

PATIENT

Maggie Franc

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Labrador

SEX

Spayed female

AGE

11 years

WEIGHT

73 pounds

INTERPRETED BY

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

History: Grade 3/6 systolic murmur. Cutaneous Lymphoma in 2019 tx with chemo and on prednisone q 48 hrs since that time. Progressive increase in liver enzymes with most recent blood panel reveals ALP >2400, ALT 571, Prev diagnosed with Cushings. on ursodiol 500mg POSID Denamarin 425 mg PO SID Prednisone 15 mg PO EOD Gabapentin 300mg PO BID Liver mass diagnosed on u/s March 3rd. FNA cytology= vacuolar hepatopathy Needle core biopsy under anesthesia= Hepatoproliferative disorder- ddx- benign nodular hepatocellular hyperplasia, benign hepatoma or well differentiated hepatocellular carcinoma all possible per pathologist. Last week o noted enlarged abdomen. Exam revealed ascites. Fluid to the lab = modified transudate. Drained 2000ml last Friday from abdomen radiographs- Radiographic Findings Thorax, cardiac silhouette is not overtly enlarged, nor is there particular chamber enlargement. Pulmonary vascular character is normal. There is a diffuse bronchial pattern with excessive thickening of larger bronchial walls. There is a solitary small discrete nodular opacity of 18 mm diameter in the dorsal caudal lung superimposed on the dorsal diaphragm on the right lateral projections. This is suspected in the dorsal aspect the left caudal lung lobe on the VD view. Abdomen: there is prominent abdominal distention associated with a large volume of ascites. There is associated markedly diminished detail. The stomach contains mild gas, but otherwise appears empty. The gastric axis suggests diffuse liver enlargement. The small bowel appears empty. The cecum and colon contain mild gas and there is scant distal granular feces. Other visceral margins are largely obscured by the ascites. Conclusion Cardiovascular abnormalities are not defined. Impression of a diffuse large airway bronchitis. There is a solitary small discrete pulmonary nodular structure in the left caudal lung lobe. This could be associated with early detection of a primary pulmonary neoplasm, metastatic lesion or small granuloma. Marked ascites with associated bowel distention. There is likely significant hepatomegaly. Other abdominal viscera are poorly evaluated due to diminished detail. Near empty G.I. tract would suggest significant anorexia. Steve Harnagel, DVM, DACVR | Pt not eating as well. O is aware of poor prognosis, o would like to know if there is any other tx that may be helpful for pt, rule out any contributing cardiomyopathy, determine if liver mass may be resectable by surgeon.

ULTRASONOGRAPHIC RECHECK 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. 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. The right kidney measured 6.3 cm in length.

The area of the aortic trifurcation was free of pathology.

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Brighton Greens
Veterinary Hospital

REFERRING VET

Dr. Robin Janeway

INVOICE

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DATE

04/20/2022



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Maggie Franc **Adrenal Glands**

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No overt pathology was observed in the area of the left or right adrenal glands.

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 exhibited generalized enlargement with swollen primarily symmetrical capsule contour and mild regional asymmetrical capsule contour within the area of the previously noted mildly expansive nonhomogeneously echogenic to nodular mass involving the mid to left liver measuring approximately 11 cm in diameter. The mass appeared to extend into the area of the liver caudal to the gallbladder without impingement upon the gallbladder. The right lateral and caudate liver exhibited minor parenchymal remodeling yet was overtly normal in structure. The hepatic vasculature appeared to be of normal volume without overt evidence of congestion.

The gallbladder was non-distended in size with mildly echogenic walls and primarily anechoic luminal content. The cystic and common bile ducts were not definitively visualized yet were without evidence of obstruction.

Gastrointestinal

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.

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.

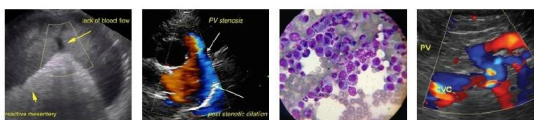
Normal visible colon wall layers were present with apparent formed feces in lumen.

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 was evident.

Free Abdomen

Moderate volume subjectively anechoic to acellular peritoneal free fluid and generalized mild reactive mesentery was noted. No overt lymphadenopathy was observed.



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ULTRASONOGRAPHIC FINDINGS

SPECIES

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- Hepatomegaly with previously noted subjectively static mid to left liver mass.
- Moderate volume anechoic acellular peritoneal free fluid.

BREED

Labrador

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Without evidence of hepatic vascular congestion, the free fluid may be owing to underlying hepatopathy with potential for portal hypertension assuming normal ALB levels. Potential for lymphomatosis or similar may be possible yet thought less likely given the lack of overt effusion. Further assessment may include cytopsin cytology of the free fluid.

SEX

Spayed female

The previously noted hepatic mass appears to be static compared to the previous ultrasound. Neoplastic criteria is still favored even though previous cytology was benign. Subjectively complete surgical resection of the mass is considered unlikely given the size and likely involvement of more than one liver lobe and potential extension into the area of the gallbladder. Echocardiographic assessment and thoracoabdominal CT given the potential for early detected pulmonary nodule as well as for further evaluation of the hepatic mass could be considered.

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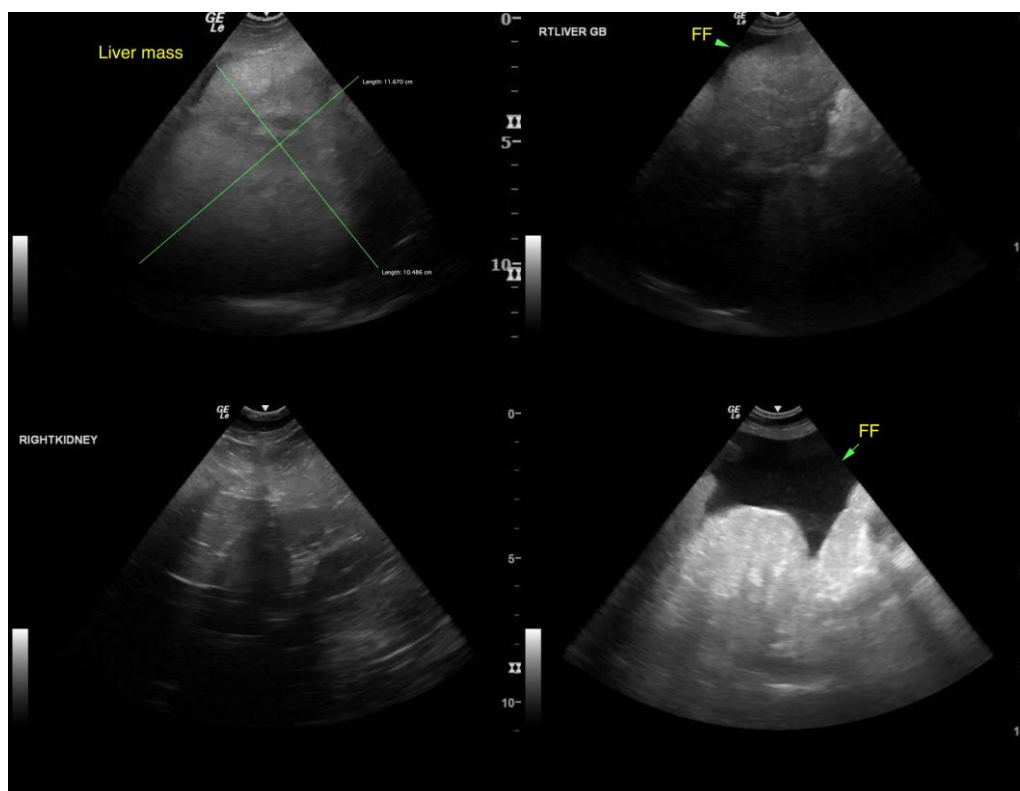
Dr. Robin Janeway

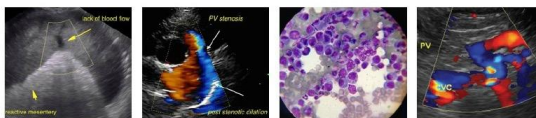
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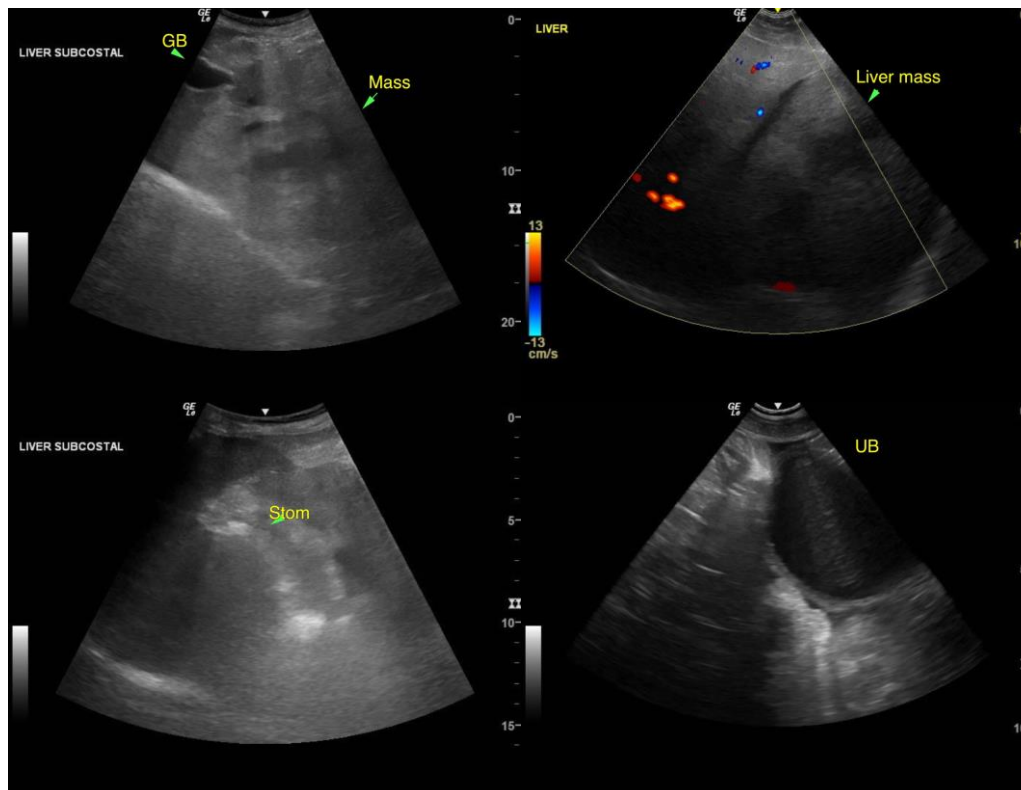
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING BY

Loetitia Saint-Jacques,
LVT

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.

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