



**PATIENT**

Amber Lawson

**SPECIES**

Canine

**BREED**

Lab X

**SEX**

Spayed female

**AGE**

13 years

**WEIGHT**

25 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Signal Hill Animal  
Hospital

**REFERRING VET**

Dr. Cumyn

**INVOICE**

10219ag

**DATE**

03/22/2022

**PRESENTING CLINICAL SIGNS**

History: On tyrosine for chronic diarrhea has soft and watery stools now. Weight loss and vomiting. Large liver on X ray

Abnormal PE/Chem/CBC/UA Results: Elevated liver enzymes

**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 was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Nonobstructive areas of bilateral medullary mineralization were present. A medial spherical solid vs cystic mass lesion was present in the left kidney measuring approximately 4.0 cm in diameter. No evidence of pelvic dilation was present. The left kidney measured 6.6 cm in length. The right kidney measured 6.3 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.68 cm width in the cranial pole and 0.62 cm width in the caudal pole. The right adrenal gland measured 0.48 cm width in the caudal pole.

**Spleen**

The spleen exhibited primarily a finely textured and homogenous parenchyma with intermittent discretely hypoechoic non-expansive parenchymal nodules. 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.

**Liver**

The liver exhibited a large expansive nonhomogeneous cystic to cavitated mass occupying most of the hepatic parenchyma measuring approximately 15 cm in diameter. The mass appeared to extend caudally into the area of the gastric axis with probable secondary gastric displacement. Normal appearing hepatic parenchyma with minor remodeling noted in the right lateral to caudate liver. The gallbladder was non-distended in size with thin walls and mild gallbladder debris. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach was overtly normal besides suspected gastric displacement. The lumen of the stomach was empty with mild luminal gas and no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor nonobstructive upper duodenal ileus was observed. The lumen of the small intestine was empty with no signs of obstruction or foreign material.



**PATIENT**

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

Amber Lawson

**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**

No overt lymphadenopathy or peritoneal effusion was present.

Lab X

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Spayed female

- Large nonhomogeneous cystic to cavitated liver mass.
- Moderate chronic renal changes with nonobstructive medullary mineral and nonspecific solid vs cystic left kidney mass lesion.
- Nonspecific splenic nodules.
- Sonographically unremarkable gastrointestinal tract with probable gastric displacement secondary to the liver mass, potential mild gastroduodenitis.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Although sampling is required for further clarification, the hepatic mass is suggestive of neoplastic criteria such as cystic biliary adenoma vs adenocarcinoma, while the possibility of benign etiology such as marked complex hepatic cyst or other possible. Likewise, the solid vs cystic left kidney mass lesion may indicate primary vs metastatic neoplasia, complex cyst, abscess, necrosis or other. Assuming normal clotting status and if accessible, an ultrasound guided FNA of the liver mass as well as the left kidney mass lesion could be considered for screening cytology.

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Given the size of the hepatic mass, options for complete surgical resection appear to be limited. Three view chest radiographs recommended if not done.

Continued gastrointestinal support is suggested.

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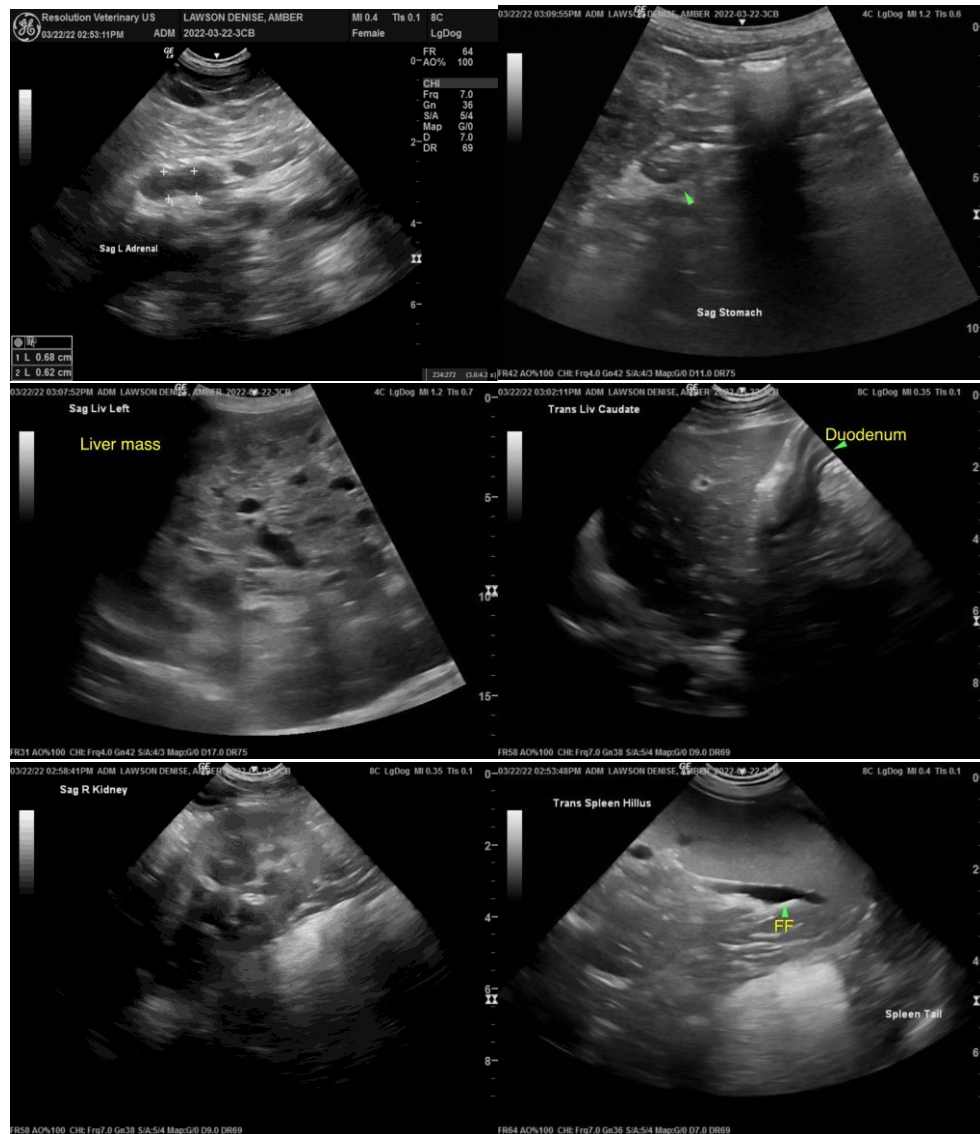
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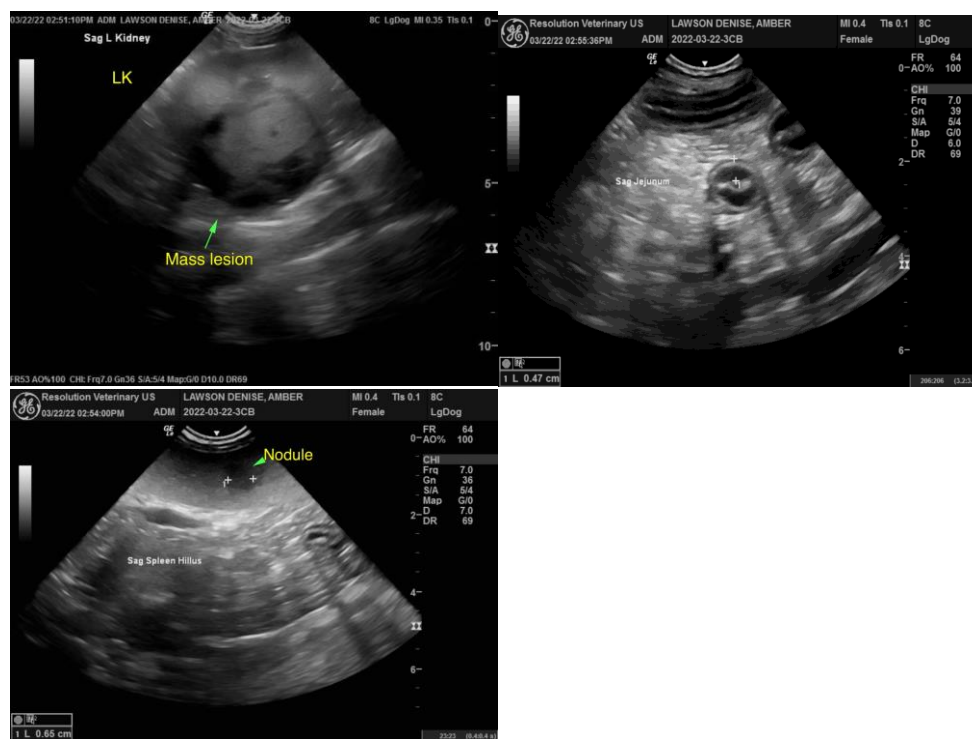
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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