



PATIENT PRESENTING CLINICAL SIGNS

Buddy Smith History: Zoning out, staring blankly. PE reveals cranial abdominal mass, suspect liver. ALT >3000, ALP 787

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine *Urinary System*

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

Terrier X

SEX

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 mildly increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Minor pyelectasia present in the left kidney. The left kidney measured 5.3 cm in length. The right kidney measured 4.8 cm in length.

Neutered male

AGE

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 cm in diameter.

14 years

Adrenal Glands

WEIGHT

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland was indistinctly visualized owing to regional peri adrenal increased omental artifact as well as adjacent caudate liver mass. The left adrenal gland measured 0.51 cm at the cranial pole and 0.53 cm at the caudal pole. The right adrenal gland measured 0.59 cm at the caudal pole.

30.2 pounds

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. 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.

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

Liver

HOSPITAL NAME

Wood River Animal Hospital

The liver was subjectively normal in size, structure, and contour. Intermittent probable small intraparenchymal cysts noted in the mid liver. Moderately sized to expansive nonhomogeneous to mixed echogenic mass involving the right lateral to caudate liver lobe measuring 5-6 cm in diameter was present. The mass appears to extend somewhat caudally into the area of the right mid to cranial omentum and potentially into the area of the right adrenal gland although definitive involvement of the right adrenal gland was not obvious. Regional peri hepatic reactive mesentery noted primarily around the right lateral to caudate liver mass. No overt evidence of concurrent effusion.

REFERRING VET

Leah Fischer DVM

The gallbladder was non-distended in size with thin walls and mild to moderate nondependent yet nonorganized gallbladder debris. The cystic and common bile ducts were normal.

INVOICE

10055ag

Gastrointestinal

DATE

02/18/2022

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.

Buddy Smith

Pancreas

SPECIES

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Canine

Free Abdomen

BREED

Focal mildly prominent to enlarged intermittent mesenteric and medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 0.64 cm in diameter. These lymph nodes are not overtly consistent with neoplastic or inflammatory criteria and are likely incidental.

Terrier X

SEX

ULTRASONOGRAPHIC FINDINGS

Neutered male

- Hepatopathy exhibiting generalized parenchymal remodeling-suspect intermittent small intraparenchymal cyst and moderately sized right lateral to caudate liver mass.
- Mild to moderate gallbladder debris-non mucocele.
- Bilateral mild chronic renal changes with minor left kidney pyelectasia.

AGE

14 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

Although cytology or histopathology is required for definitive diagnosis the right lateral to caudate liver mass suggestive of neoplastic criteria with non-neoplastic etiologies such as inflammation, granuloma, consolidated abscess etc. possible yet thought less likely.

30.2 pounds

INTERPRETED BY

Assuming normal clotting status, an ultrasound guided FNA of the liver mass using a 25g needle could be considered for screening cytology.

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

If additional assessment is elected, abdominal CT would be ideal.

IMAGING PERFORMED BY

Given the possible neurological signs exhibited by this patient, fasting and post prandial bile acids to assess hepatic functionality as well as hepatic and as needed gastrointestinal support recommended.

Pamela Harrigan, RDCS

Three view chest radiographs suggested if not done to assess for or rule out concurrent thoracic pathology or evidence of metastasis.

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Hospital

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PATIENT

Buddy Smith

SPECIES

Canine

BREED

Terrier X



SEX

Neutered male

AGE

14 years

WEIGHT

30.2 pounds



INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

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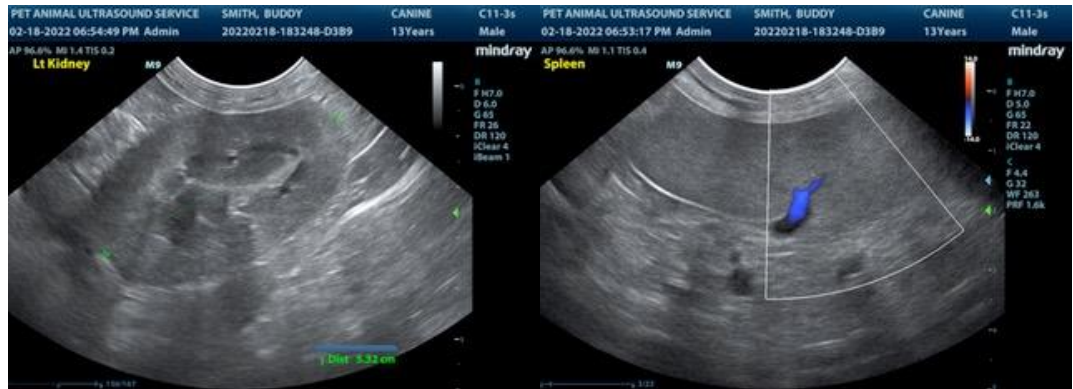
Leah Fischer DVM

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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