



**PATIENT PRESENTING CLINICAL SIGNS**

Sophie Stewart Suspect abdominal mass.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

**BREED** 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.  
American Eskimo

**SEX** The left kidney has a normal shape and size (4.93 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.  
Spayed Female

**AGE** The right kidney has a normal shape and size (4.66 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.  
13 Years

**WEIGHT** Adrenal Glands  
8.8 kg

**INTERPRETED BY**

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

The left adrenal gland is normal in size measuring 0.70 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 0.57 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.

**IMAGING PERFORMED BY**

Crystal Hill

**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. The visualized areas of spleen appear normal, but there is contact visualized with the mass effect in the left cranial abdomen, so I cannot exclude this mass lesion being of splenic origin.

**HOSPITAL NAME**

Acton Vet Clinic

**Liver**

The liver is large and irregular. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. The large abdominal mass described under "other" contacts a long portion of a left cranial liver and there is concern for this mass lesion being of hepatic origin.

**REFERRING VET**

Dr. Hess

**INVOICE**

43484

**DATE**

6/27/23

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. The contents are primarily hyperechoic and shadowing, most consistent with sandy echogenic debris or choleliths. This area measures 2.0 cm. The cystic and common bile ducts are normal/not visible.



**PATIENT**

Sophie Stewart

**Gastrointestinal**

**SPECIES**

Canine

The stomach contains shadowing ingesta. 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**

American Eskimo

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.

**SEX**

Spayed Female

**AGE**

13 Years

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**

8.8 kg

**Pancreas**

The area of 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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**Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are no overt lymph nodes visualized, but the nodular nature of the mass lesion makes it difficult to discern if there are hypoechoic irregular nodules/lymph nodes visualized in the omentum or if these are attached and bulging from the mass lesion itself. The omentum is diffusely hyperechoic.

**IMAGING PERFORMED BY**

Crystal Hill

**Other**

There is an extensive irregular nodular heterogeneous and mildly cystic mass lesion visualized in the cranial two thirds of the abdomen. It measures >11.8 cm x 6.6 cm and comes in contact with the spleen, liver, pancreas, and ileocecal junction. Based on the appearance of this mass lesion, I suspect it is arising off the left caudal aspect of the liver, but this cannot be confirmed.

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**ULTRASONOGRAPHIC FINDINGS**

**REFERRING VET**

Dr. Hess

- Large, irregular, heterogeneous/cystic cranial/mid abdominal mass – The appearance of this mass lesion is most consistent with a hepatic mass, but origination in the spleen, pancreas, cecum, etc. cannot be ruled out.

**INVOICE**

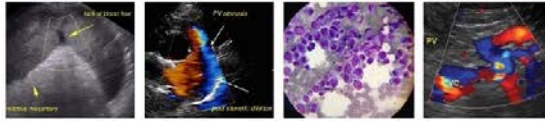
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- Hyperechoic, shadowing material visualized within the gallbladder – Findings are most consistent with sandy mineralized debris or small stones.

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- Shadowing ingesta visualized within the gastric lumen – Correlate with the feeding history and abdominal radiographs. If the patient was adequately fasted consider such differentials as delayed gastric emptying, a partial outflow tract obstruction (none seen) or ingested foreign material.



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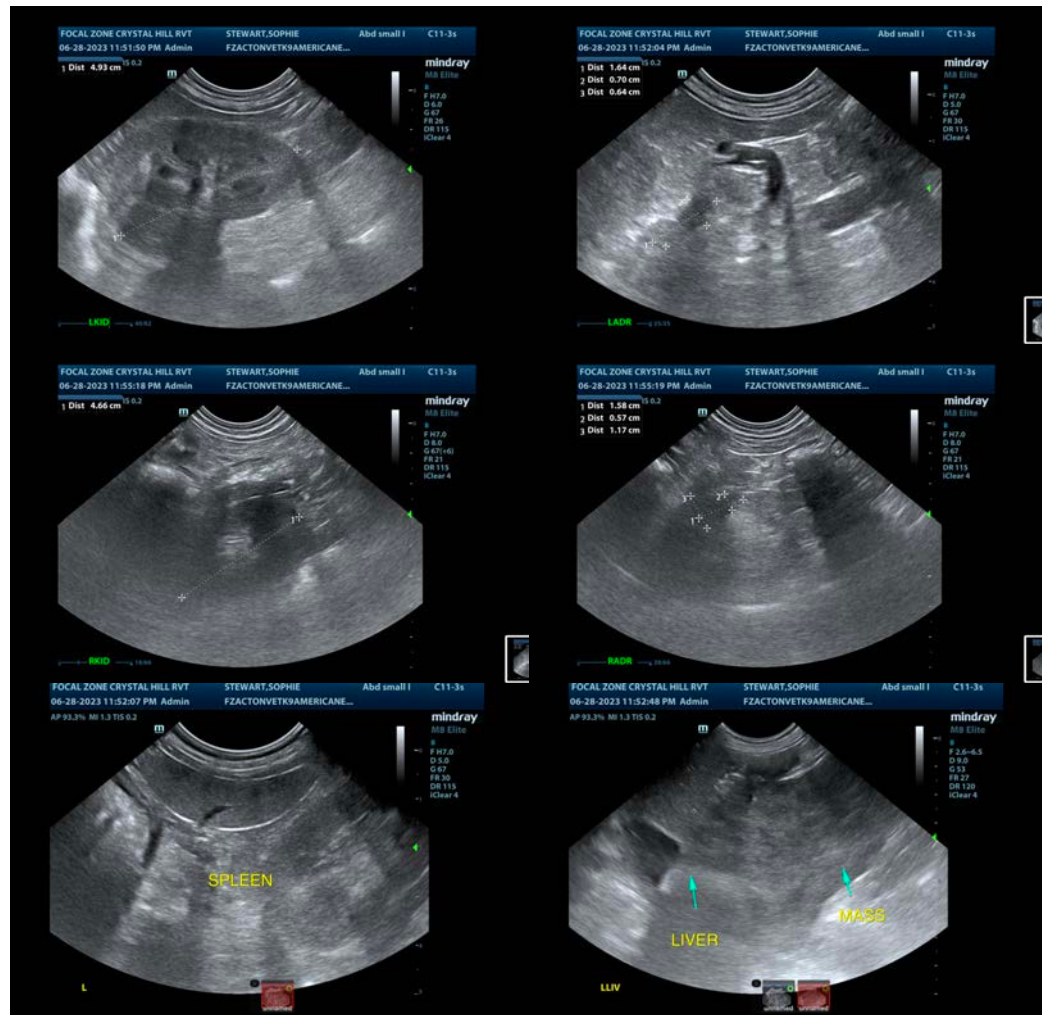
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is an extensive mass effect visualized in the abdomen that appears to extend from the cranial abdomen just caudal to the liver to the mid abdomen. This mass effect is medial to the spleen and it is somewhat cystic and heterogeneous with irregular nodular margins that sometimes have the appearance of local hypoechoic irregular nodules/lymph nodes. The appearance of this lesion is most consistent with a primary hepatic mass lesion (carcinoma, adenoma, other), although other sources such as the spleen, pancreas, cecum, etc. are also possible. Consider a fine needle aspirate of the mass lesion and a contrast CT scan to better evaluate the possible origins of the mass lesion, and consider surgical options.

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





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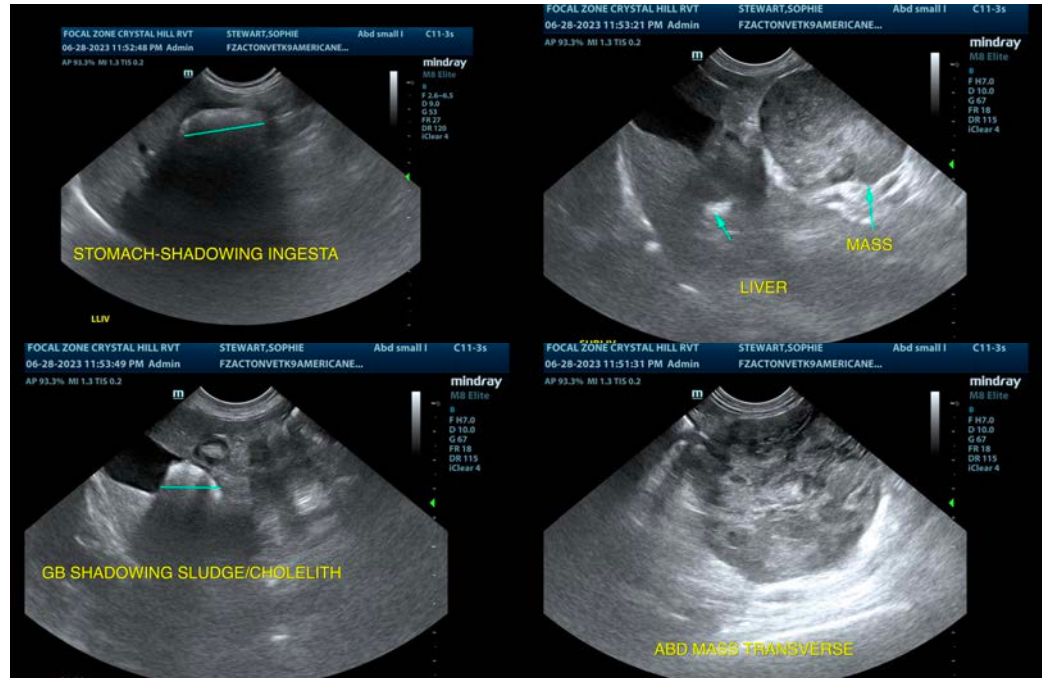
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**AGE**

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**WEIGHT**

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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.

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

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