



PATIENT PRESENTING CLINICAL SIGNS

Rosie Papagni Seen at CCVS 11/15/2022 for forelimb lameness. Noted distended abdomen-brief u/s showed liver mass, as did the radiographs. ALT 457, ALKP 1065.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

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. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Mixed

SEX

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 6.8 cm in length. The right kidney measured 5.8 cm in length

FS

AGE

The area of the aortic trifurcation was free of pathology.

8yr

Adrenal Glands

WEIGHT

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole and 0.55 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 0.62 cm width at the caudal pole and 0.53 cm width at the cranial pole.

40lb

INTERPRETED BY

Spleen

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

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary discrete non-disruptive hypoechoic nodule was present adjacent to the hilus measuring 0.61 cm in diameter. 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.

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

Liver

HOSPITAL NAME

Mashpee Veterinary Hospital

A large expansive asymmetrical non-homogeneous to mixed echogenic liver mass with associated hepatic capsule distortion was present measuring ~13 cm in diameter. Subtle evidence of regional hyperechoic peri hepatic mesentery was noted. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild hyperechoic non-organized debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Oldham

Gastrointestinal

INVOICE

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.

12362ag

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.

DATE

12/05/2022

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



PATIENT

Pancreas

Rosie Papagni

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.

SPECIES

Canine

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

BREED

Mixed

ULTRASONOGRAPHIC FINDINGS

- Large irregular mixed echogenic liver mass
- Non-specific splenic nodules

SEX

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver mass is sonographically suggestive of neoplastic criteria i.e. hepatocellular or cholangiocarcinoma or other. Non-neoplastic etiologies are possible yet thought less likely. Assuming normal clotting status and using a 25g needle, a liver mass FNA for screening cytology could be considered for further assessment. Surgical resectability of the liver mass is questionable owing to likely involvement of more than one liver lobe. Assuming no evidence of pathology on three view chest radiographs, abdominal CT is likely ideal for further assessment and surgical planning.

AGE

8yr

WEIGHT

40lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mashpee Veterinary Hospital

REFERRING VET

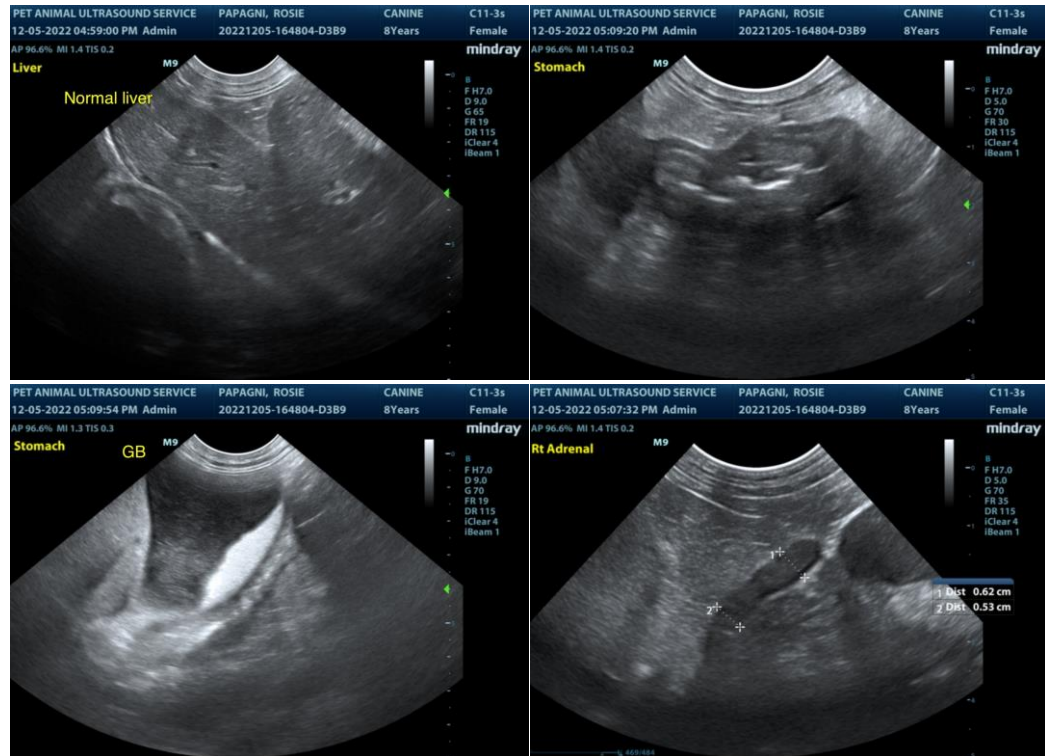
Dr. Oldham

INVOICE

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DATE

12/05/2022





PATIENT

Rosie Papagni

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

8yr

WEIGHT

40lb

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 DABVP (Canine and Feline)

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HOSPITAL NAME

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 Hospital

REFERRING VET

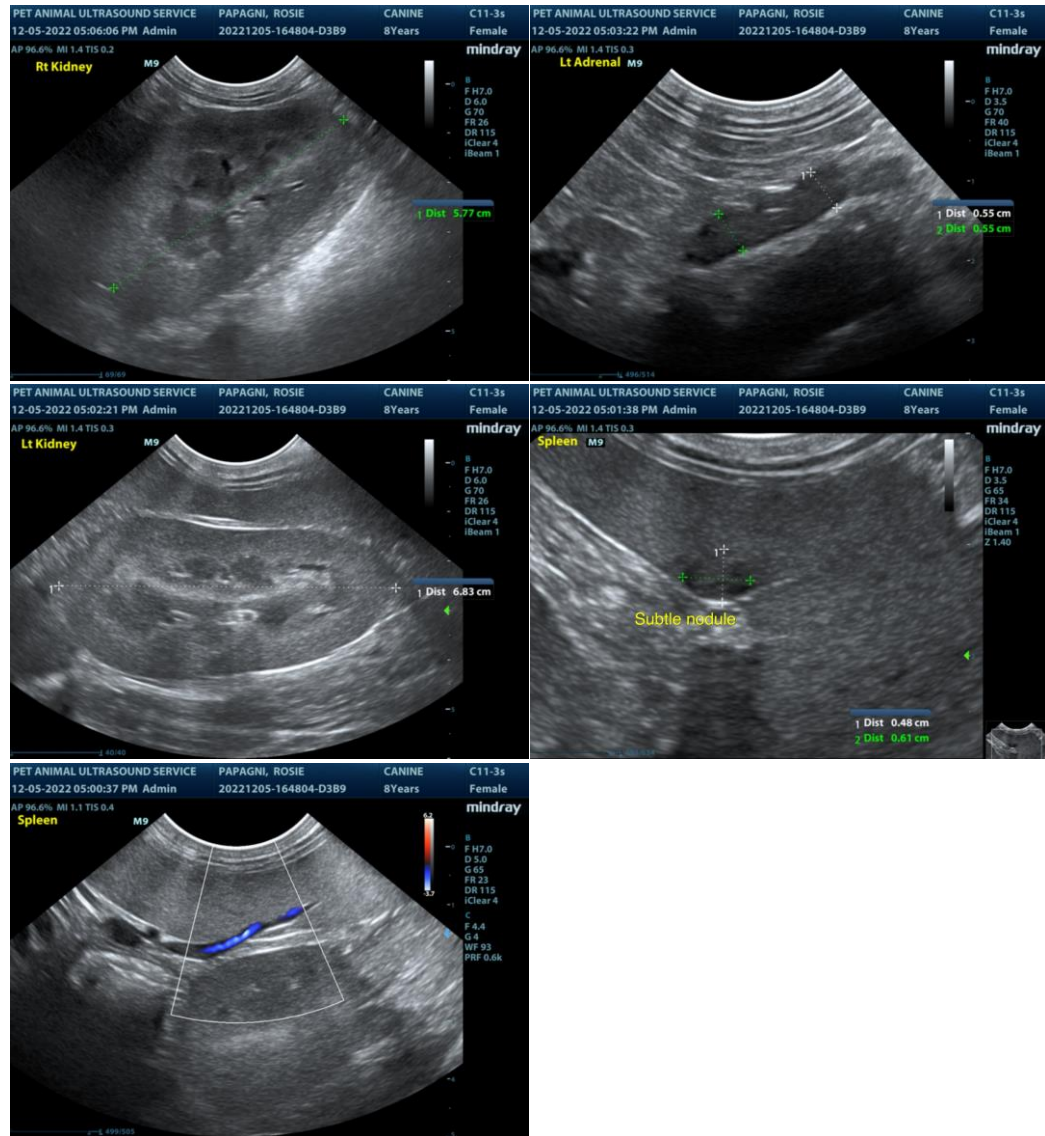
Dr. Oldham

INVOICE

12362ag

DATE

12/05/2022



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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