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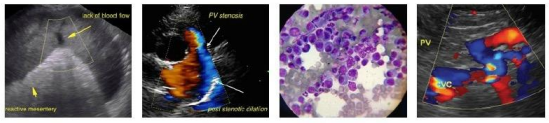

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Seiko Hayden

SPECIES

Canine

BREED

Husky X

SEX

Spayed female

AGE

10 years

WEIGHT

43.5 pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Donner Truckee Veterinary Hospital

REFERRING VET

Dr. Sperka

INVOICE

10121ag

DATE

03/04/2022

PRESENTING CLINICAL SIGNS

History: hyporexia for a few months, coughing, intermittent vomiting- RADS- clear chest and large liver-
Abnormal PE/Chem/CBC/UA Results: lymphopenia, thrombocytosis- fluid was amber color w/ abnormal cells (not sent in yet)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction exhibited normal thickness and tone. The visible pelvic urethra exhibited mild subjective decreased tone to a depth of 3 cm. 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. The medulla and cortices were uniform in texture with some mildly 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 6.9 cm in length. The right kidney measured 7.1 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 0.45 cm width at the caudal pole and 0.49 cm width at the cranial pole. The right adrenal gland was not 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. A solitary nonexpansive hypoechoic nodule subjectively in the mid lateral spleen measuring 1.0 cm in diameter was observed. No other evidence of splenic masses or nodules.

Liver

A large expansive non homogenous to nodular mass occupying the space of the liver within the cranial abdomen measuring at least 13 cm in diameter but likely larger was observed. Regional associated reactive mesentery noted around the mass as well as generally throughout the peritoneal cavity. Mild volume peritoneal free fluid was present. A small amount of discernable normal appearing hepatic parenchyma in the area of the deep mid to right liver was noted. The gallbladder was non-distended in size with thin walls and mild 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 contained mild echogenic, nonshadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with generalized propensity for mildly prominent muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction, intestinal masses or foreign material.

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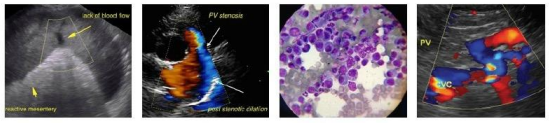

Portable Animal Western Sonography, Inc.
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Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

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

Free Abdomen

An unspecified nonhomogeneous mass like lesion was present in the caudal abdomen directly adjacent to the urinary bladder measuring approximately 2.5 cm – 3 cm in diameter. Regional associated reactive mesentery was noted around the liver mass as well as generally throughout the peritoneal cavity. Mild volume peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Expansive nonhomogeneous to nodular cranial abdominal mass consistent with hepatic origin-consistent with neoplastic criteria.
- Nonspecific hypoechoic splenic nodule-focal hyperplasia, hematopoiesis, splenitis, infarct, primary vs metastatic neoplasia possible.
- Unspecified mildly nonhomogeneous mass like lesion in the caudal abdomen adjacent to the urinary bladder-unspecified lymphadenopathy, blood clot (if hemoabdomen), metastatic lesion, possible uterine remnant pathology or other.
- Possible concurrent low-grade pancreatitis and nonspecific enteropathy.
- Cranial abdominal to generalized reactive mesentery with mild volume peritoneal free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further assessment may include an ultrasound guided FNA of the cranial abdominal mass along with fluid analysis/cytology +/- C/S if evidence of inflammatory cells is present.

If hemoabdomen is not present, the effusion may be secondary to portal hypertension given the likely hepatic mass although concern for intra-abdominal seeding i.e. carcinomatosis, lymphomatosis or similar is warranted.

A very guarded to potentially unfavorable prognosis pending additional diagnostics.

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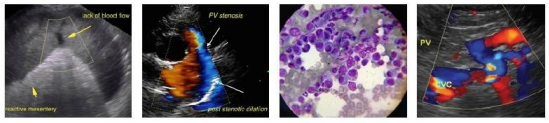

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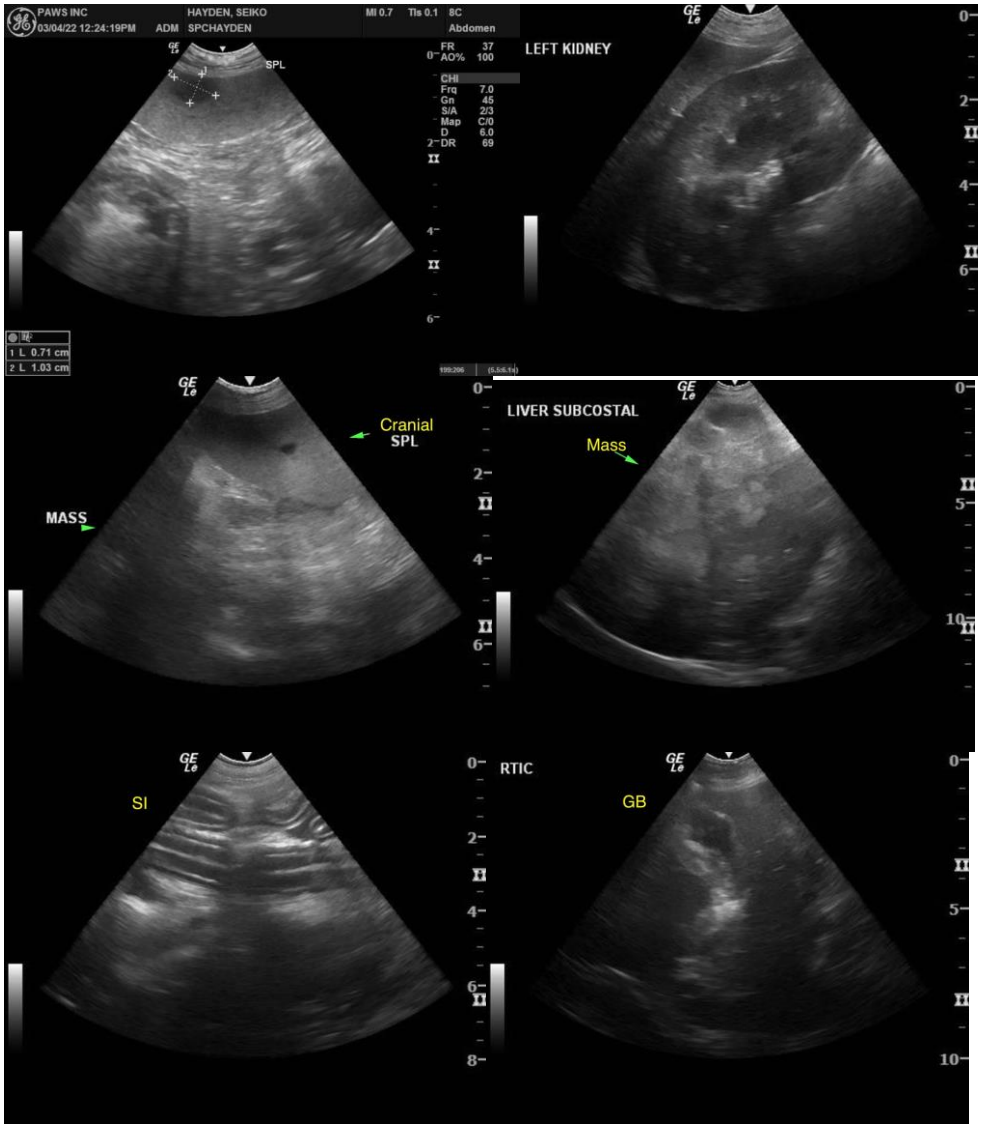

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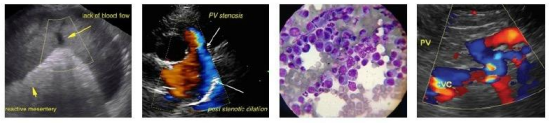

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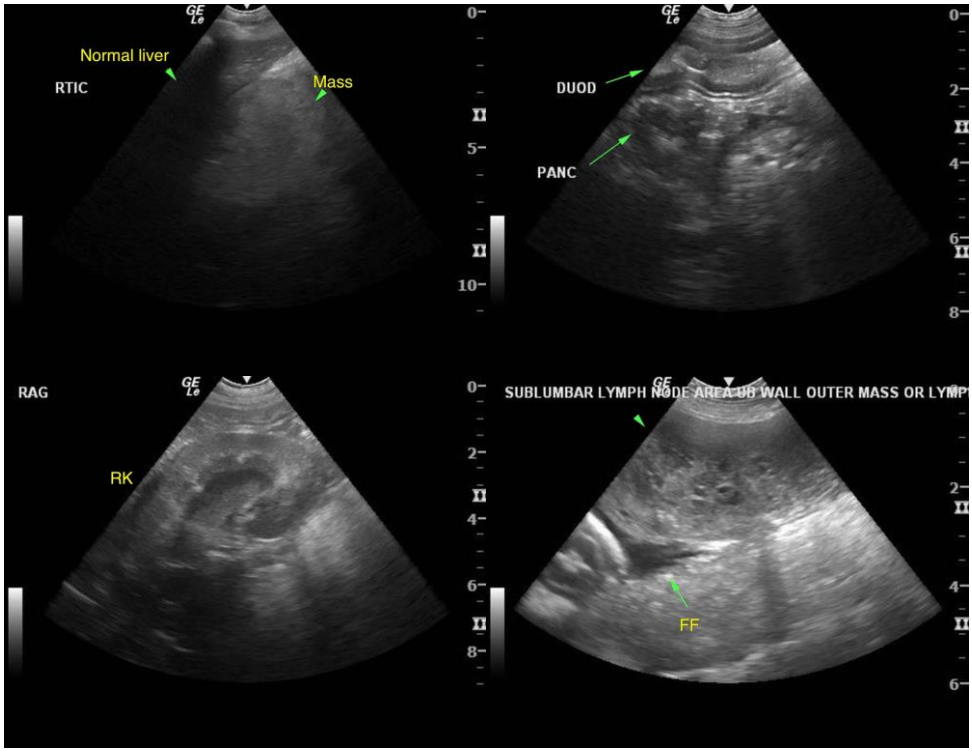

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com