**PATIENT**

Brooklyn Foley

**SPECIES**

Canine

**BREED**

Husky

**SEX**

FS

**AGE**

12 years

**WEIGHT**

57.4 lbs.

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP (Canine  
and Feline)**IMAGING  
PERFORMED BY**

Amy Mayhew LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**Kimball AH -  
Dr. Watson**INVOICE**

15919

**DATE**

1/24/23

**PRESENTING CLINICAL SIGNS**

Recently became lethargic and did not want to eat. Hematuria.  
DVM concerned with liver mass based on radiographs.

HCT 30.6, ALP >2000, ALT 984, Lipase 1928

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Left kidney small cortical cyst was present. The left kidney measured 7.6 cm in length. The right kidney measured 7.9 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia or adrenal tumors. The left adrenal gland measured 0.64 cm width in the cranial pole and 0.66 cm width in the caudal pole. The right adrenal gland measured 0.72 cm width in the cranial pole and 0.98 cm width in the caudal pole.

**Spleen**

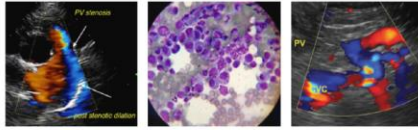
The spleen was overtly normal in size with maintained symmetrical capsule contour and generalized splenic parenchyma heterogeneity with intermittent, discrete, non-disruptive, ill-defined, nonhomogeneous parenchyma nodules. An example of a splenic nodule measured 0.89 cm diameter. Normal splenic vascularity was noted. No visualized splenic mass was present.

**Liver/ Gallbladder**

A moderately sized to large, irregular to nodular mid-liver mass extending caudally to the approximate level of the gastric axis measuring approximately 15.0 cm in diameter was present. The liver not involved with the mass exhibited normal echogenicity, moderate coarse echotexture, and evidence of parenchymal remodeling. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

No overt evidence of gastric displacement with intact gastric walls and minor retained ingesta. No evidence of mechanical pyloric outflow obstruction was noted.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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***Pancreas***

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, consistent with age-related pancreatic changes and incidental. No signs of active inflammation or neoplasia.

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***Free Abdomen***

Scant free fluid was noted in the left lateral abdomen adjacent to the spleen. No omental masses or overt lymphadenopathy was visualized.

**SEX**

FS

**ULTRASONOGRAPHIC FINDINGS****AGE**

12 years

***Primary Findings***

- Moderately sized to large, expansive, irregular to nodular liver mass
- Heterogeneous spleen exhibiting discrete nondisruptive nonhomogeneous ill-defined nodules
- Moderate chronic renal changes with intermittent small cortical cysts
- Sonographically unremarkable urinary bladder
- Scant peritoneal free fluid

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling is required for further assessment, the liver mass is most consistent with neoplastic criteria with benign etiologies such as hyperplasia, hematopoiesis, granuloma, or similar possible yet thought less likely.

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Amy Mayhew LVT

The splenic changes were more nonspecific with considerations including hyperplasia, hematopoiesis, and incidental splenitis, while the possibility of emerging discrete primary or metastatic nodular criteria cannot be excluded. Further assessment may include hepatic mass and splenic parenchyma FNA cytology (assuming normal clotting status and using a 25-gauge needle).

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Subjectively, the hepatic mass does not appear to be amendable to complete surgical resection, given its size and involvement of more than one liver lobe. Given that the patient is currently stable, with an assumed normal appetite, continued palliative Prednisone and as-needed supportive care would be reasonable. Humane euthanasia would be recommended if a decline in clinical status, i.e., inappetence, progressive peritoneal free fluid, or similar clinical signs are noted.

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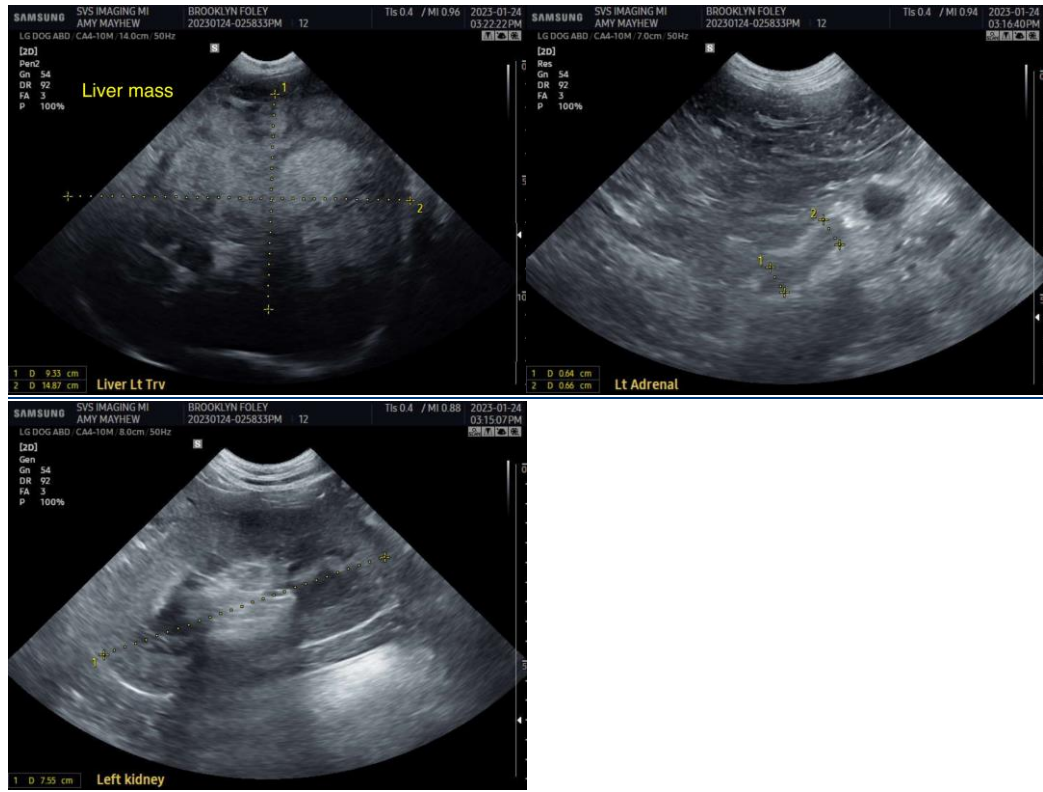
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com