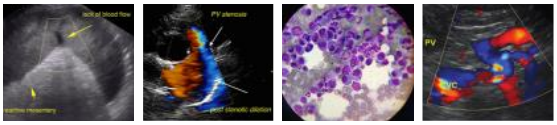

PATIENT

Lucy Taylor

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

12 Years

WEIGHT

71 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Amazon Park AC

REFERRING VET

Dr. Jones

INVOICE

18903

DATE

11/30/22

PRESENTING CLINICAL SIGNS

History: Reduced energy for a week, appetite similar. In the last 24 hours, has become worse. Exam is unremarkable, no weight loss. Radiographic Findings Grossly enlarged liver silhouette, cranial abdomen has poor detail. Will email radiographs. Primary Question/Differential to Be Answered in This Exam What is causing abnormal appearance to the liver?

Abnormal PE/Chem/CBC/UA Results: ALT >1000, Amylase 1695, rest WNL

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 were noted. Aortic trifurcation was normal.

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 6.7 cm in length. The right kidney measured 7.6 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 2.5 cm in length x 0.67 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.4 cm in length x 0.51 cm width at the caudal 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 liver exhibited generalized enlargement, primarily secondary to large expansive nonhomogeneous to mixed echogenic mass involving the subjective majority of the mid to left liver, extending caudally to the approximate level of the gastric axis. Focal cystic components in the ventrocaudal aspect of the liver mass may potentially indicate intramass cyst, hemorrhage or potential necrosis. The mass measured approximately 13.0 cm in diameter but likely larger as the entire mass would not fit into a single viewing window. Associated asymmetrical hepatic capsular distortion was noted. The hepatic parenchyma not involved with the mass exhibited evidence of parenchyma remodeling and moderate coarse echotexture.

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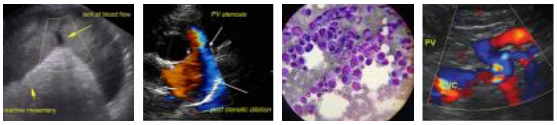

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

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The gallbladder was normal in size containing anechoic content with very minor echogenic luminal debris. Caudal displacement of the gallbladder secondary to the mass was noted. 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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. This is likely consistent with age-related pancreatic changes and incidental, potential for low grade to chronic pancreatitis is possible yet though less likely.

Free Abdomen

Regional perihepatic hyperechoic mesentery was noted. No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Large nonhomogenous to mixed echogenic, focally cystic liver mass
- Mild age-related kidneys
- Normal spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the liver mass is sonographically consistent with neoplastic criteria with nonneoplastic etiologies, i.e., inflammation, granuloma, hyperplasia, hematopoiesis, considered less likely. Screening hepatic FNA cytology could be considered. Subjectively, given the size of the mass, likely involvement of more than one liver lobe and potential extension into the area of the portohepatis, complete surgical resectability of the mass is likely precluded. Three view chest radiographs are recommended.

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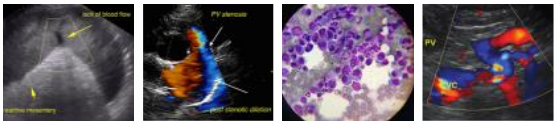

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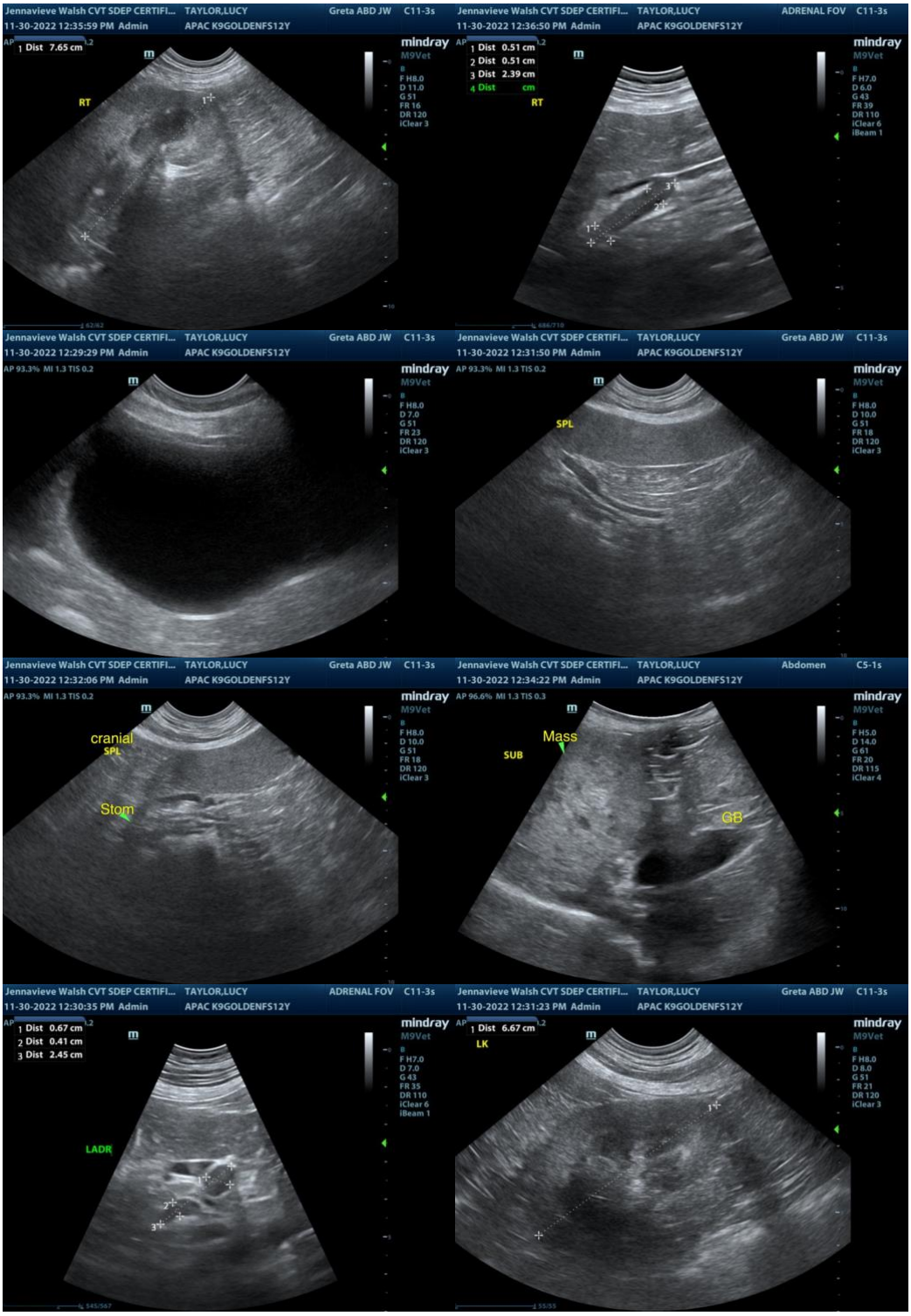

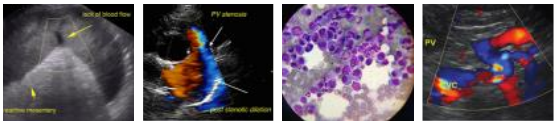

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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