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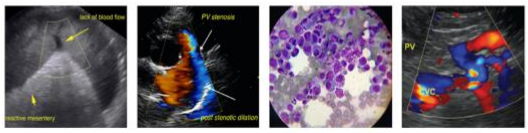

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Zeus Rubio

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered Male

AGE

2010

WEIGHT

52

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Community VP

REFERRING VET

Dr. Hulshizer

INVOICE

21336

DATE

2/28/23

PRESENTING CLINICAL SIGNS

History: Concern for mass on radiograph. Medication: Hepataclear, Vetriscience

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 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.

The residual prostate was free of pathology.

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 6.3 cm in length. The right kidney measured 6.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.9 cm length x 0.62 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.8 cm length x 0.68 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.

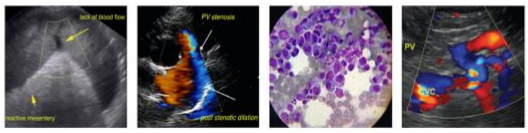
Liver

A moderately sized, mildly irregular nonhomogenous mildly cystic mass was noted, occupying the caudal to ventrocaudal mid liver, measuring 8-9 cm in diameter. The hepatic parenchyma not involved with the mass exhibited normal echogenicity with. Moderate coarse echotexture and evidence of minor parenchyma remodeling.

The gallbladder was non-distended in size with anechoic content with mild nonorganized echogenic debris. The cystic and common bile ducts were normal.

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.



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The small intestine presented intact generalized mild prominent wall layering, owing to propensity for generalized mildly prominent intestinal muscularis layer. The intestinal wall measured 0.53 cm. 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 subjective formed to semi-formed fecal matter present.

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 omental masses or lymphadenopathy were present. A small pocket of scant free fluid was noted adjacent to the caudolateral spleen.

ULTRASONOGRAPHIC FINDINGS

- Nonhomogenous mildly cystic caudomedial liver mass
- Mild gallbladder debris (non-mucocele)
- Intact yet prominent small bowel walls- nonspecific
- Mild chronic renal changes
- Focal scant perisplenic free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass noted on radiographs is consistent with the hepatic mass with benign or malignant etiologies possible. Further assessment may include FNA cytology of the mass, assuming normal clotting status. Potentially, the mass may be amendable to surgical resection given its location. However, potential for involvement of more than one liver lobe is possible. No evidence of intraabdominal metastatic criteria.

Although nonspecific and possible patent variant, the intact yet prominent intestinal walls may suggest inflammatory / IBD criteria with additional considerations for the GI signs potentially including dietary intolerance, dysbiosis, occult parasitism, low grade pancreatitis and infiltrative neoplasia. A GI panel to include PLI/TLI/Cobalamin/Folate is suggested. If surgery for hepatic mass biopsy is elected, concurrent GI biopsies would be ideal.

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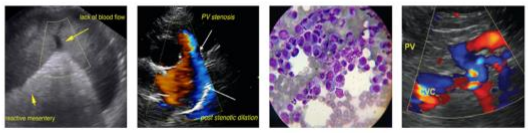

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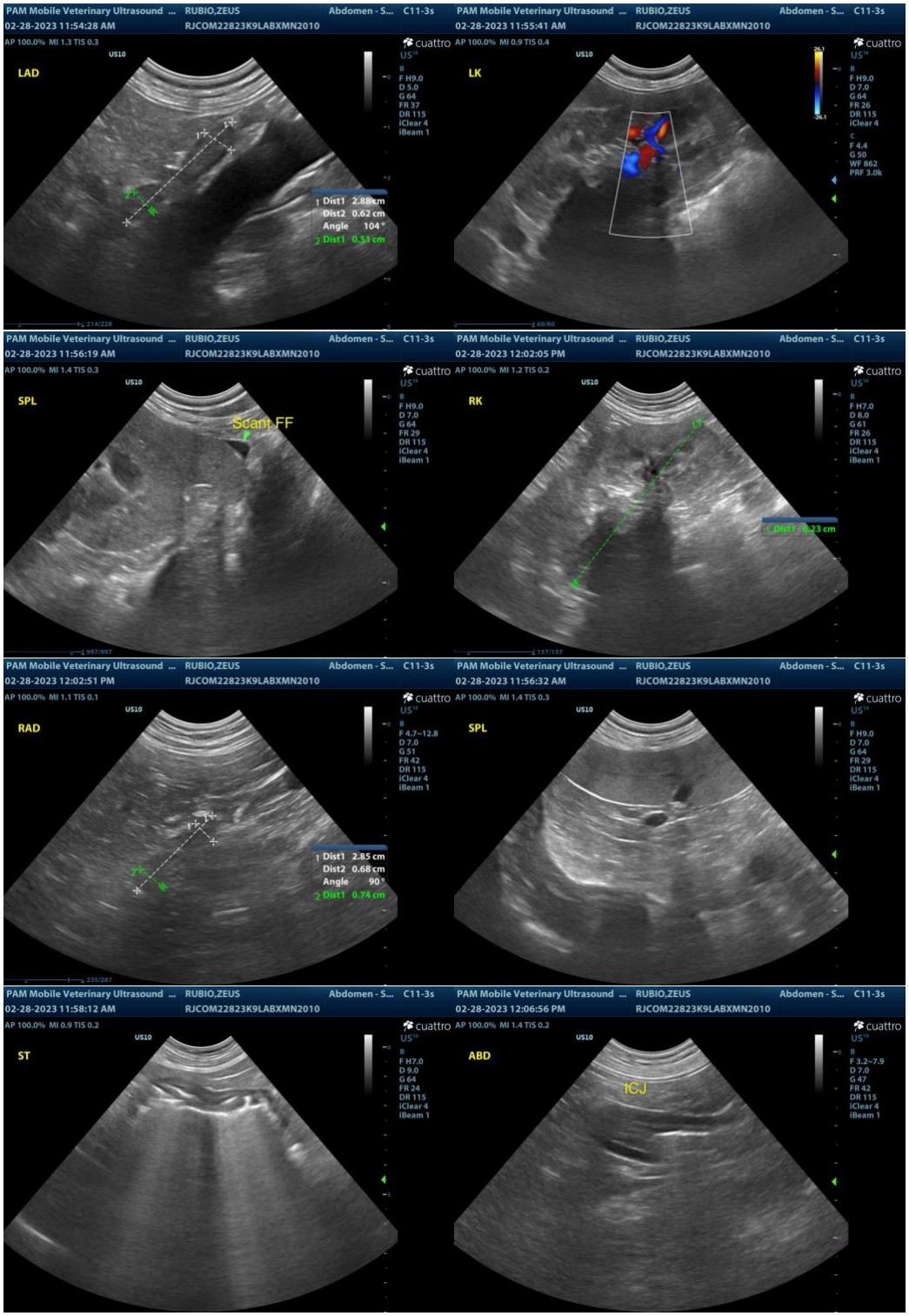

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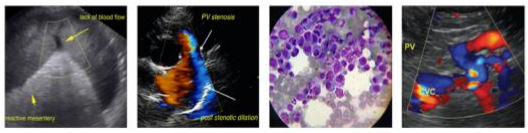

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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