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Clinical Sonography & Telecytology
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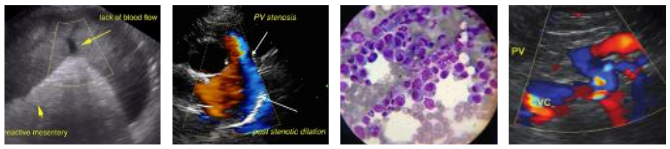

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Scooby Daignault

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

11

WEIGHT

35.7kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Southpointe Vet Clinic

REFERRING VET

Dr. Mizen

INVOICE

14457ag

DATE

07/31/2023

PRESENTING CLINICAL SIGNS

Weight loss and lethargy has a perianal mass

Abnormal PE/Chem/CBC/UA Results: Moderate elevation of liver and renal enzymes with severe elevation of ALPK UA USG 1007 with 11+ WBC /HPF and trace protein

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND LIMITED HEART

Urinary System

The urinary bladder was distended in size with normal tone and normal appearing walls. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 were noted.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. A solitary right kidney cortical cyst was present. The left kidney measured 8.6 cm in length. The right kidney measured 7.6 cm in length.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.57 cm width at the caudal pole. The right adrenal gland measured 0.59 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/Gallbladder

The liver was variably enlarged with capsule asymmetry and generalized non-homogenous parenchyma. Moderate to marked coarse echotexture and evidence of parenchymal remodeling was present. Multiple variably sized to expansive non-uniform hyperechoic macronodules were present, an example measuring 3.5 cm in diameter. An ill-defined non-homogenous mass was present in the subjective mid to left liver extending caudally to the level or past the gastric axis measuring ~ 5-6 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with moderate non-organized sediment. The cystic and common bile ducts were normal.

Gastrointestinal

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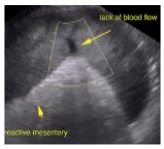

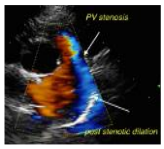

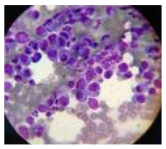
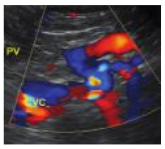

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid and non-specific hyperechoic ingesta with no signs of ileus, obstruction or foreign material.

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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Ill-defined irregular non-homogenous mass present in the mid abdomen measuring ~ 8-9 cm in diameter. No overt peritoneal effusion. Mild perihepatic hyperechoic omentum was present.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Enlarged irregular non-homogenous liver with multiple parenchymal hyperechoic macronodules and ill-defined mid to left liver mass.
- Gallbladder debris (non-mucocele).
- Moderate chronic renal changes with right kidney cortical cyst.
- Heterogenous spleen.
- Mild retained gastric fluid and non-specific ingesta.
- Unspecific irregular non-homogenous mid abdominal mass-suspect potential lymphatic or hepatic origin.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, suspect diffuse hepatic primary or metastatic neoplasia with potential for multicentric intra-abdominal neoplasia give the mid abdominal mass exhibiting potential for lymphatic origin.

Assuming normal clotting status a hepatic mass/accessible nodule and mid abdominal mass FNA for screening cytology is warranted for further assessment, potential oncology consult and chemotherapeutic intervention.

Benign etiology i.e., non-specific hepatitis, marked nodular hyperplasia, lipogranulomas etc. considered less likely. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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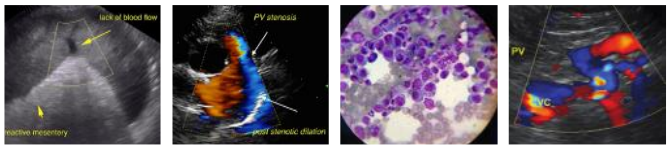

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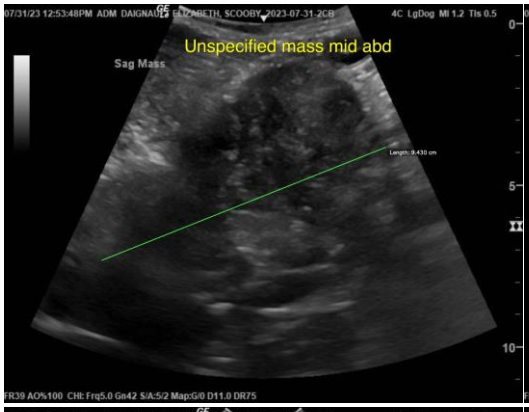

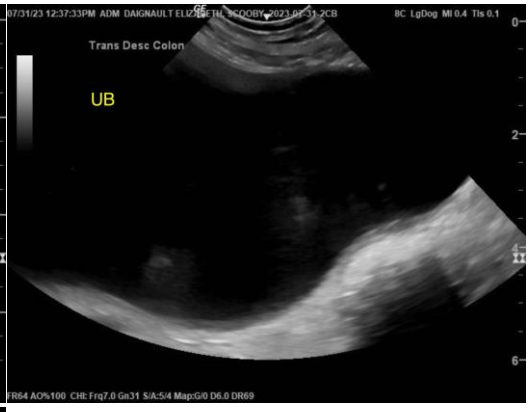

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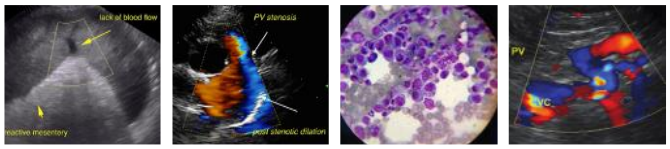

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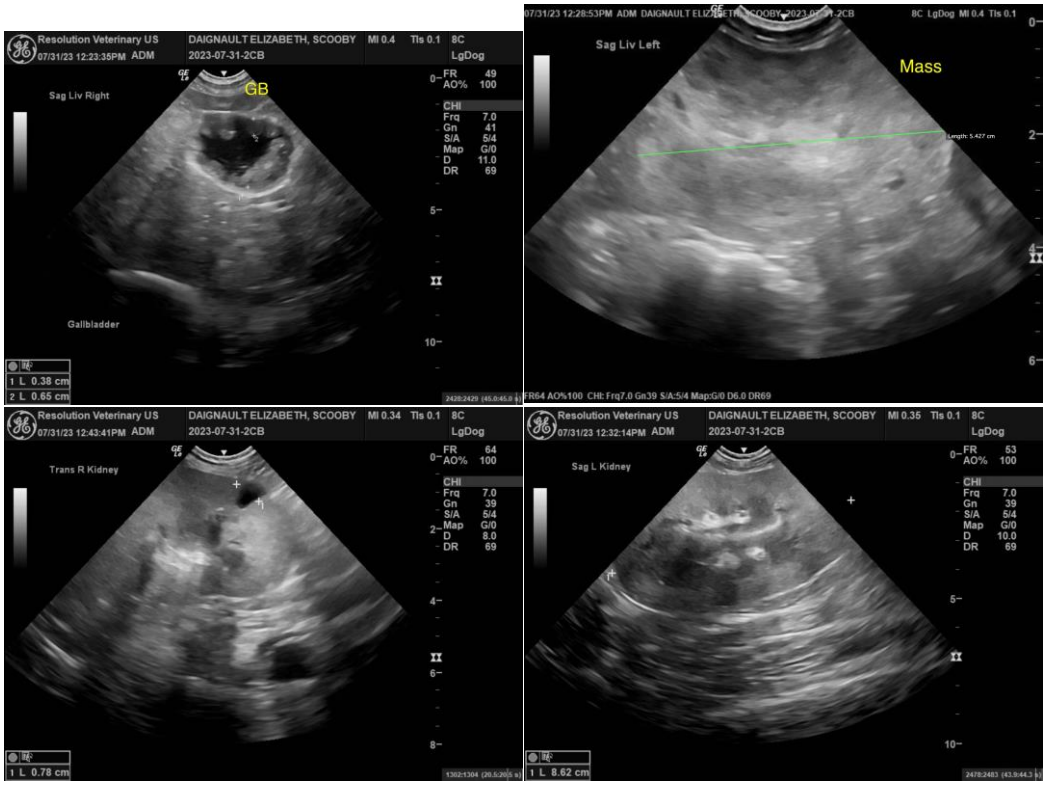

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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