



PATIENT

Jock Faulkner

SPECIES

Canine

BREED

Scottish Terrier

SEX

MN

AGE

11 years

WEIGHT

11.5 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Sarah Barthelemy

HOSPITAL NAME

Legacy VC

REFERRING VET

Dr. Flaig

INVOICE

15120

DATE

10/6/22

PRESENTING CLINICAL SIGNS

Presented for polydipsia, panting, shaking, ADR.

Abnormal PE/Chem/CBC/UA Results: Elevated ALT 817, ALP 1649, mild amylase and lipase elevation. USG 1.010. Hct mildly reduced at 36%. Non-regenerative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral pinpoint medullary mineral was noted. The left kidney measured 5.2 cm in length. The right kidney measured 5.8 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 0.56 cm width at the caudal pole and 0.59 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 cm width at the caudal pole and 0.44 cm width at the cranial pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

The liver exhibited mild generalized enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. A large, expansive, nonhomogeneous, mixed echogenic to hyperechoic mass was present in the right lateral to caudate liver measuring at least 10.0 cm in diameter. The mass distorted the associated hepatic capsule. Potential secondary gastric or upper gastrointestinal displacement is possible. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with echogenic, nonmineralized, non-dependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation.



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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 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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Nonhomogeneous right lateral to caudate liver mass
- Early / partial gallbladder mucocele
- Bilateral mild chronic renal changes with minor medullary mineral
- Heterogeneous pancreas - age-related / patient variant with minor benign remodeling, potential for low-grade to chronic pancreatitis possible
- Sonographically normal bilateral adrenal glands - no evidence of adrenomegaly or tumors

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the liver mass was most suggestive of neoplastic criteria such as carcinoma or other.

Screening FNA cytology of the mass is recommended for further clarification. Subjectively, the mass may not be amenable to complete surgical resection, given its location potentially in the area of the portal vein and porta hepatis.

Abdominal CT for further assessment and determination of potential surgical resectability could be considered. Three-view chest radiographs are suggested if not done.



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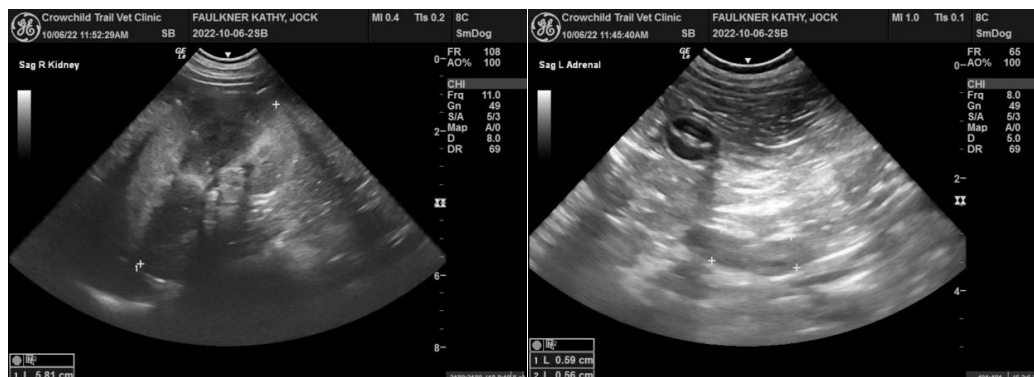
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com