



PATIENT PRESENTING CLINICAL SIGNS

Jasmin Lund P was seen 4/7/23 & lab work was run-noted mildly elevated Alk Phos & ALT. P presented 6/20/23 for dental & growth removal & Alk Phos had elevated quite a bit. Radiographs obtained showed mild hepatomegaly.

SPECIES

Canine

BREED

Pit Bull X

SEX

Spayed Female

AGE

8/31/13

WEIGHT

31.6 kg

Abnormal PE/Chem/CBC/UA Results: 4/7/23: Superchem- ALT=131, Alk Phos=585, PSL=161 CBC- Neutrophils=11,534 T4=1.9-WNL Urinalysis SG 1.044 pH=6.0 Protein 2+ UPC Ratio=0.3-WNL 6/10/23: CBC- Lymphocytes=0.9, Neutrophils=12.02, MCHC=30.9, MPV=11.3-suspect all normal variation vs other Chem 11- Alk Phos=831 (was 585 4/23), ALT=151 (was 131 4/23)

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 (6.5 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 (7.15 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 0.75 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 0.43 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 slightly irregular. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a mixed echogenic mass effect visualized in the mid left aspect of the liver measuring 3.61 cm x 5.3 cm in cross section.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Desert Hills AH

REFERRING VET

Dr. Amanda Coats

INVOICE

43504

DATE

6/27/23



PATIENT

Jasmin Lund

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.

SPECIES

Gastrointestinal

Canine

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.

BREED

Pit Bull X

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 0.50 cm. Duodenum wall measures 0.55 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

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AGE

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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.

WEIGHT

31.6 kg

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.

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Medicine)

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no significant lymphadenopathy noted. A mesenteric lymph node is measured at 0.39 cm. The omentum is of normal echogenicity.

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

ULTRASONOGRAPHIC FINDINGS

- Mixed echogenic mass effect visualized associated with the liver – This is most consistent with a small primary hepatic mass lesion (hepatoma, carcinoma, other). Other differentials are possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Desert Hills AH

There is a small mass effect visualized in the left mid aspect of the liver. The appearance of this mass effect is most consistent with a primary hepatic mass (carcinoma, adenoma, etc.), but other differentials are possible. There is a possibility that this could be aspirated, although it may be a little deep. If a window for aspiration is possible, consider a fine needle aspirate with cytologic evaluation. If this is not possible, then consider a contrast CT scan and evaluation for surgical removal. If this is a primary hepatic mass, surgical resection could be curative. A contrast CT scan would also have the benefit of looking for any evidence of metastatic lesions.

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

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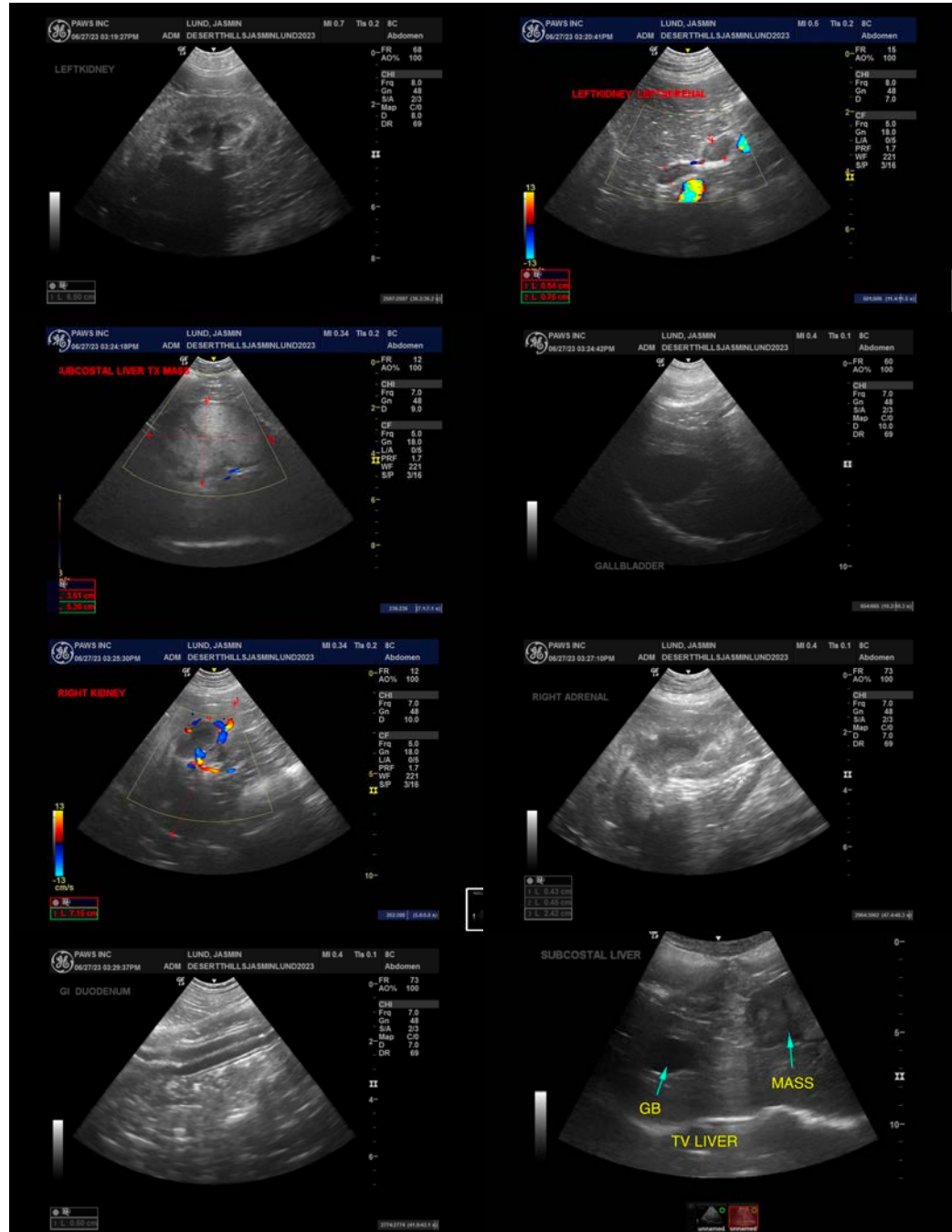
Dr. Amanda Coats

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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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