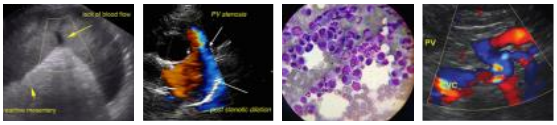

PATIENT

Shadowfax Rice

SPECIES

Canine

BREED

Border Collie Mix

SEX

Spayed Female

AGE

7 Years

WEIGHT

66 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr. Bretschneider

INVOICE

13641

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1/26/22

PRESENTING CLINICAL SIGNS

History: seen at EVH 1/7/22. was very sick. full work up with blood work and ultrasound, IV fluids, antibiotics , etc. On ultrasound they found that the liver was abnormal. They could not tell if it was an abscess or neoplasia. Dog has responded very well to antibiotics and is doing amazingly well

Abnormal PE/Chem/CBC/UA Results: elevated liver values, otherwise normal Current Medications clavamox continuially for 3 weeks Ultrasound report: this is the ultrasound report from the emergency hospital from 1/7/22 Ultrasound- Urinary bladder is moderately full of anechoic urine with a normal thickness wall. Left kidney is 6 cm long with mild decrease cortical medullary distinction. Left adrenal is 4 mm wide. Spleen is normal size shape and texture.. Liver is mildly enlarged with the diffuse slightly hypoechoic texture. Gallbladder contains a moderate amount of anechoic bile with a normal thickness wall. Right kidney is 7 cm long with similar internal architecture as the left kidney. Right adrenal is 5-8 mm wide. Duodenum walls are normal thickness with normal layering ratios. Pancreas-Caudal to the liver in the middle of the abdomen is a large (9 x 9 x 10 cm) moderately irregularly textured hypoechoic mass occupying the region of the pancreas. Within this mass there are some areas that have slightly more hypoechoic to anechoic texture probably representing an abscess. This opacity is in contact with the liver and could potentially be arising from the papillary process of the liver. No normal pancreas can be identified. Stomach walls are mildly to moderately thickened. Small intestines walls are normal thickness with normal layering ratios.. Lymph nodes are normal size and texture around the iliac vessels. Conclusions: there is a large (9 x 10 cm) irregularly textured mass caudal to the liver that may be arising from the papillary process, however, this could also represent a large pancreatic granuloma with an abscess. The remainder of the liver has relatively normal echo texture. No masses were noted in the spleen. Both kidney show mild changes consistent with mild chronic renal disease. The stomach walls are mildly to moderately thickened which indicate some inflammation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

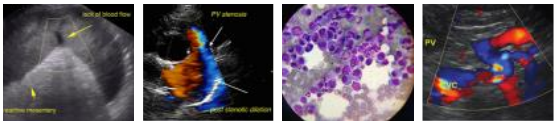
The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.9 cm in length. The right kidney measured 7.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.64 cm width at the caudal pole and 0.57 cm width at the cranial pole.



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The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.57 cm width at the caudal pole and 0.62 cm width at the cranial pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The visualized mid to deep liver, adjacent to the diaphragm, exhibited normal echogenicity with mild to moderate coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained anechoic fluid. The stomach appeared to be displaced caudally owing to the cranial abdominal mass. No evidence of significant gastric distention with ingesta or overt foreign material. The ventral gastric body wall measured 0.45 cm.

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. The jejunum wall measured 0.40 cm.

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

Pancreas

The pancreas was not definitively visualized owing to the presence of the cranial abdominal mass.

Free Abdomen

Large nonhomogeneous mass, occupying the cranial abdomen, directly caudal to and subjectively effacing the caudal aspect of the left mid and right liver. The mass measured approximately 9.0 cm in diameter. The mass exhibited non-homogeneous to hypoechoic parenchyma, including intramass cyst-like lesions and focal areas of hyperechoic parenchyma, which may indicate areas of potential emerging mineralization or fibrosis. Subtle evidence of peripheral reactive mesentery was present. No evidence of peritoneal effusion present. The mass did not appear to obscure bile outflow or impinge upon the gallbladder or overtly on the common bile duct.

ULTRASONOGRAPHIC FINDINGS

- Cranial abdominal non-homogeneous to cystic mass, directly caudal and effacing the liver and within the area of the pancreas
- Minor age-related renal changes

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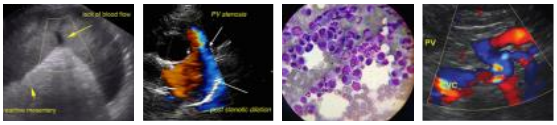

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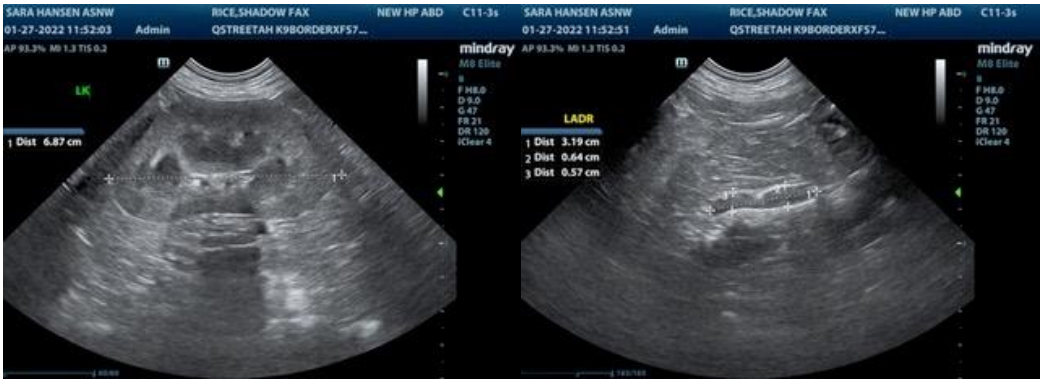
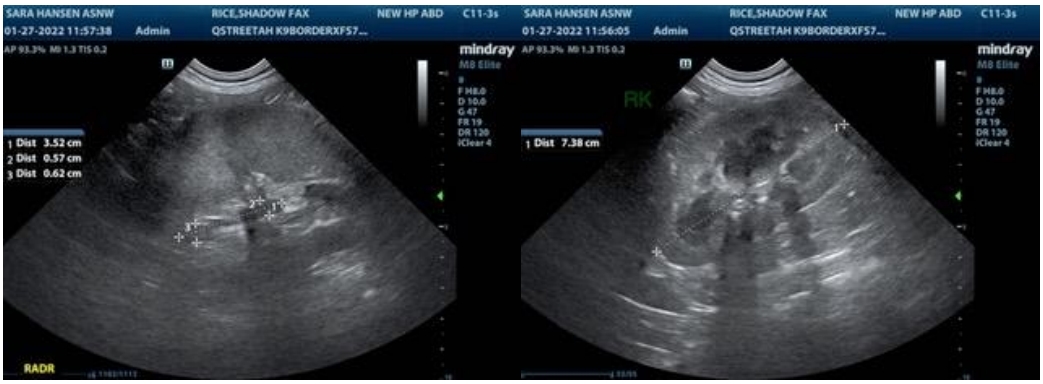
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given similar echogenicity between the discernable liver and mass parenchyma, hepatic origin of the mass, in the face of elevated hepatic enzymes, is primarily suspected, although potential for non-hepatic origin, such as pancreatic origin or other, cannot be definitively excluded. Considerations may include neoplasia or granuloma with intramass cysts or potential areas of necrosis, consolidated abscess or other. Assuming normal clotting status, ultrasound guided FNA of the mass, for screening cytology +/- tissue culture and sensitivity could be considered. The mass appears to be displacing the stomach caudally, potentially resulting in inappetence or vomiting if these clinical signs have been noted.

In this case, abdominal CT for further assessment and surgical planning (if surgical options are a possibility) is recommended. Three-view chest radiographs are suggested, if not done.





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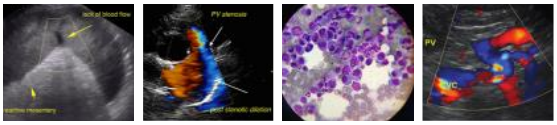

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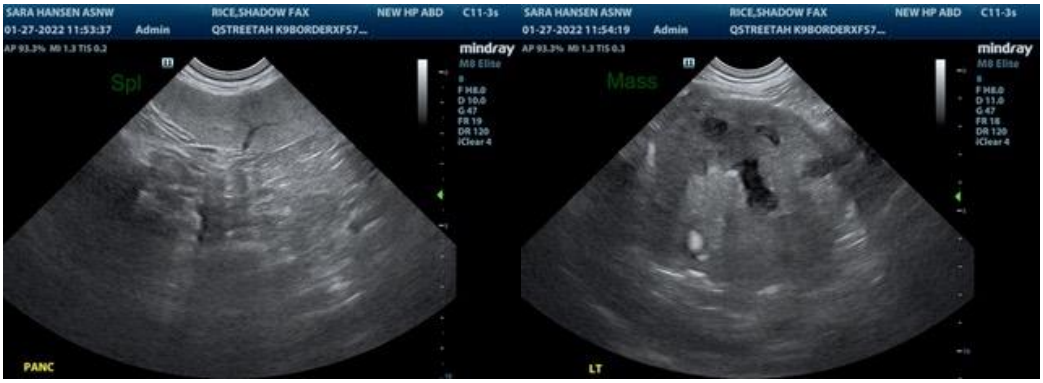

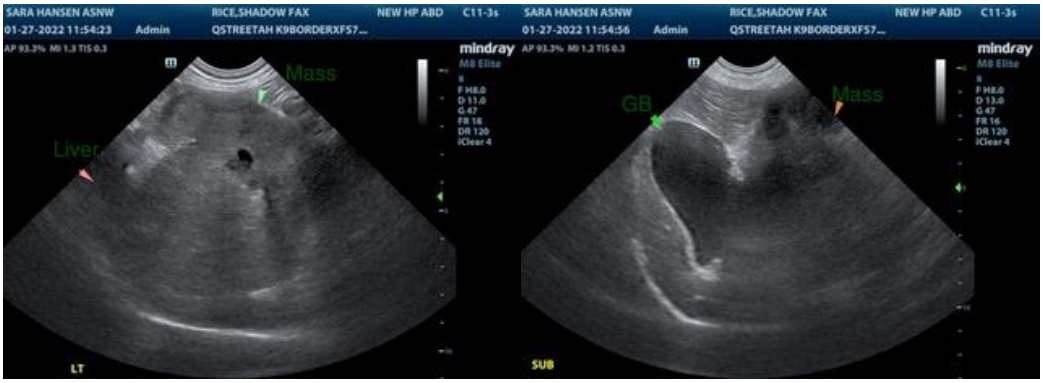

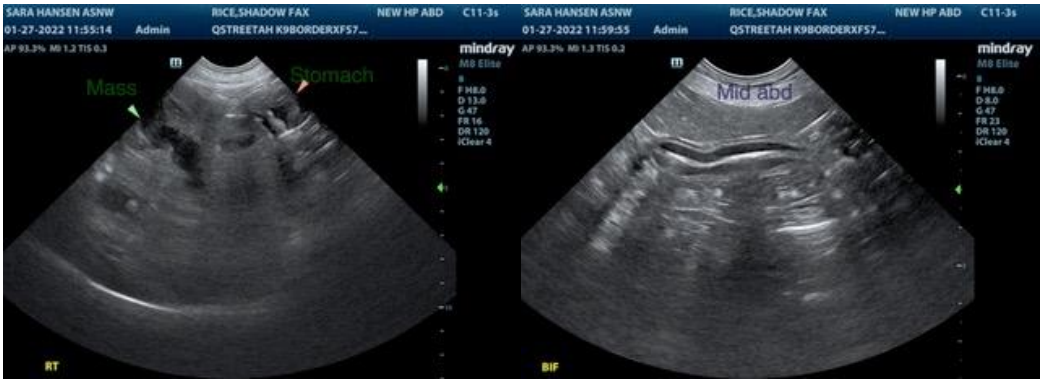

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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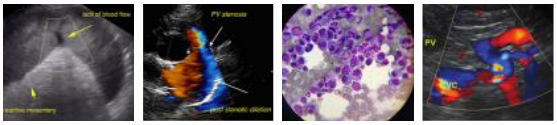

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