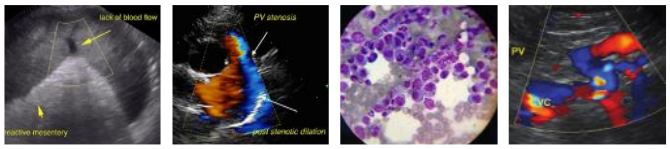
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Koda Lomheim

SPECIES
Canine

BREED
Husky

SEX
MN

AGE
6

WEIGHT
25kg

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

IMAGING PERFORMED BY
Dr. Belan

HOSPITAL NAME
Cranston VC

REFERRING VET
Dr. Neilsen

INVOICE
12479ag

DATE
12/19/2022

PRESENTING CLINICAL SIGNS

Lethargic weight loss anorexic cranial abdominal mass seen on x rays chest no lesions seen

Abnormal PE/Chem/CBC/UA Results: Elevated calcium no other abnormalities

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. Pinpoint to focal minor dependent mineral in the area of the dorsal trigone to the cystourethral junction was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. Pinpoint areas of medullary mineral were present. The left kidney measured 6.0 cm in length. The right kidney measured 6.3 cm in length.

Focal, mildly prominent to enlarged medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 1.8 cm x 0.72 cm. This finding is considered incidental and is not consistent with inflammatory or neoplastic criteria.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width at the caudal pole and 0.36 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 0.38 cm width at the caudal pole and 0.50 cm width at the cranial pole.

Spleen

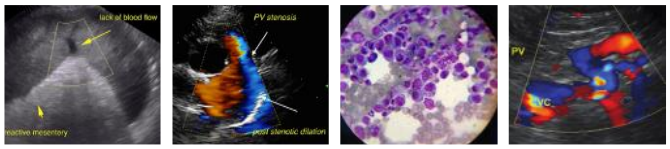
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

A large mixed echogenic cystic to cavitated mass occupying the majority of the mid to left liver with caudal extension into the cranial abdomen and gastric axis was present measuring ~ 11-12 cm in diameter. The liver mass appeared to extend into the area of the gallbladder without evidence of impingement or obstruction to bile outflow. The right lateral to caudate liver appeared to be sonographically normal. 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 was indistinctly visualized owing to displacement due to expansive liver mass.



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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 was evident.

Free Abdomen

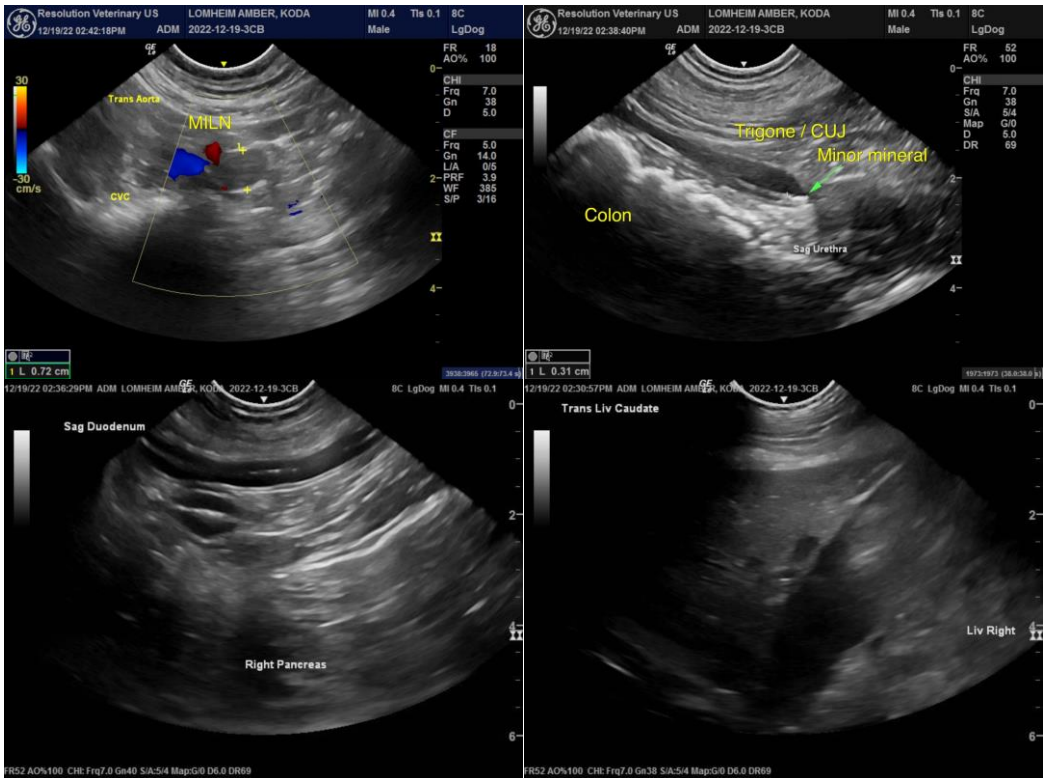
No overt lymphadenopathy or peritoneal effusion was present. Generalized normal omental echogenicity was present.

ULTRASONOGRAPHIC FINDINGS

- Large mixed echogenic cystic to cavitated liver mass
- Sonographically unremarkable gallbladder/CBD
- Pinpoint medullary mineral
- Pinpoint minor dependent urinary bladder mineral
- Solitary non-specific likely benign medial iliac lymph node

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic mass is most suggestive of neoplastic criteria. Assuming normal clotting status and using a 25g needle, a liver mass FNA for screening cytology is warranted for further assessment. Complete surgical resectability of the mass is highly questionable to precluded. Further assessment would likely include abdominal CT to assess for non-sonographically evident metastasis.



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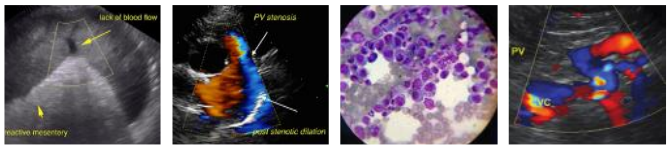

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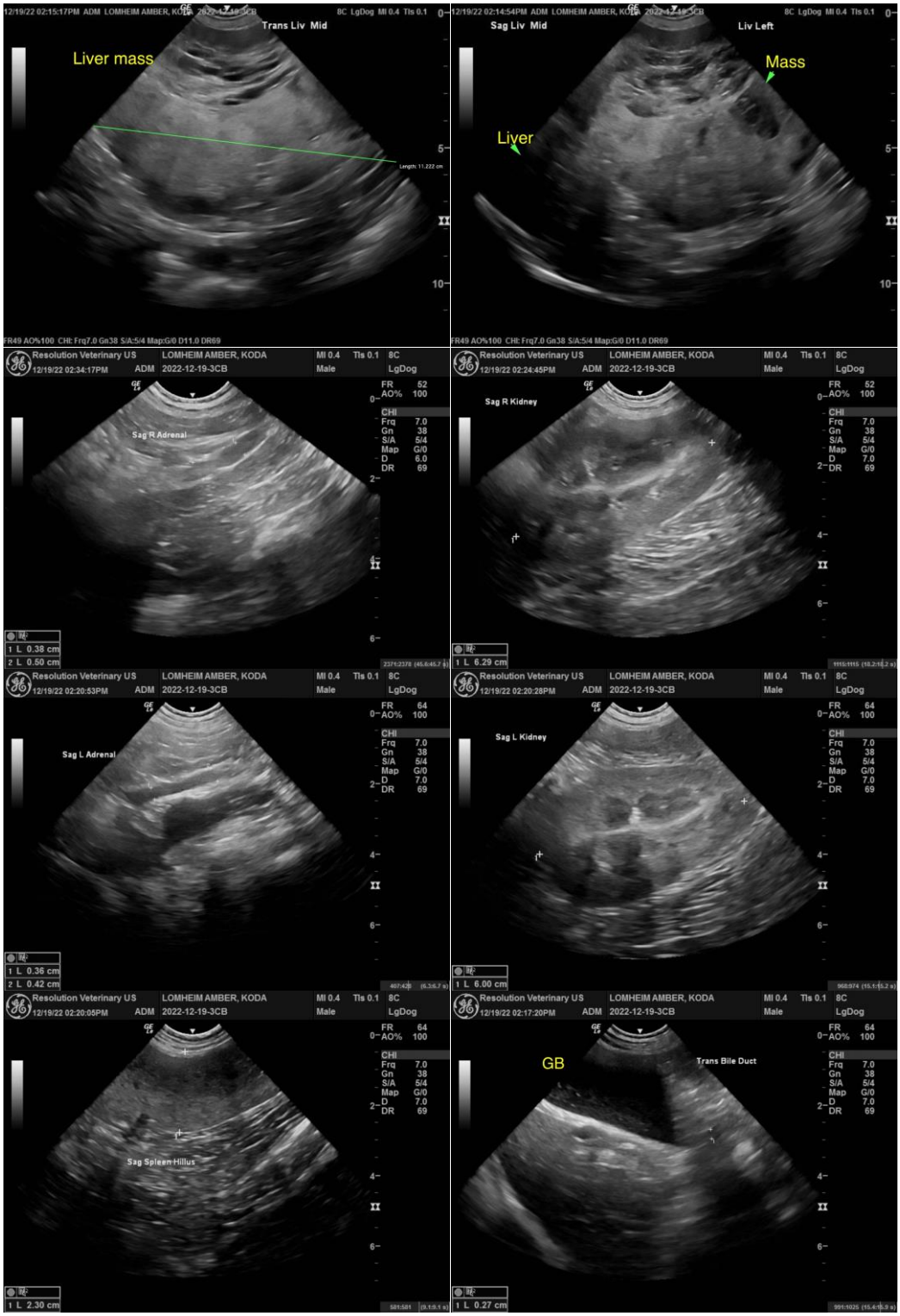

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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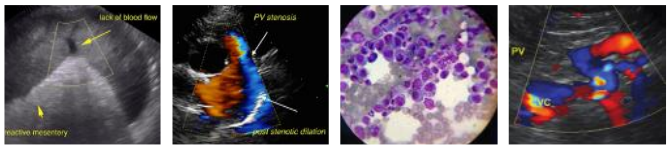

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com