

**PATIENT**

Marcy Sorensen

SPECIES

Canine

BREED

Pit Mix

SEX

Spayed Female

AGE

10 Years

WEIGHT

63 Lbs.

INTERPRETED BYR. McKenzie Daniel, DVM,
DABVP (Canine and Feline)**IMAGING PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Rigg

INVOICE

14131

DATE

2/28/22

PRESENTING CLINICAL SIGNS

History: P was presented with lethargy, shivering episodes, and pale gums. Uncomfortable on palpation of cranial abdomen.

Abnormal PE/Chem/CBC/UA Results: Thrombocytopenia, Anemia, abdomen painful upon palpation

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.4 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No overt pathology in the area of the left or right adrenal gland.

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 a moderately sized to large expansive nonhomogeneous to mixed echogenic mass appearing to primarily occupy the left to mid liver, measuring approximately 9-10 cm in diameter. The mass appeared to occupy the parenchyma directly adjacent to the gallbladder without evidence of gallbladder impingement. The mass appeared to extend caudally to directly efface the cranial lateral aspect of the spleen, yet without overt evidence of splenic invasion or obvious origin.

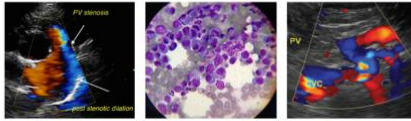
The gallbladder was sonographically normal without distention, containing anechoic content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact yet subjective mild prominent wall layering. The lumen of the stomach was empty without evidence of retained ingesta, fluid or foreign material with mild luminal gas. The gastric body wall measured 0.50 cm.

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.



PATIENT

Pancreas

Marcy Sorensen

The pancreas was indistinctly visualized owing to regional perihepatic reactive mesentery and the presence of the liver mass.

SPECIES

Free Abdomen

Canine

Regional perihepatic reactive mesentery was noted. No overt effusion noted.

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ULTRASONOGRAPHIC FINDINGS

- Non-homogeneous to expansive hepatic mass
- Overtly normal spleen
- Possible mild gastritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

10 Years

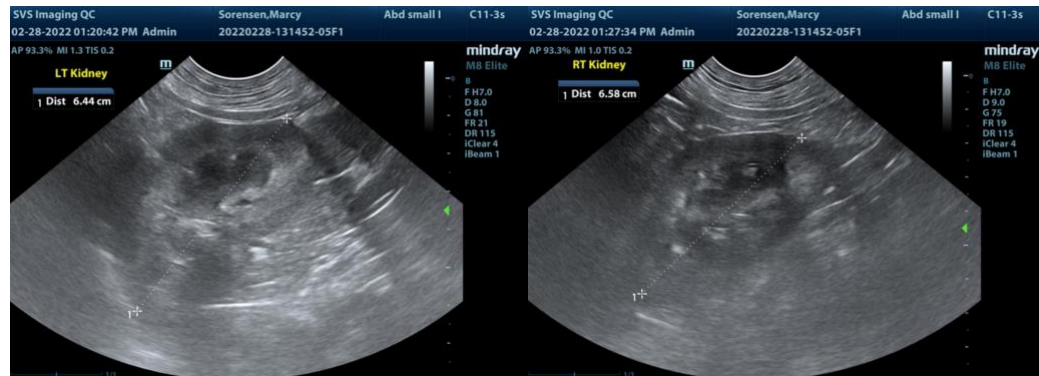
Although sampling is required for further clarification and potential definitive diagnosis, the liver mass is consistent with neoplastic criteria. Assuming normal clotting status, ultrasound guided FNA of the liver mass could be considered for screening cytology with potential for oncology consult. Core or surgical biopsy may be required for a definitive diagnosis. Subjectively, the liver mass appears to be questionable for complete surgical resection, as it likely involves more than one liver lobe. Minor potential for possible cranial splenic origin invading into the liver is considered a less likely differential diagnosis, Three-view chest radiographs recommended, if not done. Potential for neoplasia related anemia and thrombocytopenia may be possible.

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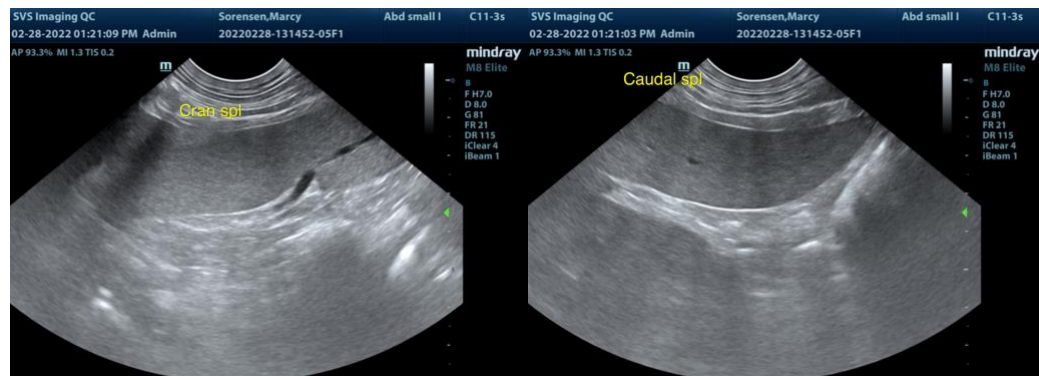


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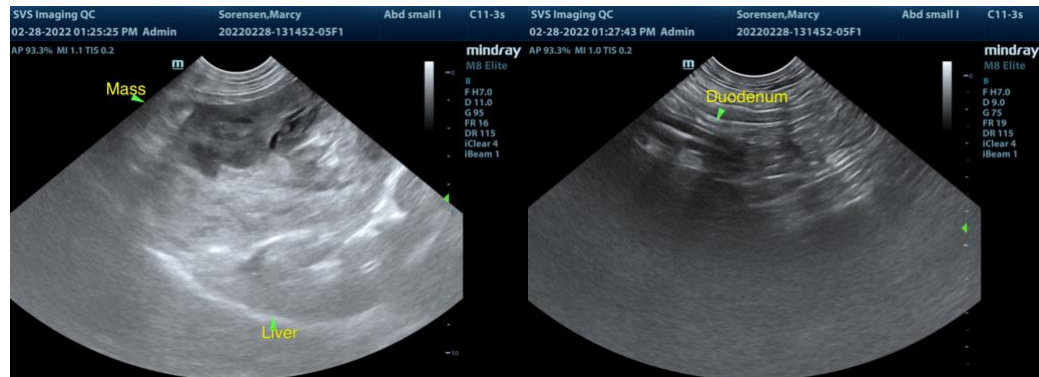
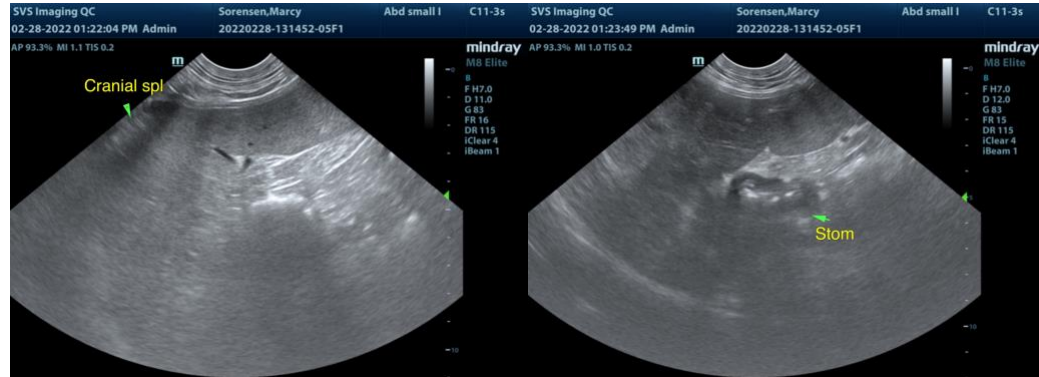
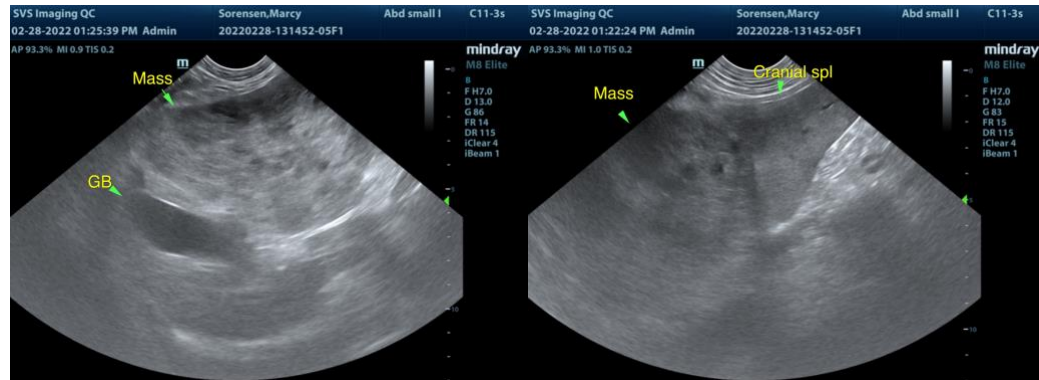
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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