

PATIENT

Jixer Craven
Emp Pet
Recheck

SPECIES

Canine

BREED

Lab X

SEX

MN

AGE

13 years

WEIGHT

62 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr. Brouillette

INVOICE

12977

DATE

1/6/22

PRESENTING CLINICAL SIGNS

Referring veterinarian: Dr. Brouillette Patient's name: Jixer Hospital name: BGVH Owner's first and last name: Cassie Craven Species: Canine Gender(altered?) MN Age: 13y Weight in #: 62.2 Breed: Lab X History: elevated liver enzymes and proteinuria; previous abdominal u/s performed on 09/03/20 demonstrated mild, generalized hepatic enlargement with a 4.4 cm diameter nodular hepatic mass noted. Patient is currently taking 300 mg ursodiol PO SID, Denamarin and Forti Flora. Patient was diagnosed with systemic hypertension on 09/29/21 and is currently being treated with 25 mg Benazepril PO SID. BP performed on 12/20/21 indicated patient was normotensive. Proteinuria has worsened. Physical exam findings: mildly underweight; otherwise unremarkable PE Abnormal CBC values: Mild thrombocytosis @ 483,000/uL , all other values WNL Abnormal Chemistry Values: elevated TP @ 7.6 g/dL, elevated ALT @ 203 IU/L, marked elevation of ALP @ 4,872 IU/L, elevated GGT @ 26 IU/L, mild elevation of calcium @ 11.5, CPK low @ 58 IU/L, mild thrombocytosis @ 483,000/uL, T4 WNL @ 1.6 ug/dL Abnormal UA Values: urine SpGr WNL @ 1.034, urine pH mildly elevated @ 7.5, 4+ proteinuria; UPC 3.0 Reason for Ultrasound: Elevation of ALT, ALP and GGT and persistent significant proteinuria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.96 cm in diameter.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. The left kidney measured 6.8 cm in length. The right kidney measured 7.3 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 0.62 cm width in the cranial pole and 1.0 cm width in the caudal pole. The right adrenal gland measured 0.64 cm width in the cranial pole and 0.74 cm width in the caudal pole. Both adrenal glands exhibited a static appearance compared to the previous ultrasound.



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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/ Gallbladder

Sonographic assessment of the liver revealed a moderately-sized to large, nonhomogeneous to mildly mixed echogenic mass lesion appearing to occupy the majority of the mid to left liver, yet also visualized mildly on right liver views dorsal to the gallbladder. The mass measured approximately 9.0-10.0 cm in diameter with secondary distortion of the caudal hepatic capsule. Subtle areas of cystic component were noted within the mass. No evidence of parenchymal mineralization was noted. Normal appearing hepatic parenchyma was present in the deep, mid, left and right liver. The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

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.

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Nonhomogeneous to mixed echogenic liver mass
- Mild gallbladder debris (non-mucocele)
- Minor chronic renal changes
- Sonographically unremarkable urinary bladder



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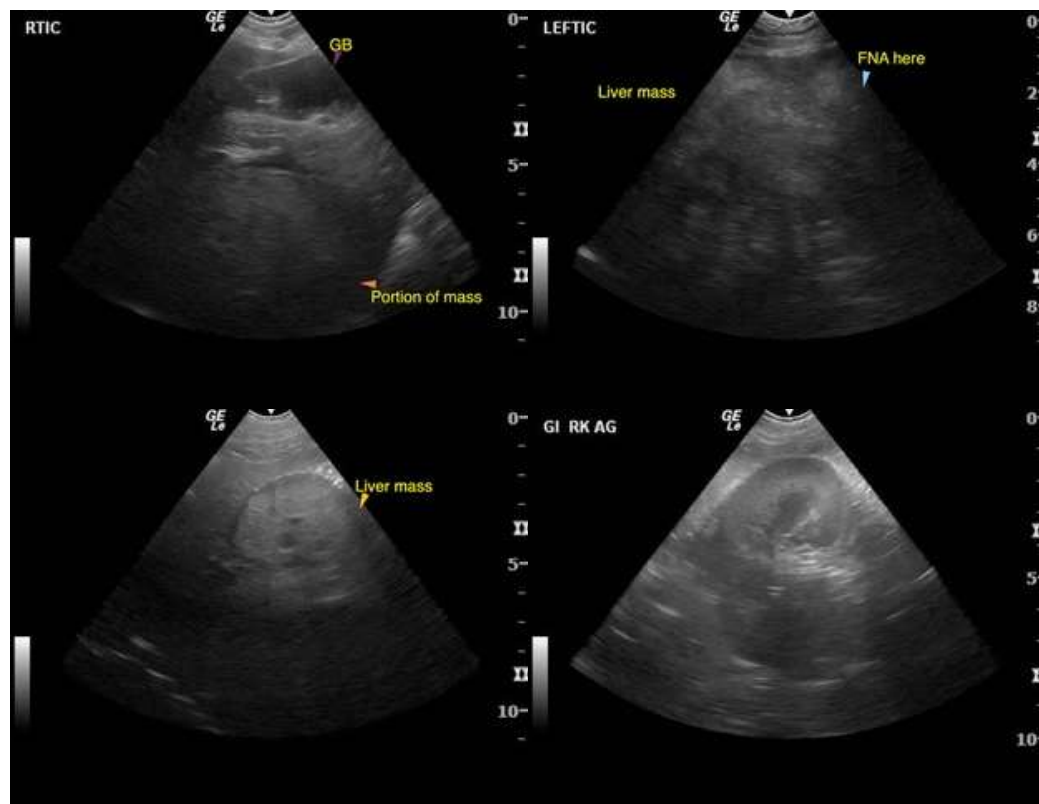
Dr. Brouillette

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, the previously noted nodular mass lesion has progressed into a large, nonhomogeneous to mixed echogenic mass subjectively and primarily involving the left to mid liver but also extending into the right liver dorsal to the gallbladder. Given the change and the size of the previously noted nodular mass lesion, neoplastic process such as adenocarcinoma or other is considered likely.

Assuming normal clotting status, ultrasound-guided FNA of the liver mass could be considered for screening cytology. Continued hepatosupportive medications including Ursodiol, given the presence of mild gallbladder debris, is recommended.

If persistent proteinuria despite ACE inhibitor medication, angiotensin receptor blocker medication could be considered.



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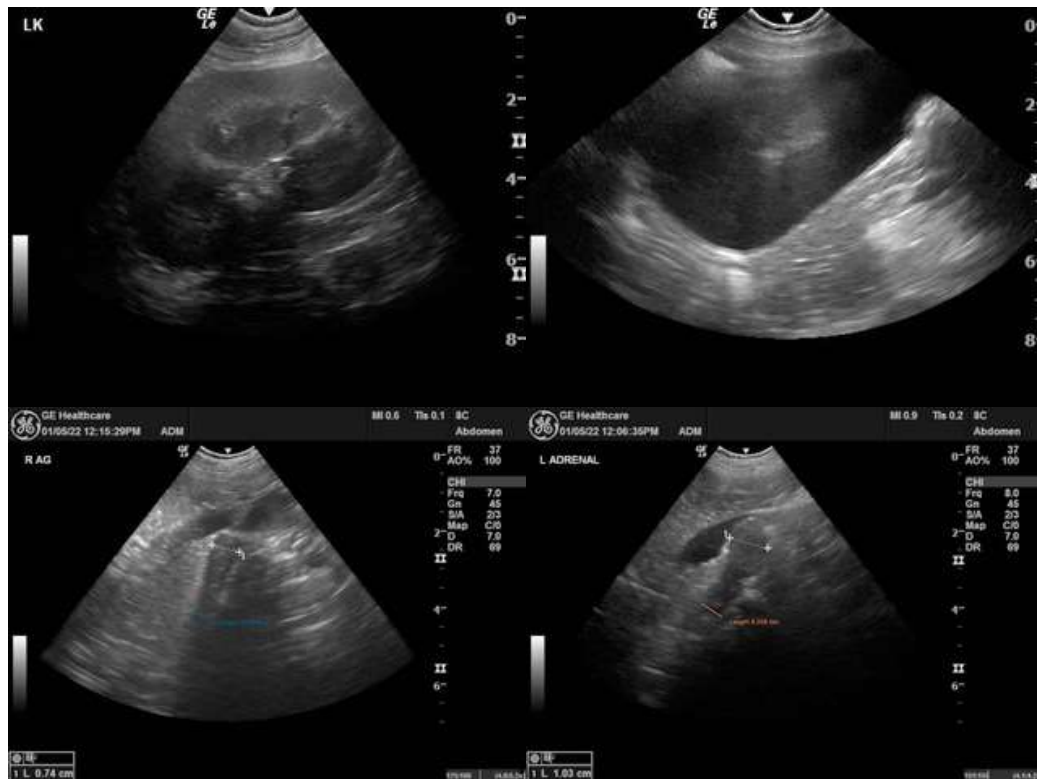
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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