab PO BID - usually given around 8:00 AM/PM.
Lab Results: Labs in Feb 2022: AST 6 (16-55 U/L), ALP 1218 (5-160 U/L)
GGT 33 (0-13 U/L), Cholesterol 482 (131-345 mg/dL), Total T4 0.6 (1-4 ug/dL). Sending out blood today for updated values.
Radiographs: lateral abdominal, Mass effect in cranial abdomen- liver vs spleen. Material within gastric body.
Fast Scan: believe a mass can be associated with spleen, but liver margins cannot be visualized.
Possible gallbladder distension.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Declined / Not requested.

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 (6.37 cm). Overall echogenicity is normal with adequate 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 (6.16 cm). Overall echogenicity is normal with adequate 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 0.68 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 0.87 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 normal in echogenicity with smooth peripheral margins. 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 very large, mixed echogenic, partially cavitated mass effect arising from the border of the liver, measuring > 8.79 cm x 7.29 cm.

The gallbladder lumen is moderately distended. The wall of the gall bladder does not appear thickened and has a smooth mucosal surface. Luminal contents are moderate and have a somewhat striated appearance, most consistent with a very early mucocele formation. 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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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 a scant amount of free abdominal fluid. No lymphadenopathy. The omentum is of increased echogenicity around the hepatic mass.

Other
A brief view of the heart was submitted. No significant pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS

- Large, mixed echogenic hepatic mass – findings could be consistent with either a benign or malignant mass effect.

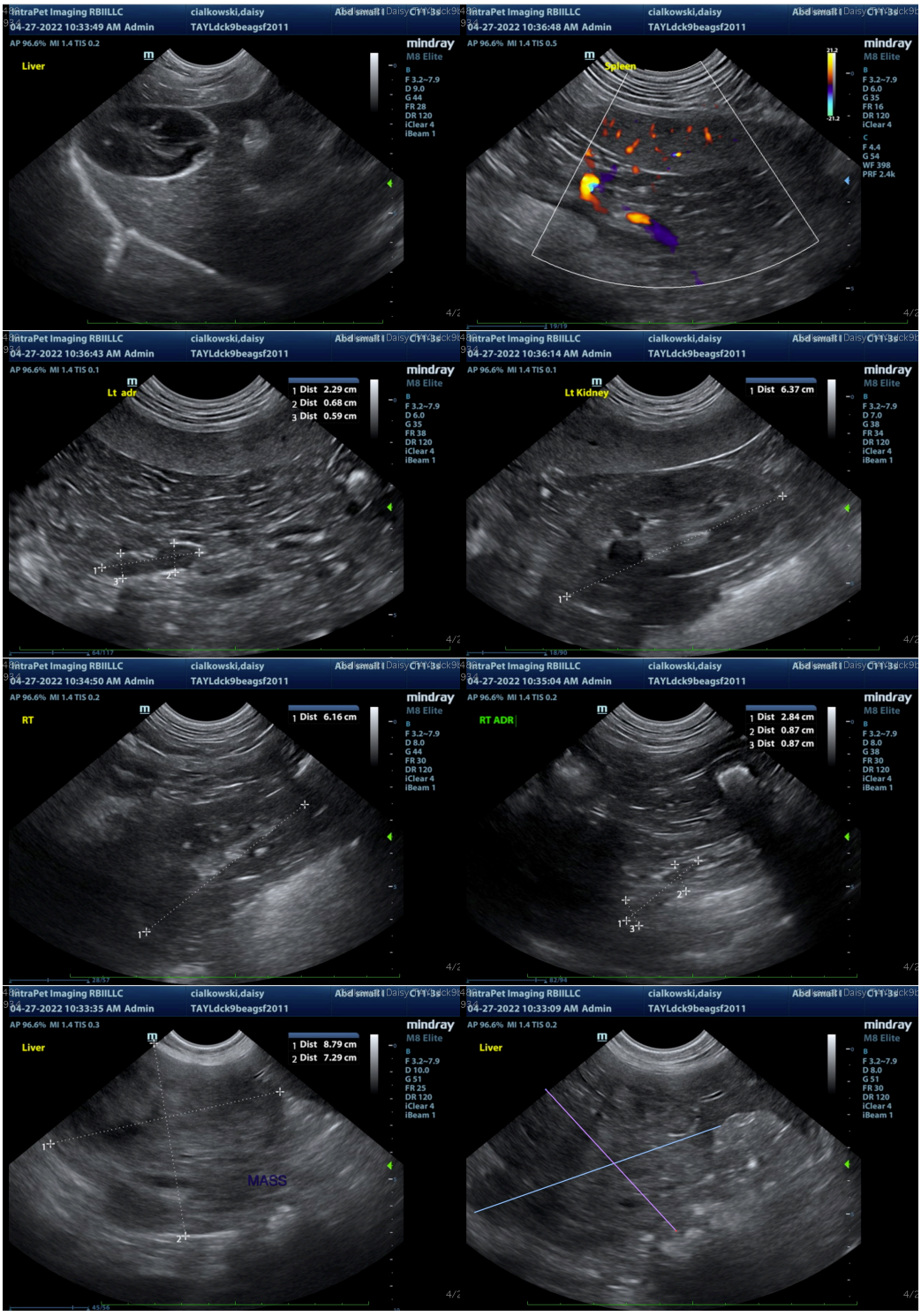
- Very early mucocele development – recommend monitoring +/- medical therapy for now.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a very large, mixed echogenic, mildly cavitated mass effect in the cranial abdomen, which appears to be arising from the liver. No other obvious nodules or mass lesions are visualized. Recommend 3-view thoracic radiographs and referral toa veterinary surgeon. Ideally, a contrast CT would be performed pre-op to screen for metastatic lesions and for surgical planning.

The gallbladder has some striations in it, which could be consistent with a very early mucocele development. Options include either continued monitoring or starting Ursodiol (and continued monitoring).

While the cavitations of this mass lesion are concerning, there is the possibility that this could be a benign hepatic mass lesion. Therefore, surgery is warranted for both diagnostic and therapeutic purposes. A fine needle aspirate could be considered if surgery would not be considered in a cancerous situation.



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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