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Clinical Sonography & Telecytology
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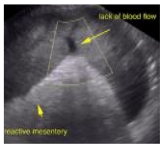

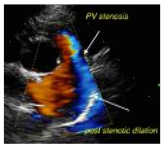

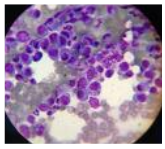
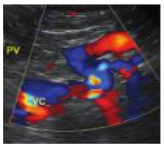

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Oreo Jackson

SPECIES

Canine

BREED

Labrador Retriever

SEX

F/S

AGE

12 years

WEIGHT

25.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk RDMS, RDCS

HOSPITAL NAME

Alpine 20/7

REFERRING VET

Dr. Sasa Karagic

INVOICE

15280

DATE

10/27/22

PRESENTING CLINICAL SIGNS

Anorexia. Pyrexia. Vomiting.

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 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 6.9 cm in length. The right kidney measured 6.5 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 0.72 cm width at the caudal pole and 0.61 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

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

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Focal to possible intermittent mildly expansive nonhomogeneous intraparenchymal nodule to nodules were present with an example measuring 2.6 cm in diameter. 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 wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. No evidence of gastric distention with retained ingesta or fluid. Potential mild gastric displacement secondary to the cranial abdominal mass is possible.

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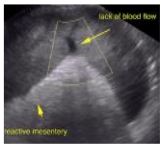

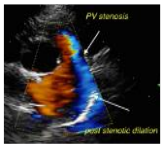

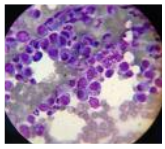
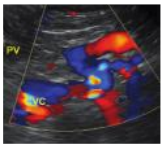

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The visualized segments of small intestine were sonographically normal.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

A moderately sized irregular nonhomogeneous mass was present in the cranial abdomen, which appeared to directly efface the caudal aspect of the liver and within the area of the pancreas. The mass did not appear to definitively originate from the upper gastrointestinal tract. Mildly hyperechoic surrounding peripheral mesentery was noted. No overt evidence of peritoneal free fluid or significant lymphadenopathy were present.

ULTRASONOGRAPHIC FINDINGS

- Irregular nonhomogeneous cranial abdominal mass
- Hepatic parenchymal remodeling with focal to potential intermittent nonhomogeneous mildly expansive intraparenchymal nodule / nodules
- Overtly normal gastrointestinal tract with potential mild gastric displacement secondary to the cranial abdominal mass
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the cranial abdominal mass is consistent with neoplastic criteria and suspected hepatic origin. Non-neoplastic etiology for the mass, as well as non-hepatic origin i.e., pancreatic origin or other, are considered less likely. The hepatic intraparenchymal nodules, although nonspecific and potentially indicative of areas of benign hyperplasia, hematopoiesis, lipogranuloma, or similar, are concerning for hepatic / intrahepatic metastasis.

Assuming normal clotting status, FNA cytology of the mass +/- hepatic nodule, if accessible, is recommended for further clarification and potential for an oncology consult. Abdominal CT is likely ideal, given this presentation if possible. Three-view chest radiographs are suggested.

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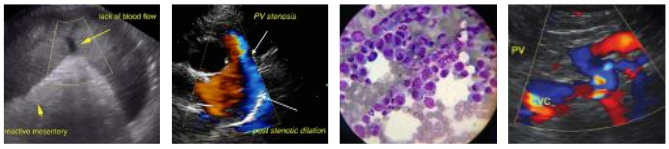

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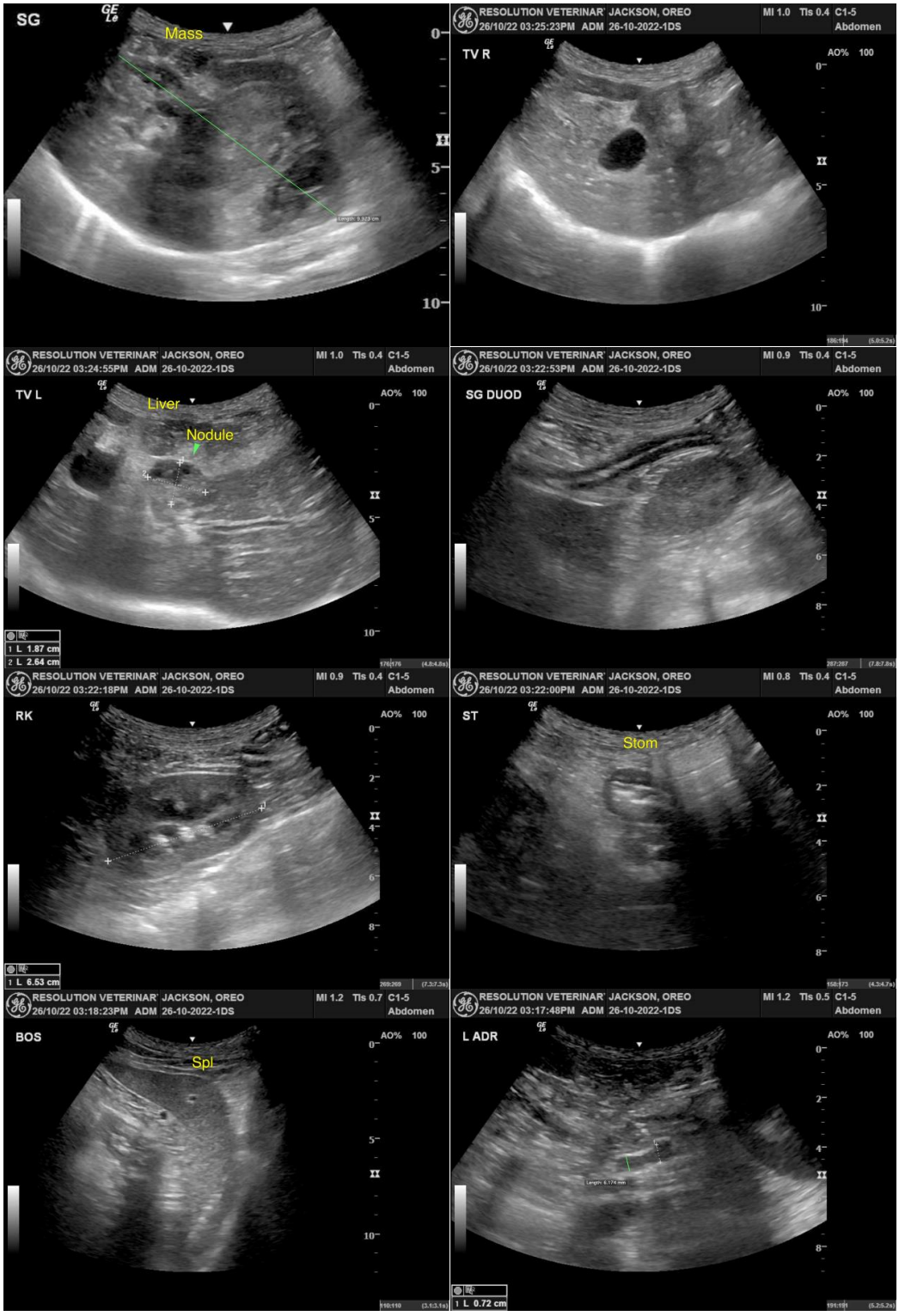

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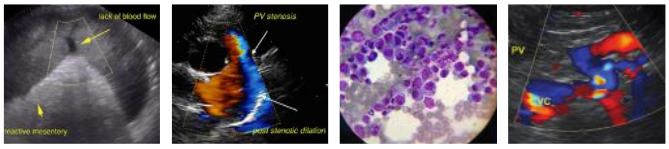

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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