PATIENT

Ticket Gray

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

12 Years

WEIGHT

11 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Norfolk County Veterinary Service

REFERRING VET

Dr. Christina Poor, BVetMed

INVOICE

12629

DATE

12/08/25

PRESENTING CLINICAL SIGNS

Controlled Cushing's disease. Chronic cough. Liver mass noted on AFAST - could it possibly be the cause of the cough due to diaphragmatic compression? On hydrocodone, Vetoryl, occasional antibiotics. Radiographs: hepatomegaly

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, urine mineral, calculi or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal size and margination was 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 4.0 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

Bilateral symmetrical adrenal gland mild enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.60 cm width at the caudal pole. The right adrenal gland measured 0.64 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 revealed generalized hepatomegaly with hepatic parenchymal remodeling. A moderately sized nonhomogenous hyperechoic mass was visualized occupying a majority of the subjective mid to mid caudal liver measuring approximately 8.5 cm in diameter. Suspect mild peripheral mass cystic component. A separate nonhomogenous to mildly cystic mass was visualized adjacent to the larger mass suspected although potential for extension of primary mid to mid caudal liver mass is possible measuring approximately 4.0 cm in diameter. Overt impingement on the diaphragm was not obvious.

Transdiaphragmatic view revealed a mild comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

The gallbladder was non distended in size with mild to moderate nonorganized variably hyperechoic biliary sludge. The common bile duct was not visualized.

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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 with intact mildly prominent wall layering exhibiting variable hyperechoic duodenojejunal mucosal speckling.

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

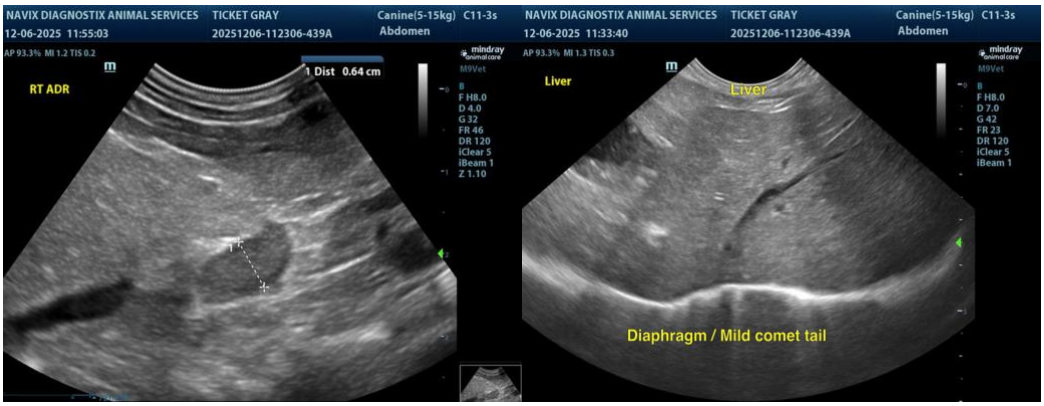
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly with hepatic mass, possible masses.
- Nonorganized gallbladder debris (non-mucocele).
- Mild bilateral adrenomegaly- consistent with patient's history, no evidence of adrenal tumors.
- Mild chronic renal changes.
- Duodenojejunal mucosal speckling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver mass to possible masses are nonspecific and may indicate a benign or neoplastic criteria i.e. hyperplasia, granuloma, adenoma, carcinoma or other. Further assessment may include (assuming normal clotting status) hepatic parenchyma and mass FNA cytology. No overt evidence of hepatic or hepatic mass diaphragmatic impingement. Correlation with three view chest radiographs primarily to assess for evidence of primary pulmonary disease is suggested. Abdominal CT for further assessment of the hepatic mass may be considered if clinically indicated or if surgery is a potential. Hepatosupportive medications with clinical and sonographic monitoring would be a more conservative approach. Monitoring for gastrointestinal signs or subnormal albumin levels is suggested.



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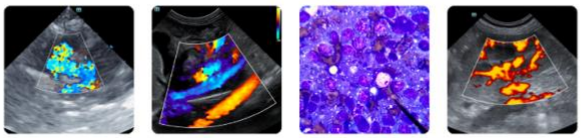

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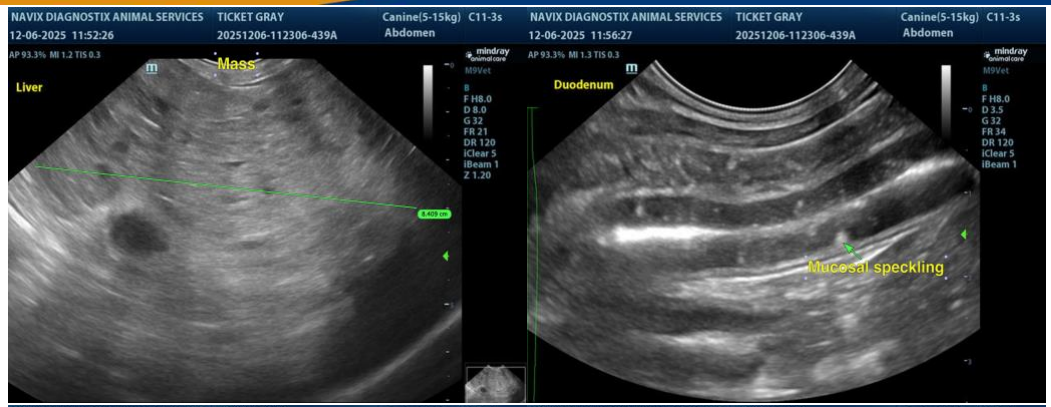

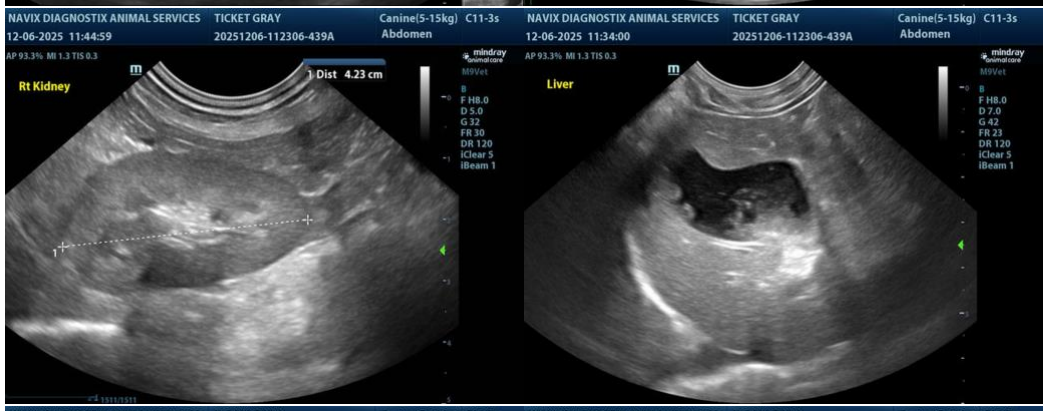

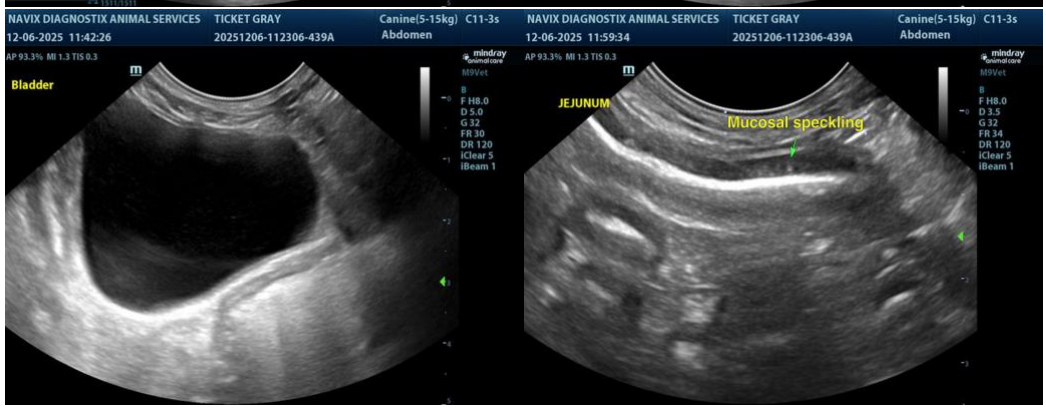

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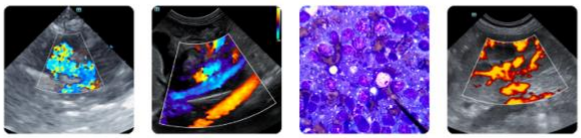

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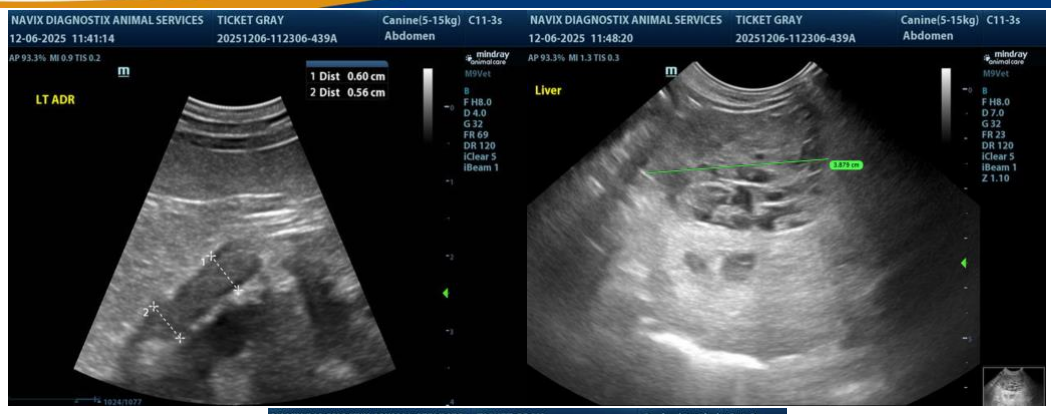

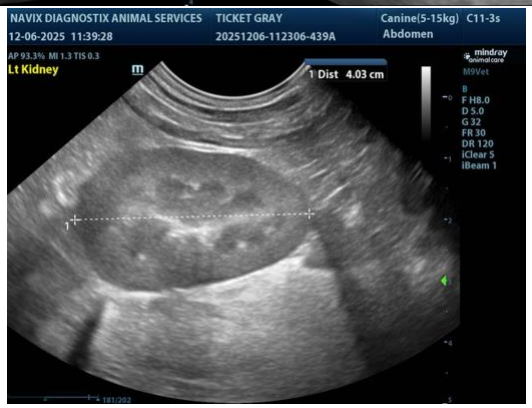

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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