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Clinical Sonography & Telecytology
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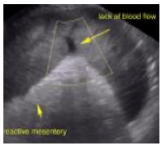
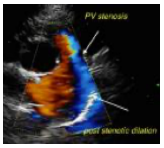
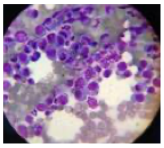
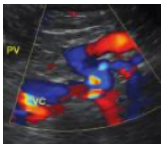

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Jannu Jonas

SPECIES

Canine

BREED

Bernese Mt Dog

SEX

Spayed Female

AGE

9.5 years

WEIGHT

99 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Emily Kirk

HOSPITAL NAME

Shiloh AH

REFERRING VET

Audra Alley

INVOICE

13778

DATE

7.21.23

PRESENTING CLINICAL SIGNS

History: History of T-Cell leukemia and liver enzyme elevations. History of histiocytic sarcoma in lineage. FAST scan performed prior to surgery for cutaneous mass. A liver mass was observed- converted to full scan.

Abnormal PE/Chem/CBC/UA Results: Mild anemia with mild nucleated red blood cells. Mild liver enzyme elevations (ALT and ALP). Lab-work attached.

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 2 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (7.68 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 (7.92 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 region of left adrenal (cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. 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. There is a left-sided cranial abdominal mass which is suspected to be hepatic origin. Splenic origin cannot be definitively ruled out (See “Liver”).

Liver

The liver is subjectively large and irregular with normal echogenicity and rounded peripheral margins. The parenchyma is heterogenous in echotexture with numerous indistinct hypoechoic, ill-defined nodules varying in size from .25-1.0cm. The visible portions of the vasculature and biliary tract appear normal. There are numerous ill-defined nodules of mixed echogenicity within the parenchyma (measuring 1.42 cm) that deviate the hepatic margins. There is a large, hypoechoic, mixed-echogenicity, complex rounded mass effect visualized in the left cranial abdomen, which has the appearance of arising from the caudal aspect of the left liver, although a splenic attachment cannot be ruled out. This lesion measures >7.58 x 7.69 cm.

The gall bladder 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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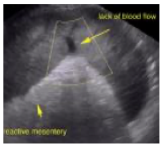
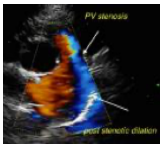
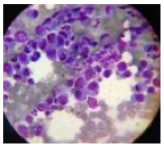
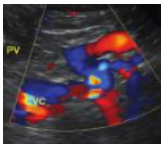

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7 cm 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 0.3-0.5 cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47 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 region 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.

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

Findings

- Large, complex, mixed-echogenicity mass effect in the left cranial abdomen. Suspect hepatic origin, but a cranial splenic lesion cannot be ruled out. Of primary concern would be a neoplastic lesion (hemangiosarcoma, carcinoma, other) although benign differentials are possible.
- Heterogenous liver with irregular nodules – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. There are numerous ill-defined nodules throughout the parenchyma. Some of these deviate the hepatic margins, increasing concern for neoplastic lesions.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, complex, mass of mixed echogenicity visualized in the left cranial abdomen, which I suspect is originating from the left caudal liver, although a splenic attachment cannot be definitively ruled out. Recommend a fine-needle aspirate. If surgical removal would be considered, recommend a contrast CT scan to confirm origination of the mass lesion, and to look for more subtle metastatic disease lesions (particularly in the liver) where there are some ill-defined nodules, many of which have the general appearance of benign lesions, although some do deviate the hepatic margins and are more concerning.

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

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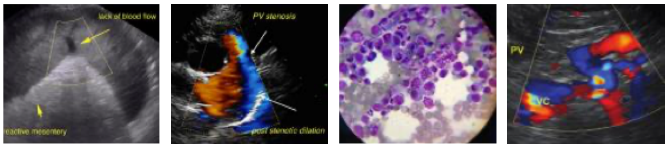

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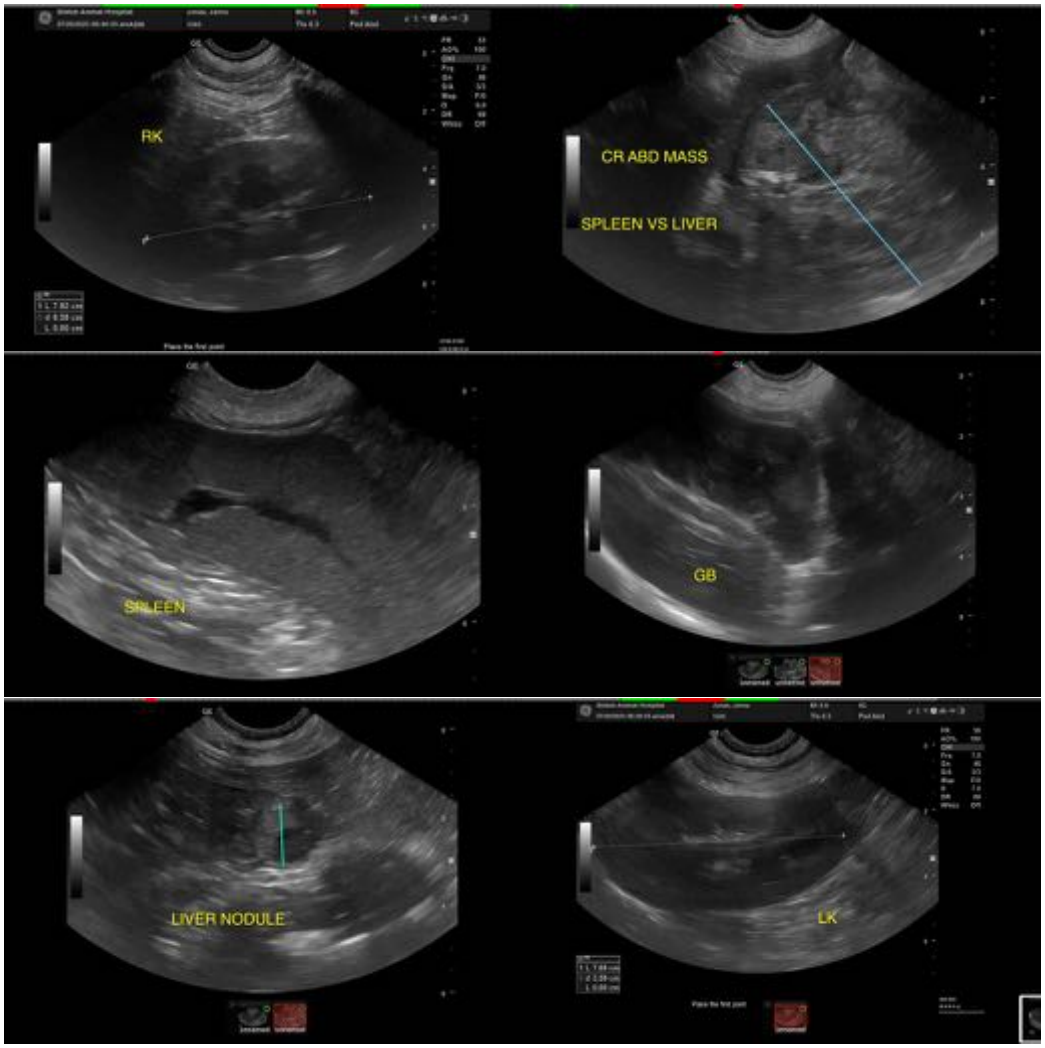

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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