



PATIENT

Lola Skelton

SPECIES

Canine

BREED

German Shepherd

SEX

FS

AGE

9 years

WEIGHT

71 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jenna Walsh, CVT

HOSPITAL NAME

Banfield of South
Eugene

REFERRING VET

Dr. Jackson

INVOICE

16626

DATE

4/18/23

PRESENTING CLINICAL SIGNS

3/28/23: Lost 18lbs since June 2022, historically elevated ALT/ALP since May 2022 Presenting complaint: GI upset off and on for a few months. Fecal accidents in the house, mostly diarrhea. Started around the time pet started proin for incontinence. Current Medications Acepromazine 1mg/kg - 0.5mls, Butorphanol 10mg/ml - 1.4mls, trazodone 300mg PO at 6am, Proin 25mg PO BID Primary Question/Differential to Be Answered in This Exam Adrenal dz? Liver architecture? Neoplasia? evidence of inflammatory bowel disease?

Abnormal PE/Chem/CBC/UA Results: CBC - WNL Chem - ALKP 1836 U/L - endocrine/adrenal v. hepatobiliary dz v. others. ALT 297 U/L - endocrine/adrenal v. hepatobiliary dz v. others. GLOB 5.1 g/dL (TP 8.4 g/dL) - inflammation/infection v. neoplasia CHOL 329 mg/dL - postprandial v. others otherwise WNL 4dx snap test - negative x HW/L/E/A

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder exhibited normal thickness and tone. Possible reduced cystourethral junction and proximal urethral tone in conjunction with the patient history of incontinence was noted. Anechoic urine was present in the lumen with no calculi or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted. No evidence of cystitis criteria or urinary bladder tumors was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 8.0 cm in length. The right kidney measured 8.9 cm in length.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia and no evidence of adrenal tumors. The left adrenal gland measured 3.0 cm length x 0.81 cm width in the caudal pole. The right adrenal gland was indistinctly visualized yet overtly normal in size, position, and shape measuring 0.57 cm width at the caudal pole.

Spleen

The spleen exhibited normal size and contour with subtle generalized parenchyma heterogeneity and normal splenic vascularity. No splenic masses or nodules were present. There was no evidence of splenic neoplastic criteria.



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Liver/ Gallbladder

Lola Skelton

The liver exhibited generalized enlargement primarily owing to large, irregular, nonhomogeneous, hyperechoic to mixed echogenic mass occupying the majority of the mid to right liver. The mass extended caudally past the level of the gastric axis into the subjective level of the mid to cranial abdomen. Within the generalized liver mass, several nonhomogeneous intra-mass lesions were present with an example measuring 6.5 cm in diameter. Intact left hepatic parenchyma with mild left hepatomegaly was present.

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The gallbladder was non-distended yet displaced cranio-ventrally secondary to the liver mass. Anechoic content with moderate, non-organized, hyperechoic gallbladder debris was present. No evidence of gallbladder or peripheral gallbladder inflammation was noted.

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Gastrointestinal

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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. Suspect mild gastric displacement secondary to the liver mass.

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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 apparent formed feces in lumen.

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Pancreas

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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.

IMAGING PERFORMED BY

Free Abdomen

Jenna Walsh, CVT

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

HOSPITAL NAME

Banfield of South Eugene

- Normal urinary bladder with subjective mild decreased proximal urethral tone
- Normal bilateral kidneys / adrenals
- Structurally unremarkable gastrointestinal tract / colon
- Large, irregular mixed echogenic liver mass

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation of the hepatic mass with pending cytology is recommended. The hepatic mass does not appear to be amendable to complete surgical resection, given its size, likely involvement of more than one liver lobe, and location in the area of the porta hepatis. Hepatic mass core surgical biopsy is likely required for a definitive diagnosis.



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As-needed gastrointestinal support, which may include hydrolyzed diet trial and high colony count probiotics such as Provable may prove beneficial.

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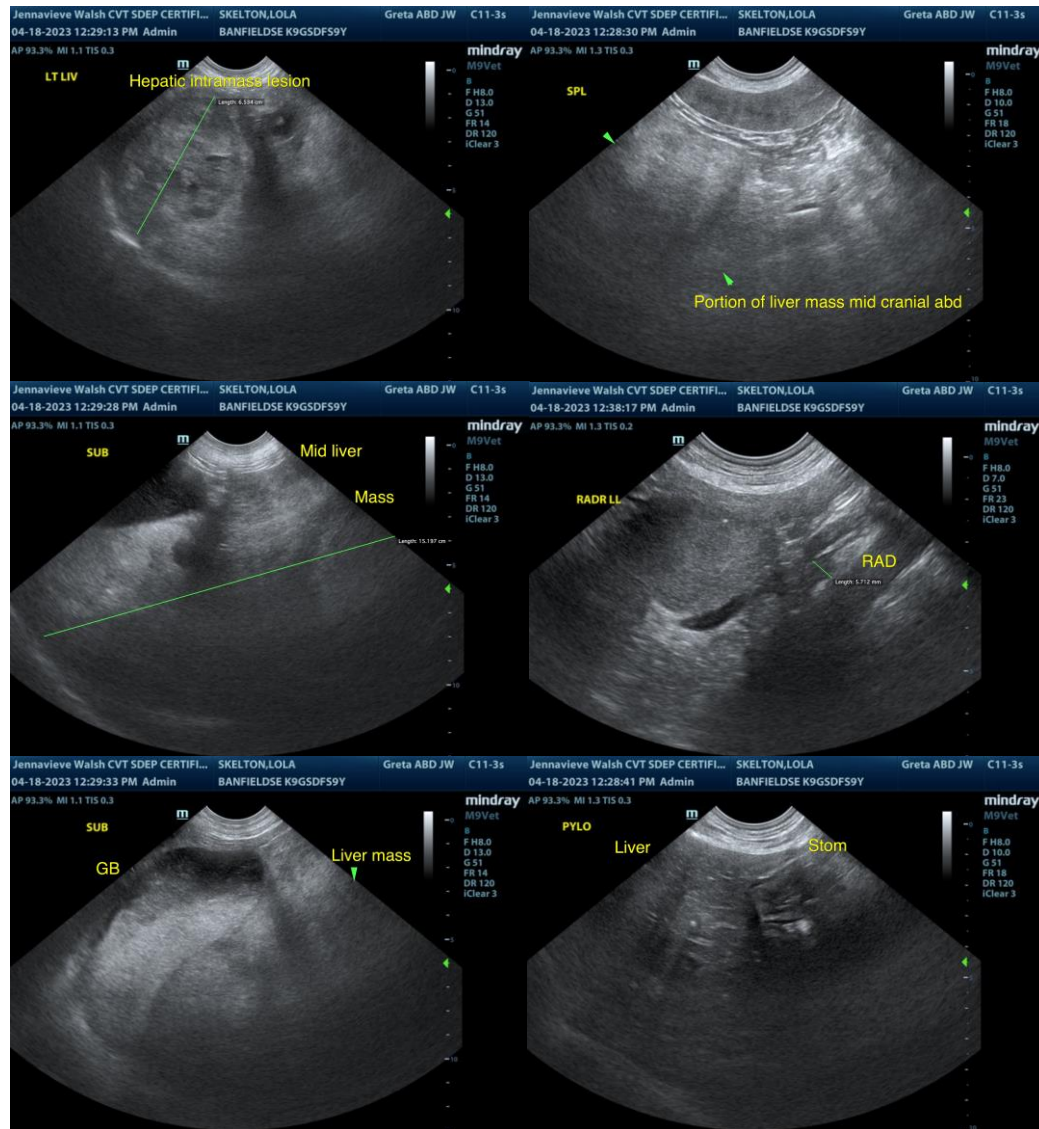
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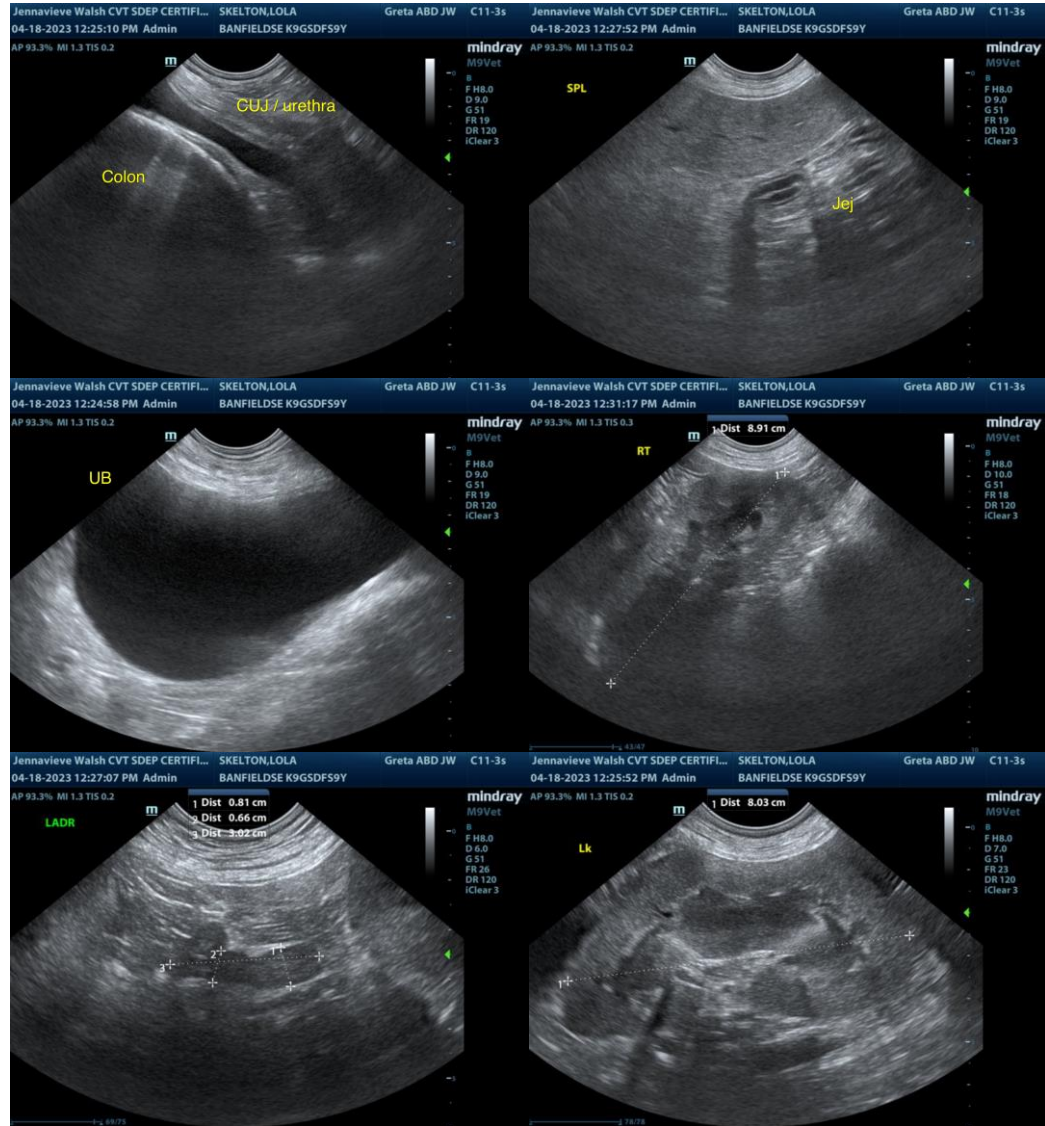
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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