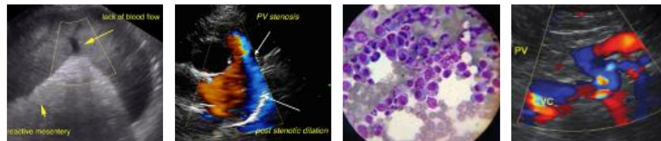

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1-800-838-4268 info@sonopath.com

PATIENT

Gracie Ann Marie Steiner

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Spayed Female

AGE

14 Years

WEIGHT

11 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gallik

HOSPITAL NAME

Magnolia Springs VC

REFERRING VET

Dr. Melissa Gallick

INVOICE

13847

DATE

2/8/22

PRESENTING CLINICAL SIGNS

History: On going vomiting, lethargy and lack of appetite

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Mild pyelectasia was present in both kidneys. The left kidney measured 3.0 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left and right adrenal glands were note definitively visualized.

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

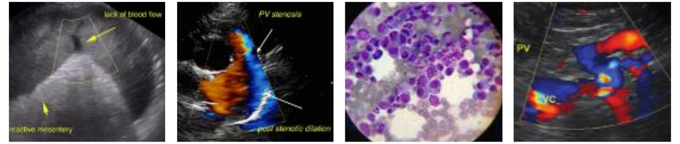
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent, thinly walled, intraparenchymal cysts were present, containing anechoic fluid. A moderately expansive mass lesion, distorting the associated hepatic capsule was present in the subjective right mid to lateral liver, measuring approximately 5.0 cm in diameter. Pockets of intramass gas were present. Associated regional hyperechoic mesentery present around the caudal aspect of the right mid to lateral liver and associated cranial abdomen.

The gallbladder was non-distended in size with mildly prominent yet isoechoic gallbladder walls. Anechoic content was present in the gallbladder. The gallbladder wall measured 0.21 cm. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact yet subjective mild prominent wall layering was present. Mild nonspecific hyperechoic mucosal speckling was present in the stomach. The stomach was empty without evidence of retained ingesta, fluid or foreign material with mild luminal gas. The gastric body wall measured 0.43 cm.

The small intestine presented intact wall layering with maintained 1:3 muscularis/mucosa ratio and segmental to generalized nonspecific mucosal speckling. The lumen of the small intestine was empty



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with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.33 cm. The jejunum wall measured 0.34 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

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

Free Abdomen

No overt lymphadenopathy. Scant pockets of peritoneal free fluid.

ULTRASONOGRAPHIC FINDINGS

- Moderately expansive, nonhomogeneous mass in subjective right mid to lateral liver with pockets of intramass gas
- Associated regional to cranial abdominal peritonitis
- Intermittent, hepatic intraparenchymal cysts
- Possible mild cholecystitis
- Gastritis to gastroenteritis pattern
- Chronic renal changes with mild pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left and right pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

Considerations for the mass, with evidence of intramass gas accumulation, may include regional emphysematous hepatitis, abscess or abscessing neoplasia (such as hepatocellular carcinoma or other). Assuming normal clotting status, ultrasound guided FNA of the mass for cytology as well as culture and sensitivity recommended. Empirically, hospitalization with aggressive baytril/clindamycin combination, IV fluids and pain management warranted. As needed gastrointestinal support recommended. Ideally sonographic monitoring of the mass for evidence of progression or regression recommended. Subjectively, surgical resection of the mass appears to be questionable given its potential location involving more than one liver lobe and adjacent to the portohepatis.

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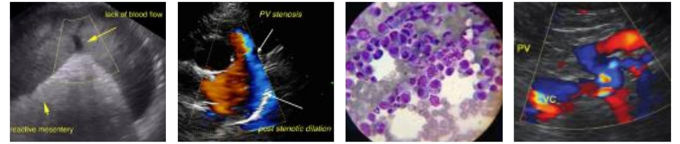

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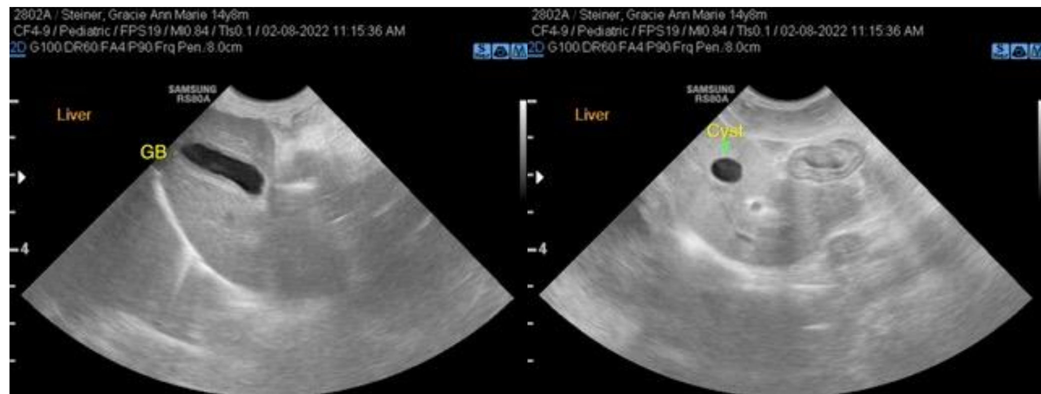

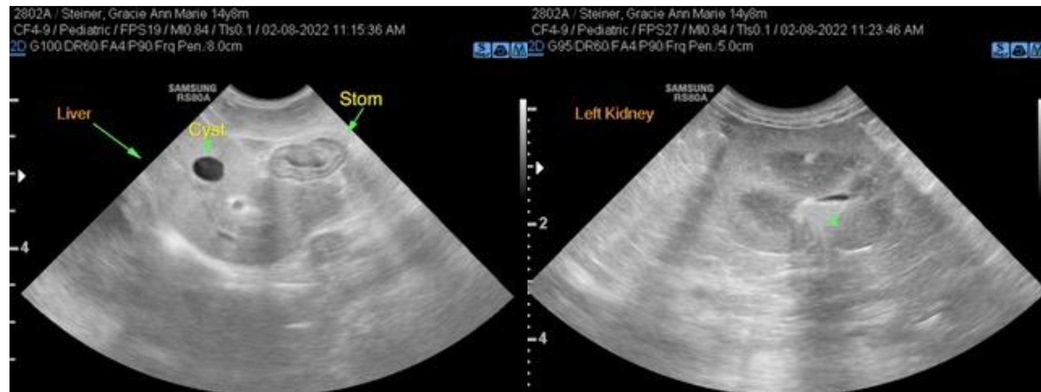

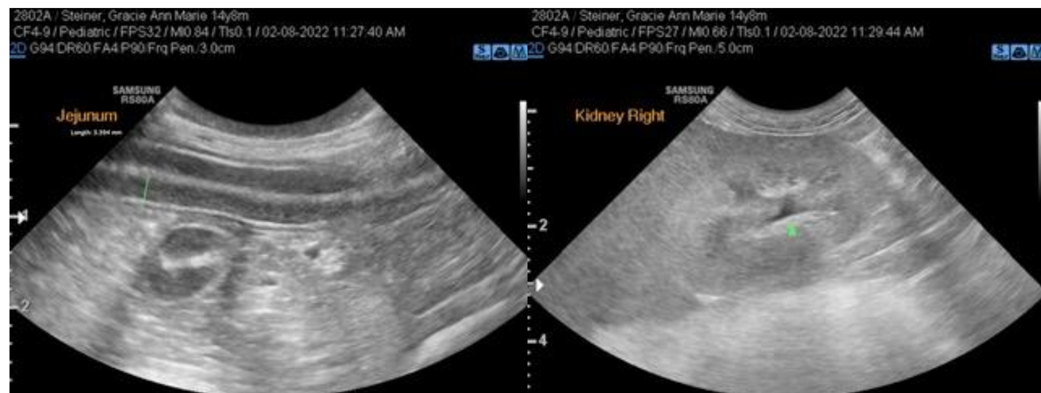

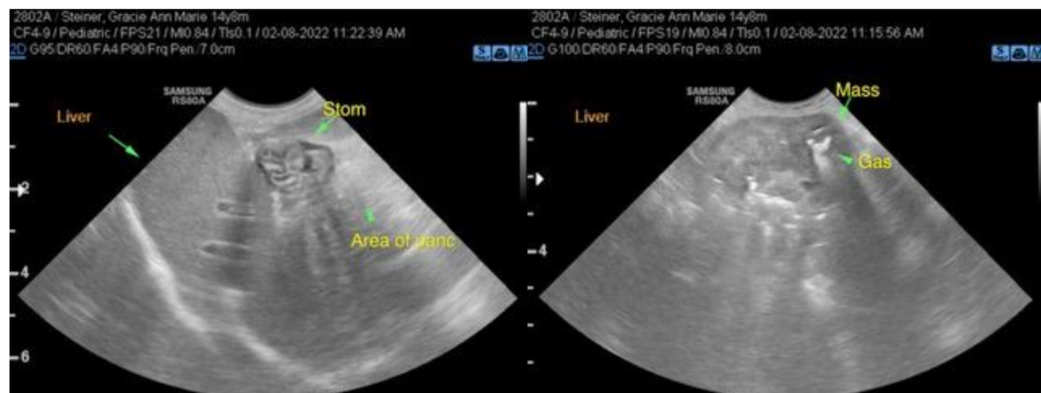

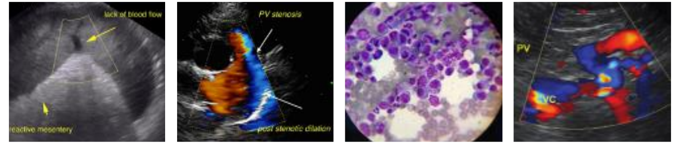

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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