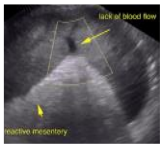
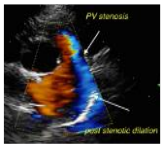
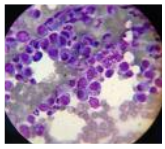
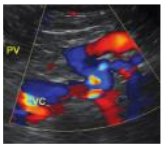
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bella Amacher

SPECIES

Canine

BREED

Cocker Spaniel

SEX

FS

AGE

11 years

WEIGHT

33 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jill Rumachik

HOSPITAL NAME

Clarity Imaging LLC

REFERRING VET

CC Sheldon

INVOICE

17074

DATE

6/13/23

PRESENTING CLINICAL SIGNS

Presented 6/5/23 for pre-op dental. O noted lethargy and inappetence at home for past few months -- attributed to bad teeth. Elevated liver values noted on pre-anesthetic blood work. See below.

Abnormal PE/Chem/CBC/UA Results: 6/5/23: SDMA= 15; ALB= 2.6; ALT= 2568; AST= 239; ALP= 4903; GGT = 456; hypothyroid (<0.4); mildly anemic; 4dx negative

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 uroliths 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 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. The left kidney measured 5.5 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

The left and right adrenal glands were 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. 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.

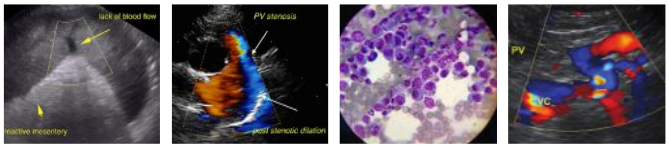
Liver/ Gallbladder

A large, irregular, mixed echogenic-nodular, complex liver mass was present appearing to occupy the majority of the mid to caudal liver extending into the area of the mid to cranial abdomen past the level of the gastric axis. The mass measured at least 13 cm in diameter, but potentially larger as the entire mass would not fit into a single viewing window. Discernable intact deep mid-liver parenchyma was visualized.

The gallbladder was non-distended in size containing primarily anechoic content with minor echogenic gallbladder sediment. No evidence of gallbladder overdistention, gallbladder inflammatory criteria, or post hepatic obstruction was noted.

Gastrointestinal

The stomach presented intact visualized wall layering. The stomach appeared to be displaced caudodorsally owing to the hepatic mass with minor retained anechoic to echogenic fluid.



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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.

Pancreas

The pancreas was not definitively visualized owing to the hepatic mass. No overt pathology was noted.

Free Abdomen

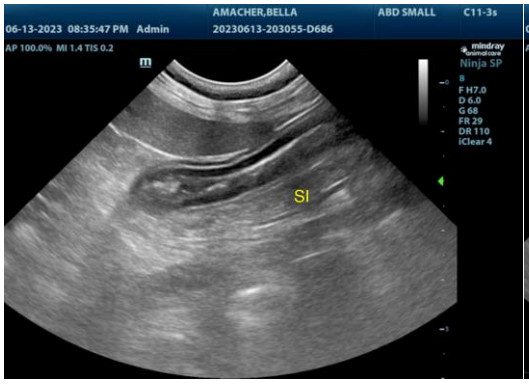
Regional perihepatic mild hyperechoic omentum was noted. Potential for very scant pockets of perihepatic free fluid were present. No overtly visualized omental lymphadenopathy was noted.

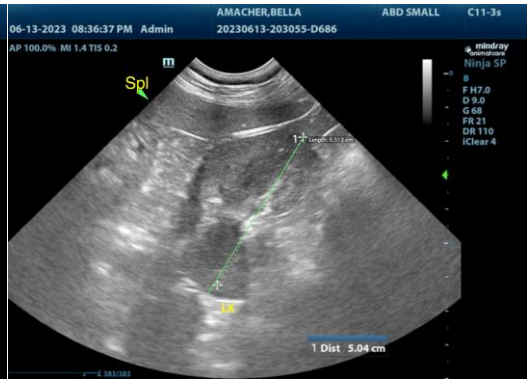
ULTRASONOGRAPHIC FINDINGS

- Large, expansive, irregular, nonhomogeneous, complex liver mass - sonographically consistent with neoplastic criteria
- Mild retained gastric fluid with gastric displacement
- Sonographically unremarkable gallbladder with minor gallbladder sediment (non-mucocele)
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sampling of the hepatic mass is required for further clarification and definitive diagnosis. Given the size of the mass with the likely involvement of more than one liver lobe and the potential expansion of mass into the area of the porta hepatis, curative surgical options appear to subjectively be precluded.





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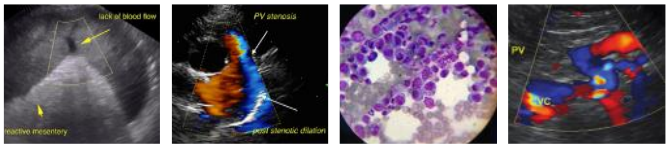

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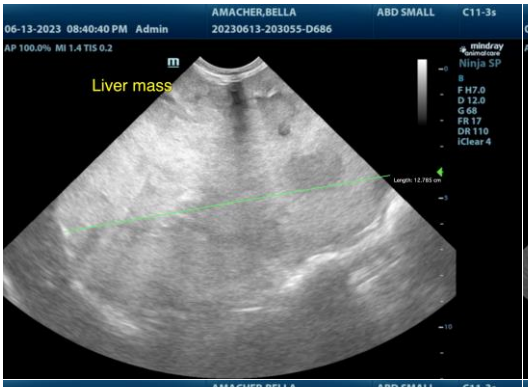

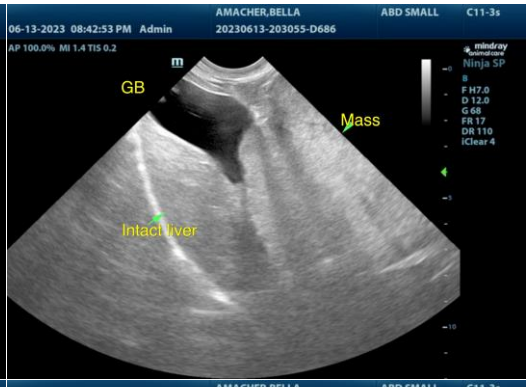

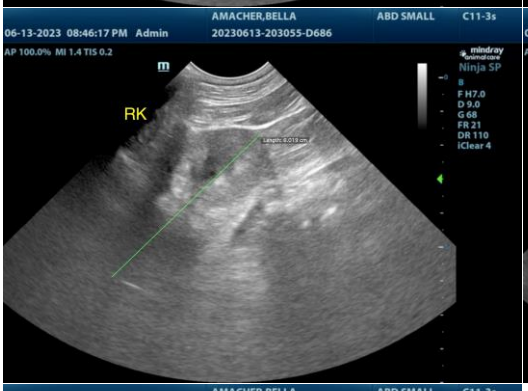

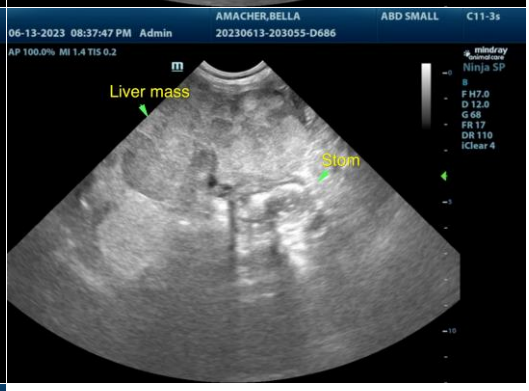

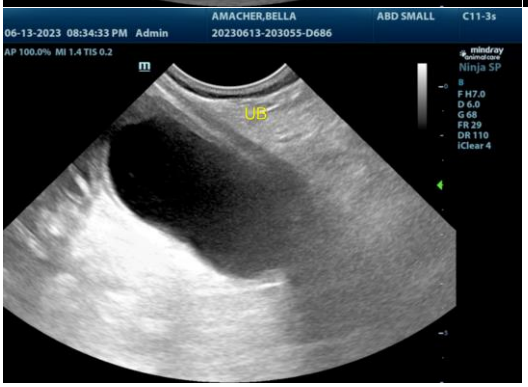

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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