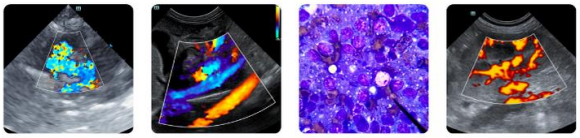


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Tobias Dyer

SPECIES

Canine

BREED

Husky

SEX

MN

AGE

11 yrs

WEIGHT

71.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Ark Animal Hospital

REFERRING VET

Dr. Guy

INVOICE

10749

DATE

4/1/26

PRESENTING CLINICAL SIGNS

History:

- Clinical Exam Findings: See medical records sent by email. Anorexia - new, Abdominal pain - new, Worsening liver appearance on AFAST today - heterogenous with multifocal anechoic areas. Previous diagnosed with hepatic nodules, hepatomegaly, bilateral adrenomegaly
- Internal medicine consult recommended Abdominal U/S with FNA of liver
- ABNORMAL Labwork Values- See emailed results
- Clotting times to be performed the morning of ultrasound
- Current Medications- Cerenia, Entyce

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 evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

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

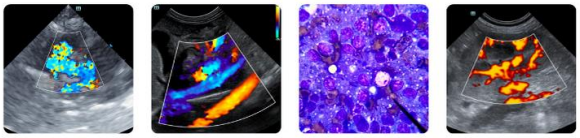
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. A caudal right kidney cortical cyst was noted. The left kidney measured 7.7 cm in length. The right kidney measured 8.0 cm in length.

Adrenal Glands

The bilateral adrenal glands were enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland exhibited a focal area of caudal parenchymal expansion, associated asymmetrical contour. The left adrenal gland measured 1.1 cm width in the caudal pole and 1.1 cm width in the cranial pole with the area of caudal parenchymal expansion measuring ~0.5 cm in diameter. The right adrenal gland measured 1.1 cm width in the caudal pole and 0.25 cm width in the cranial 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.



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Liver/ Gallbladder

A large, nonhomogeneous to cystic, caudally expanding liver mass occupying the majority of the visible liver parenchyma was present, measuring at least 12.0 cm in diameter, but potentially larger as the entire mass would not fit into a single viewing window. Discernable deep liver parenchyma exhibited homogeneous parenchyma echotexture. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized gallbladder 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 without evidence of retained ingesta, fluid, or foreign material.

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.

Normal visible colon wall layers were present with semi-formed fecal matter in lumen.

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 were evident.

Free Abdomen

No omental lymphadenopathy was visualized. No evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Large, caudally expanding liver mass occupying the majority of the liver parenchyma
- Normal spleen
- Nonorganized gallbladder debris (non mucocele)
- Bilateral adrenomegaly with focal left adrenal parenchymal expansion
- Static chronic renal changes with right kidney cyst

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although correlation with pending hepatic mass sampling is recommended for further clarification, the liver mass, given progression from previous study, is consistent with neoplastic criteria.

Bilateral adrenal hyperplasia, adenomatous change with potential for left adrenal neoplastic criteria is possible. Monitoring of systemic blood pressure for evidence of hypertension, which may potentially allude to concurrent pheochromocytoma +/- urine metanephrine level, if hypertension is present, is recommended. Abdominal CT could be considered for further clarification if clinically indicated.

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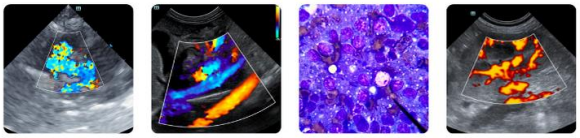

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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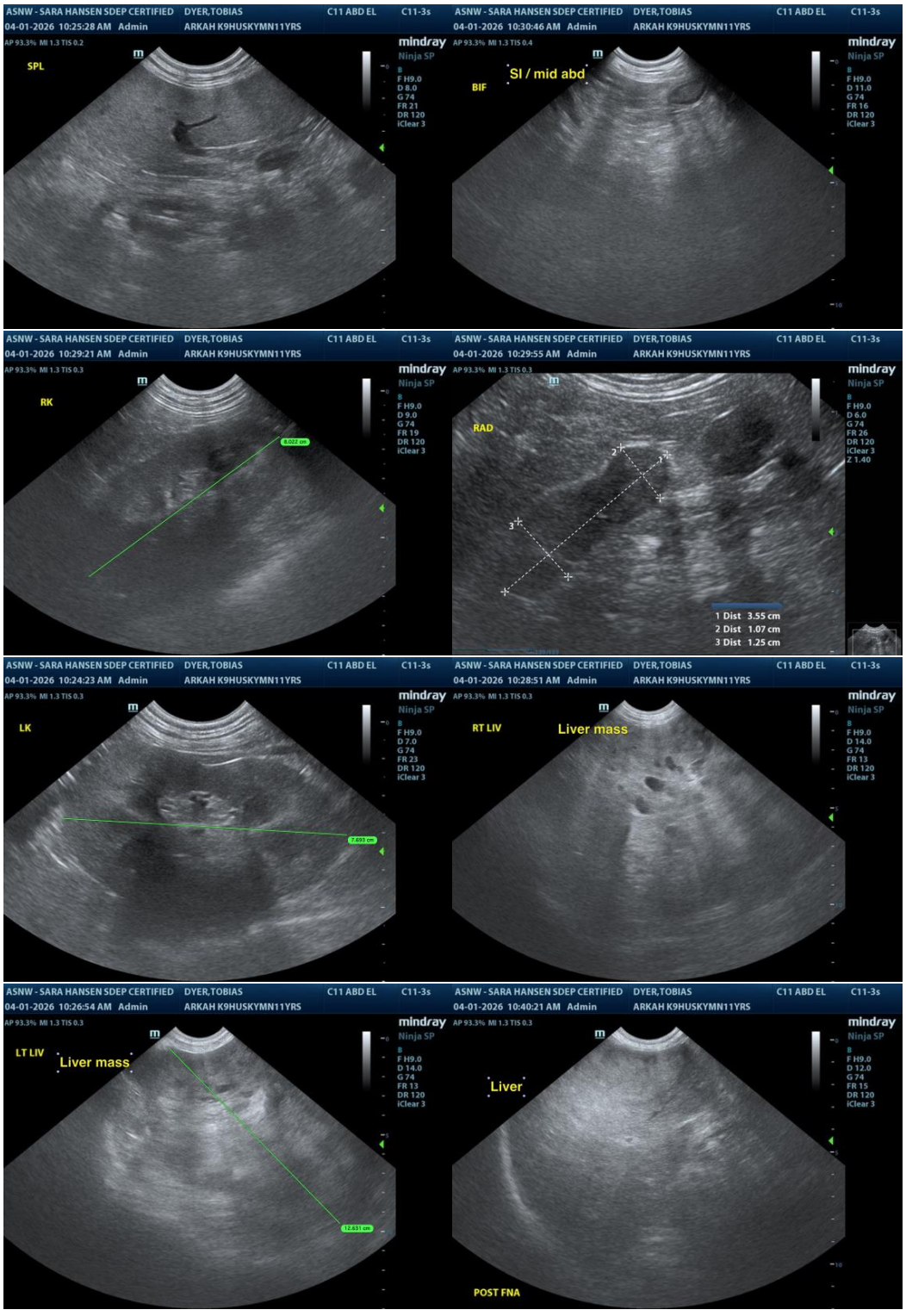

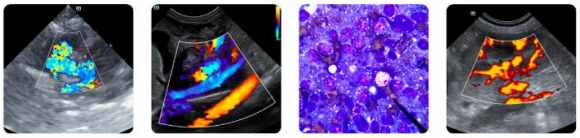

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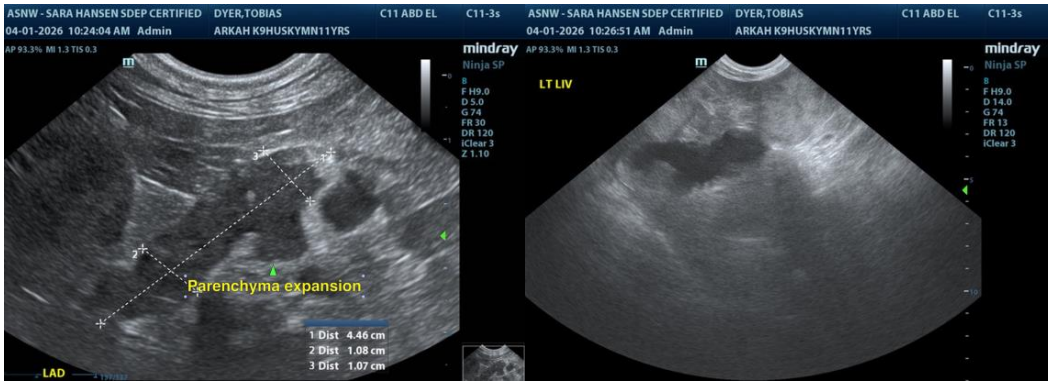

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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