



PATIENT

Echo Leder

SPECIES

Canine

BREED

Jack Russell

SEX

Spayed Female

AGE

13

WEIGHT

11.68

INTERPRETED BY

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

IMAGING PERFORMED BY

Cassidy Braverman,
LVT

HOSPITAL NAME

Bush AH

REFERRING VET

Dr. Beyerwick

INVOICE

20108

DATE

12/15/22

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: Weight loss, agitation/anxiety
Abnormal PE/Chem/CBC/UA Results: Lab Findings: ALT 1305, ALP 1235, GGT 18 - remainder WNL

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. Aortic trifurcation was normal.

Normal size and margination were present in the left kidney. 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 3.6 cm in length. Pinpoint medullary mineral was noted.

The right kidney was not definitively visualized. Potential significant subnormal right kidney size or right renal agenesis possible.

Adrenal Glands

No overt pathology in the area of the left adrenal gland.

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

Generalized hepatomegaly was noted, exhibiting areas of ventral and caudal asymmetrical hepatic capsule contour. Subjective moderately sized, irregular, mixed echogenic, mildly nodular intraparenchymal mass involving the left to mid liver with potential extension into the area of the gallbladder or portohepatis was present. The mass appeared to extend somewhat ventrocaudally, potentially just distal to the gastric axis with possible mild gastric displacement.

The gallbladder was normal in size without evidence of distention or posthepatic obstruction. Mild congealed echogenic debris was present. No evidence of peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

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.



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

Echo Leder **Pancreas**

SPECIES 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 was evident.

Canine

Free Abdomen

BREED No overt lymphadenopathy or peritoneal effusion was present.

Jack Russell

ULTRASONOGRAPHIC FINDINGS

SEX

- Irregular to mixed echogenic liver mass
- Gallbladder debris (non-mucocele)
- Mild age-related left kidney exhibiting pinpoint medullary mineral
- Sonographically unremarkable gastrointestinal tract

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Although sampling is required for further assessment, the liver mass is most suggestive of a neoplastic criteria, i.e., adenocarcinoma or other. Benign etiologies, such as significant hyperplasia, hematopoiesis, granuloma or similar is possible yet thought less likely. FNA cytology of the liver mass is warranted for further assessment and potential for oncology consult. Complete surgical resection of the liver mass is subjectively precluded given its size and likely involvement of more than one liver lobe.

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As needed gastrointestinal support is recommended. If gastrointestinal signs are present, a GI panel to include PLI/TLI/Cobalamin/Folate, as well as three view chest radiographs to rule out pathology as a contributing factor may be considered.

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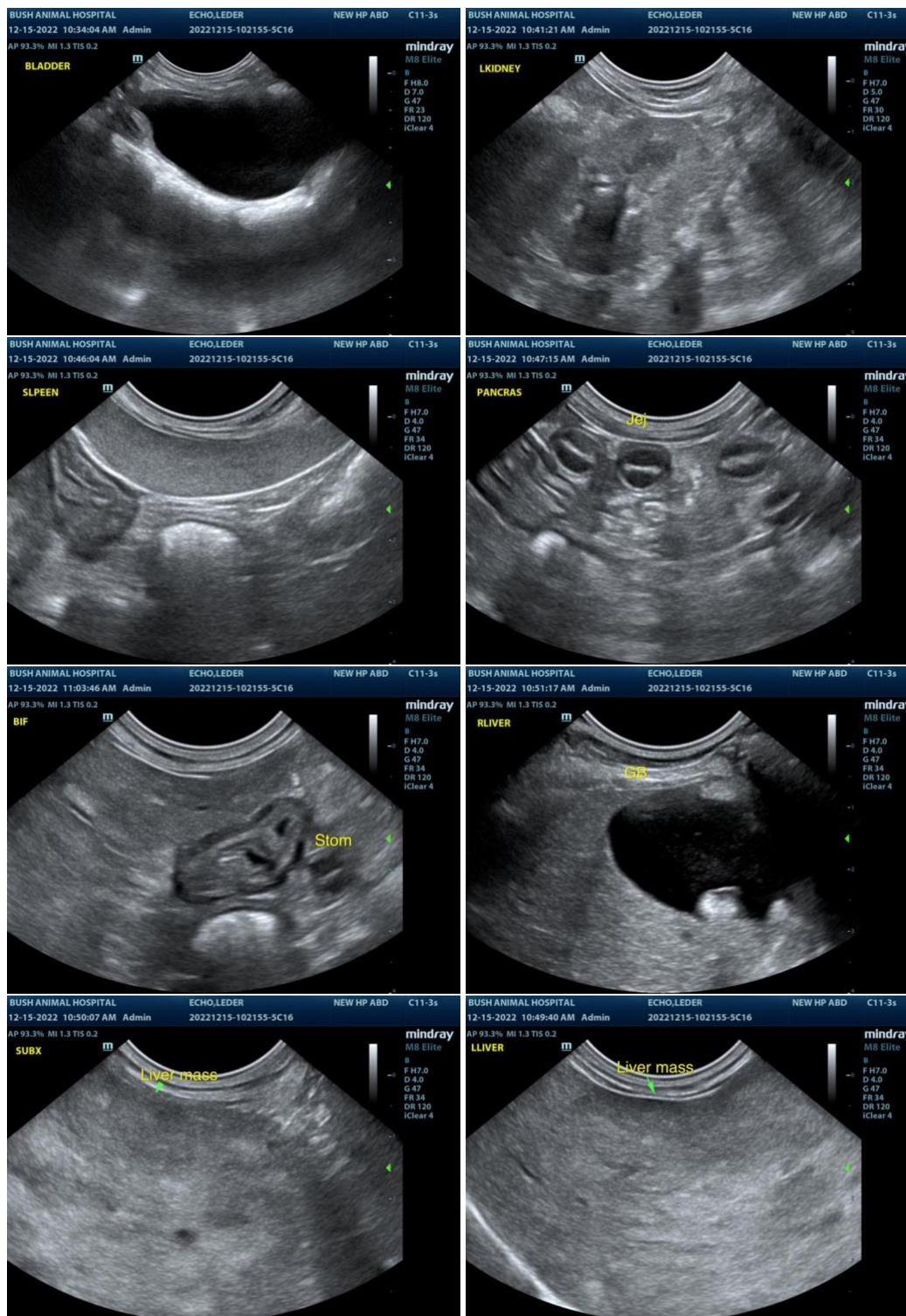
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

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

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