



**PATIENT**

Bella Fae Blair

**SPECIES**

Canine

**BREED**

Maltese/Poodle Mix

**SEX**

FS

**AGE**

13 years

**WEIGHT**

12 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

The Veterinary  
Hospital

**REFERRING VET**

Dr. Berman

**INVOICE**

14314

**DATE**

7/19/22

**PRESENTING CLINICAL SIGNS**

New exam findings: - Swelling in region of left cranial abdomen Previously noted: 1. Gingival growth in region of lower incisors, grade 3-4/4 t/c 2. Aging changes OU (decreased lens clarity) 3. Grade III left to right systolic murmur 4. Grade 1 MPL left hind, mild stiffness hind end 5. Hx hyperthyroidism - well managed on current thyroxine dose 6. Otherwise no major changes Current Medications Thyroxine 0.2 mg (1 T PO am, 1/2 T PO pm) Radiographic Findings Radiographs (R lateral, VD): - Notable hepatic enlargement on lateral view with suspicious enlargement in cranial left abdominal quadrant on VD - Multiple cystoliths in bladder, significant in size - Mild mineralizations in renal pelvis (bilateral) - Spondylosis deformans at L7-S1 - Normal gas opacities throughout intestines - Normal cardiac and pulmonary structures, Normal IVHS ~11 - Otherwise no soft tissue or skeletal changes noted Primary Question/Differential to Be Answered in This Exam Hepatic pathology Abnormal PE/Chem/CBC/UA Results: - CBC - mild microcytic hypochromic anemia (30.6%), otherwise wnl -- blood smear unremarkable, negative saline agglutination - Chemistry - mild hyperphosphatemia (IP 5.5), significant elevated ALP (354), otherwise wnl

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Mild nonuniform thickening of the urinary bladder wall was present. Mild hyperechoic focal calculi (estimate 2-3) with mild distal acoustic shadowing were present in the dependent lumen. An example of an echogenicity measured 1.1 cm diameter. The ventral apical urinary bladder wall width measured 0.37 cm.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomodullary symmetry and definition expected for the age of the patient. Nonobstructive medullary renolithiasis was present primarily in the lateral diverticuli and in the area of the pelvis. No evidence of pelvic dilation was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.0 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 2.1 cm length x 0.39 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.5 cm length x 0.38 cm width at the caudal pole.

**Spleen**

The spleen was normal in size and contour with generalized mild splenic parenchyma heterogeneity including multifocal pinpoint hyperechoic parenchyma foci. These parenchyma foci, although



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nonspecific, may indicate pinpoint areas of splenic microinfarction, fibrosis, or mineralization and not considered clinically significant.

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**Liver/ Gallbladder**

A nonhomogeneous to nodular, moderately sized mass occupying the mid to left liver extending caudally past the level of the gastric axis with potential impingement upon the gastric wall was present. The mass measured approximately 8.0-9.0 cm in diameter. Mild intermittent cystic component within the mass, which may indicate concurrent cysts or potential areas of intra-mass hemorrhage or necrosis, was present. The hepatic parenchyma not involved with the mass exhibited normal echogenicity with moderate coarse echotexture and evidence of minor parenchymal remodeling. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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 moderate, echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, mechanical pyloric outflow 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 were evident.

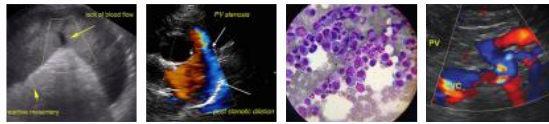
**Free Abdomen**

Several hepatic lymph nodes were present adjacent to the portal vein. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of the hepatic lymph nodes measured 0.97 cm in diameter. No evidence of peritoneal free fluid was noted. Subtle evidence of perihepatic reactive mesentery was noted.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Moderately sized nonhomogeneous to nodular liver mass
- Cystic calculi
- Bilateral chronic renal changes with nonobstructive medullary renolithiasis
- Gastric ingesta



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**Secondary Findings**

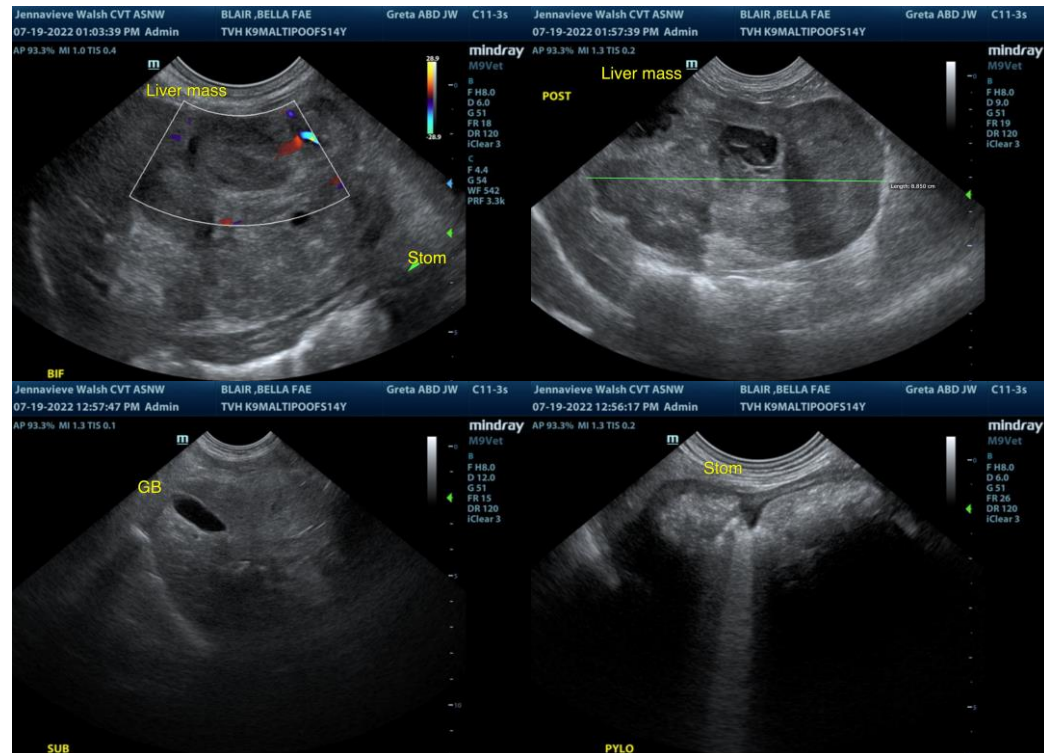
- Pinpoint hyperechoic splenic foci - benign

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling is required for further assessment (pending cytology acquired without complication), the hepatic mass meets neoplastic criteria which is considered probable. Non-neoplastic etiology, i.e., hyperplasia, hematopoiesis, granuloma, etc., are considered less likely differential diagnoses.

Complete resection of the hepatic mass is considered unlikely, given its likely involvement with more than one liver lobe.

Urine culture and sensitivity on a sterile urine sample +/- additional renal staging to include baseline UPC, if no evidence of significant inflammatory cells on urinalysis, could be considered.





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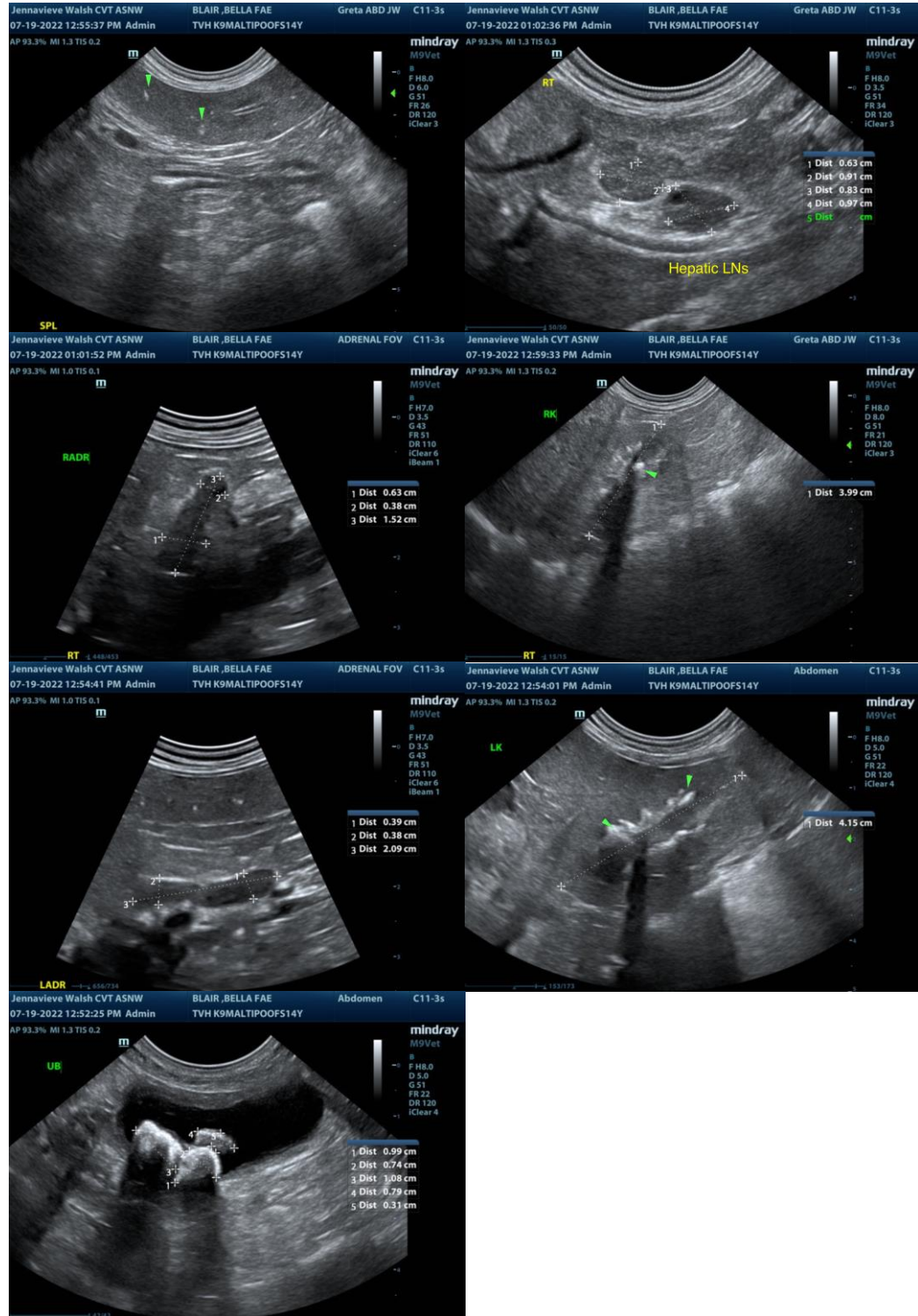
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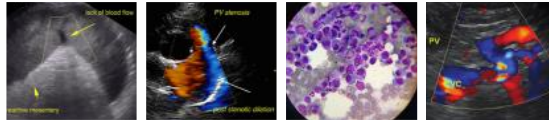
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)**  
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