

PATIENT PRESENTING CLINICAL SIGNS

Lulu Garcia 13 year old toy poodle s/f. presenting today for loosing muscle mass. p has also lost 8 pounds last visit 7-7-2020. o is only giving chicken because p wont eat dog food. drinking more water than before. has on and off diarrhea since october. had diarrhea today but was normal tomorrow.

SPECIES Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate and rhythm, grade III/VI L systolic murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: OU: corneal opacities (chronic). Clear AU. No nasal discharge. No cough on tracheal palpation. Oral cavity: Missing some incisors, gingival recession on upper incisors. Moderate dental tartar Musculoskeletal: BCS = 3/9. Ambulatory x 4. Severe generalized muscle atrophy, thickened stifles with mild crepitus Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Good hair coat. No ectoparasites seen Mentation: BAR Hydration: ~5%dehydration

Canine

BREED Toy Poodle

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SF *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.

No evidence of pathology in the area of the aortic trifurcation.

AGE

11 Years

WEIGHT

11.5lbs

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 4.7 cm in length. The right kidney measured 4.9 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.57 cm width in the cranial pole and 0.61 cm width in the caudal pole.

IMAGING PERFORMED BY

Rivera

The right adrenal gland was not overtly visualized.

HOSPITAL NAME

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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.

REFERRING VET

Dr. Rivera

Liver / Gallbladder

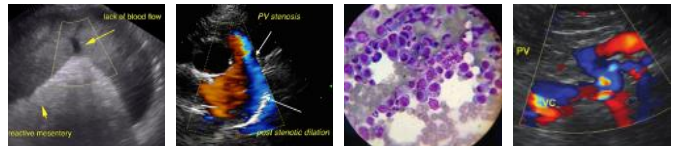
The liver revealed an extensive lobulated nonhomogeneously echogenic mass occupying the majority of the left, mid, and right liver parenchyma with potential extension into the area of the porta hepatis. The mass did not appear to impinge upon the gallbladder and without evidence of obstruction to bile outflow. Suspect focal intra-mass cyst lesion containing anechoic to mildly cellular fluid. This may indicate potential area of intra-mass necrosis or hemorrhage. The mass appeared to extend caudally past the level of the gastric axis with some degree of gastric displacement likely. The mass measured approximately 10.0 cm in diameter but likely larger as the entire mass would not fit into a single viewing

INVOICE

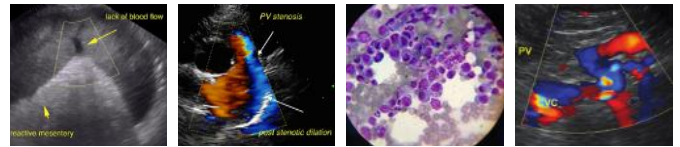
50121

DATE

2-6-22



PATIENT	window and was viewed in left cranial and right cranial views. Potential for scant amount of perihepatic free fluid noted around the mass.
Lulu Garcia	
SPECIES	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
Canine	<i>Gastrointestinal</i>
BREED	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.
Toy Poodle	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.
SEX	Normal visible colon wall layers were present with apparent formed feces in lumen.
SF	<i>Pancreas</i>
AGE	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.
11 Years	<i>Free Abdomen</i>
WEIGHT	The omentum was of uniform echogenicity.
11.5lbs	No overt evidence of lymphadenopathy.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Primary
IMAGING PERFORMED BY	<ul style="list-style-type: none"> Large to extensive liver mass.
Rivera	Secondary
HOSPITAL NAME	<ul style="list-style-type: none"> Mild age related renal changes.
DPC Veterinary Hospital	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
REFERRING VET	Although sampling is required for further clarification, the extensive hepatic mass is suggestive of neoplastic criteria such as hepatocellular adenocarcinoma or other. Benign etiologies such as large hepatocellular adenoma, hyperplasia, granuloma possible yet thought less likely.
Dr. Rivera	Ultrasound guided FNA of the liver mass, assuming normal clotting status, could be considered for screening cytology.
INVOICE	Subjectively, the mass, given its size and involvement of more than one liver lobe, does not appear to be amendable to complete surgical resection.
50121	Three view chest radiographs recommended if not done.
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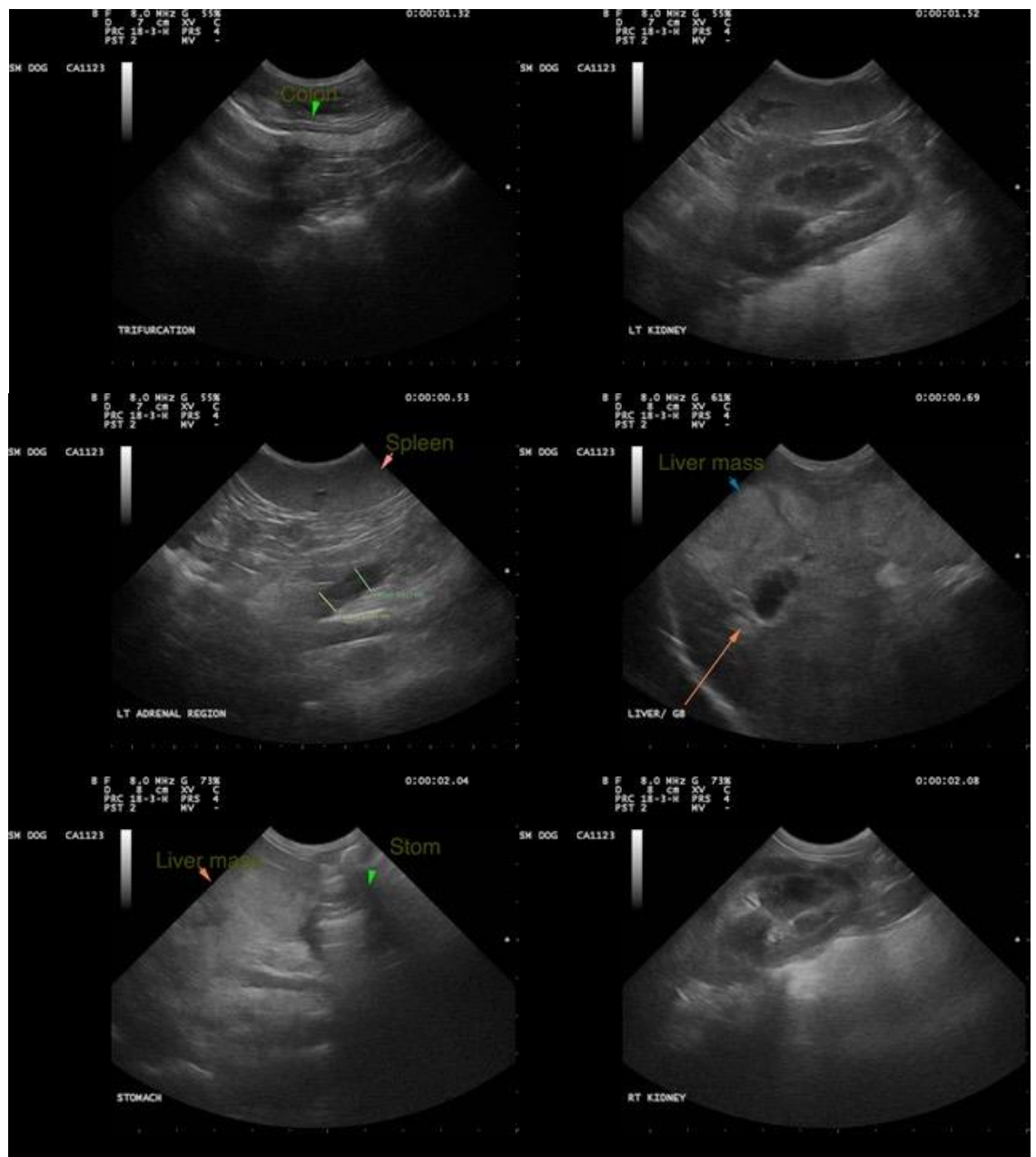
Dr. Rivera

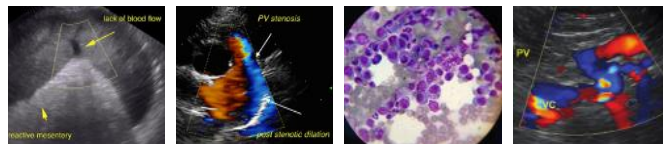
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SPECIES

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Toy Poodle

SEX

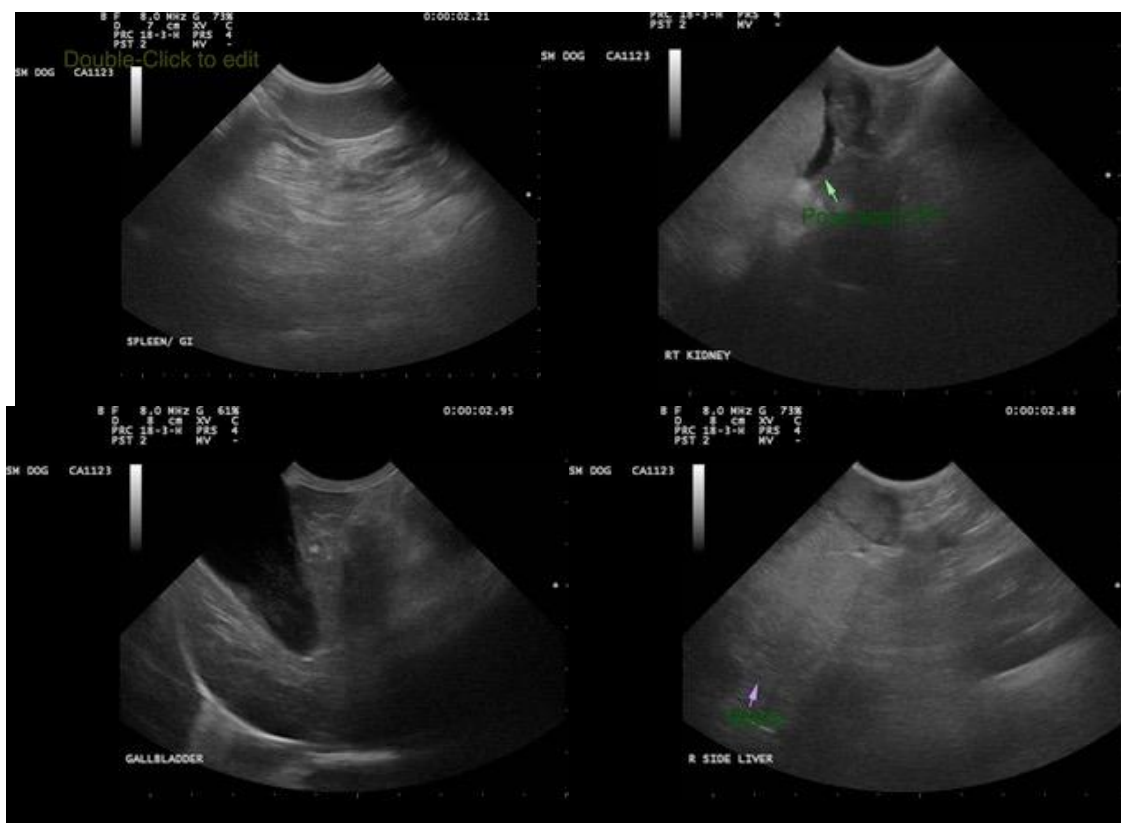
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Dr. Rivera

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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.

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