**PATIENT**

Mookie Skoglund

**SPECIES**

Canine

**BREED**

Victorian Bulldog

**SEX**

SF

**AGE**

8 years

**WEIGHT**

58 lbs.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Christine  
Skoglund

**INVOICE**

20771

**DATE**

1/25/23

**PRESENTING CLINICAL SIGNS**

Inappetence to complete anorexia. Lethargy. Vomiting and regurgitation. Coughing. Inspiratory crackles.

Abnormal PE/Chem/CBC/UA Results: 01/21/23 inspiratory pop and crackles. When listen near nose can hear what sounds like crinkled tissue paper. Started on Cerenia 2mg/kg PO SID and enrofloxacin 5mg/kg PO SID 01/23/23: PLT 153 (170-400), RBC 4.5 (4.8-9.3), hemoglobin 11.4 (12.1-20.3), MCV 82 (58-79), WBC 16.4 (4-15.5), neutrophilia 12,464 (2,060-10,600), monocytosis 984 (0-840), amylase 1,282 (290-1,125) Right cranial abdominal mass effect on rads. Hemangiosarcoma diagnosed 11/2021 from splenic mass. Chemotherapy 12/2022-04/2022. So very possible this is return of hemangiosarcoma. Last rads 08/2022 did not show this right cranial abdominal mass effect. Operable?

**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 calculi or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No evidence of medial iliac or sublumbar lymphadenopathy.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.4 cm in length. The right kidney measured 6.4 cm in length.

**Adrenal Glands**

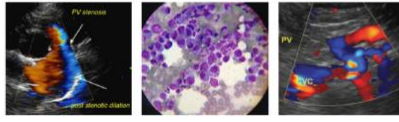
The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.9 cm length x 0.73 cm width in the caudal pole. The right adrenal gland measured 1.9 cm length x 0.48 cm width in the caudal pole. No evidence of adrenal tumors.

**Spleen**

The spleen was not visualized owing to previous splenectomy. No overt pathology in the area of the spleen.

**Liver/ Gallbladder**

The left liver, extending into the mid liver, exhibited overtly normal size and symmetrical capsule contour. Generalized mild parenchymal remodeling was noted with moderate coarse echotexture. A large to expansive nonhomogenous mass was noted, occupying the majority of the right caudate liver, measuring at least 15 cm in diameter. The mass distorted the associated hepatic capsule. The mass was located within the area of the portohepatis and adjacent to major cranial abdominal vasculature. Subjective separate yet adjacent, similar appearing, mildly expansive intraparenchymal liver nodule was present in the deep mid liver, measuring 4.2 cm in diameter.

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The gallbladder was non-distended in size with anechoic content and mild gallbladder debris. The cystic and common bile ducts were normal.

***Gastrointestinal*****SPECIES**

Canine

The stomach presented intact mildly prominent wall layering. The lumen of the stomach contained a mild amount of mild amount of variably echogenic nonshadowing ingesta/chyme.

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.

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

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***Pancreas***

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

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***Free Abdomen***

No peritoneal effusion or overt lymphadenopathy was present, although the possibility of hepatic lymphadenopathy obscured by the right to caudate liver mass is possible. Regional perihepatic mild nonuniform hyperechoic mesentery was noted.

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**ULTRASONOGRAPHIC FINDINGS**

- Large expansive nonhomogenous right to caudate liver mass, concurrent separate similar appearing intraparenchymal nodule in the deep mid liver.
- Mild gallbladder debris (non-mucocele)
- Mildly prominent yet intact gastric walls with variably echogenic nonshadowing gastric ingesta
- Mild age-related renal/adrenal changes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling is required for further assessment, the right to caudate liver mass, and concurrent mid liver intraparenchymal nodule is strongly suggestive of primary or likely metastatic criteria given the patient history. Benign etiology for both the hepatic mass and nodule are possible yet thought less likely. Regardless, the large right to caudate liver mass does not appear to be amendable to complete surgical resection given its location adjacent to the portohepatis and likely involved in one than one liver lobe. Assuming normal clotting status, FNA cytology could be considered for further assessment and possible oncology consult.

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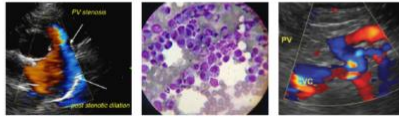
Sonographically, the appearance of the stomach may suggest mild gastritis and metabolic gastric hypomotility. The possibility of early gastric infiltrative neoplasia is thought less likely yet cannot be definitively excluded. Empirical therapy for gastritis/esophagitis is recommended.

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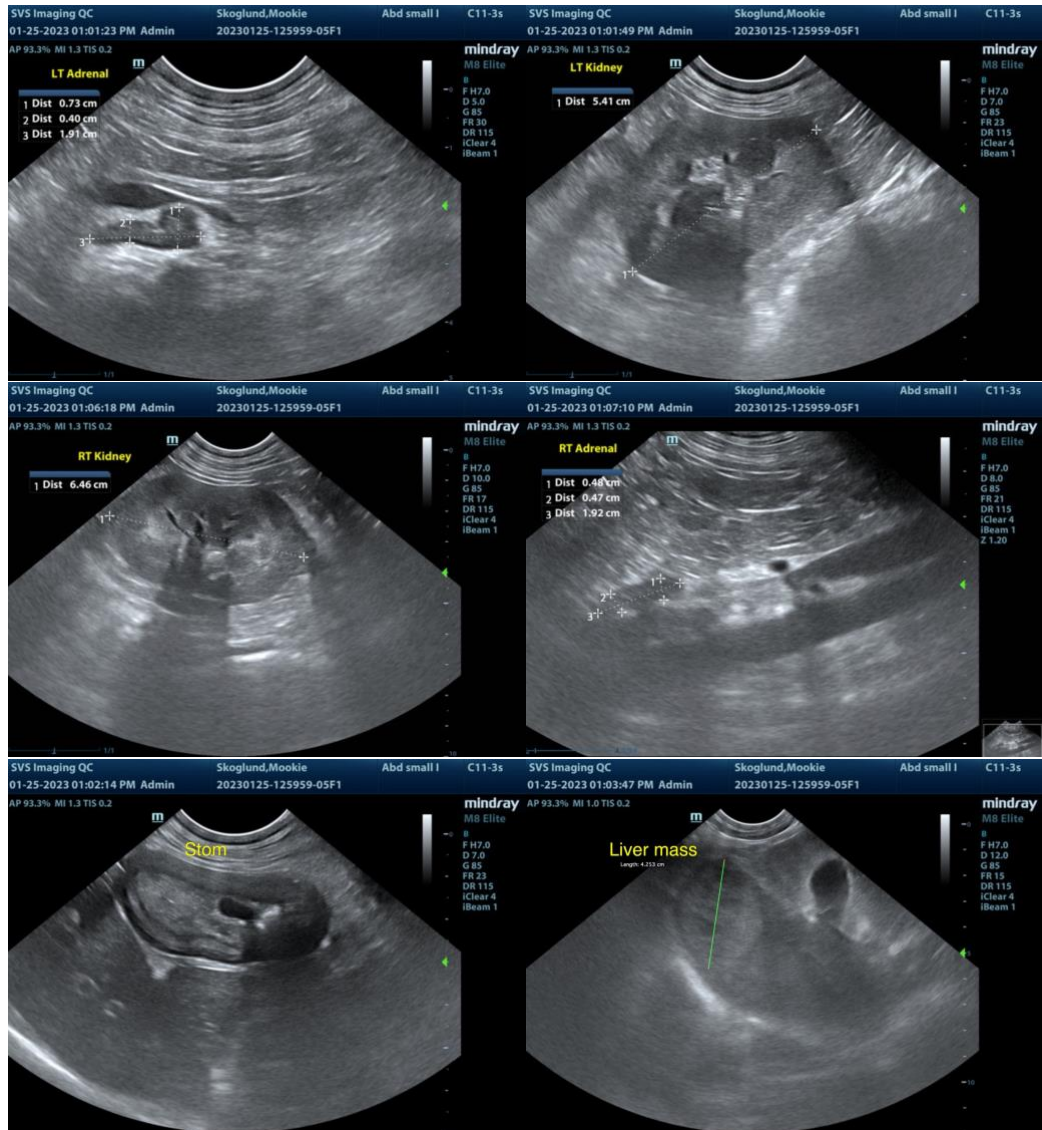
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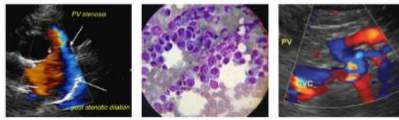
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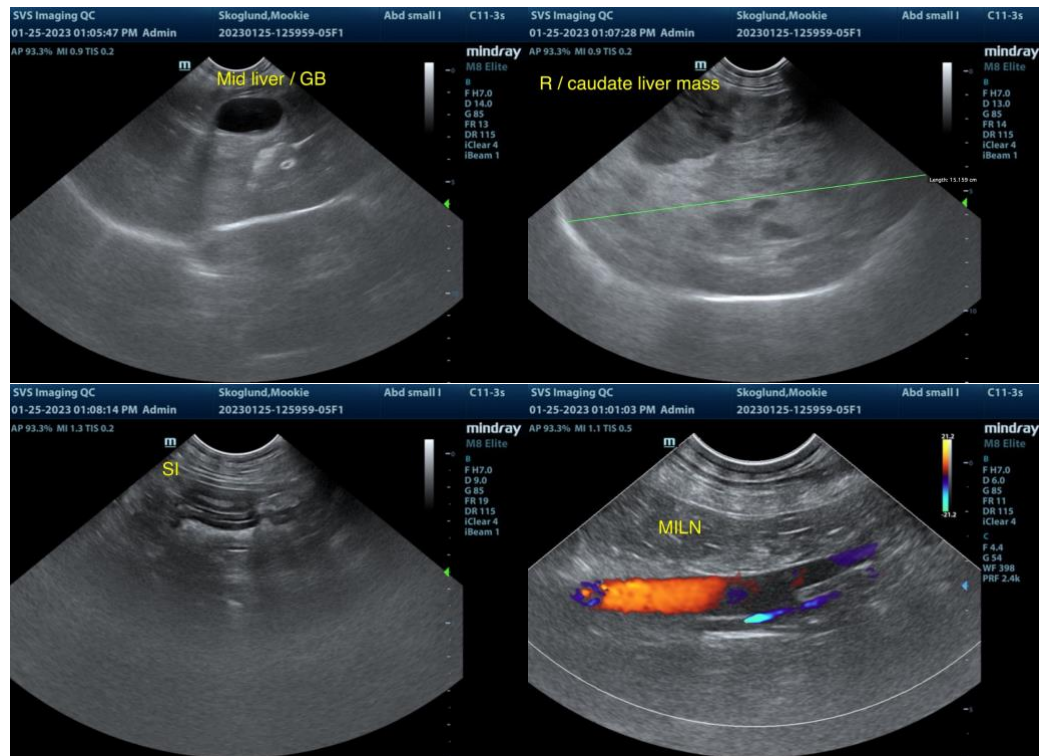
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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