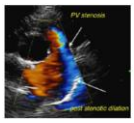
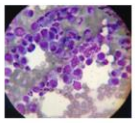
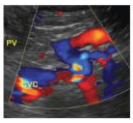




PATIENT

Kevin Ross

SPECIES

Canine

BREED

Husky

SEX

MN

AGE

13 years

WEIGHT

79 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Hahn

INVOICE

14212

DATE

7/5/22

PRESENTING CLINICAL SIGNS

History of hypercalcemia that was treated with a parathyroid tumor ablation last year. Calcium normalized and patient did well. A few weeks ago the patient had some hind limb lameness and weakness. No other signs. Prescribed carprofen initially, but we stopped as soon as we saw the ALT at 286, then even after discontinuing the carprofen the ALT went to 692.
Abnormal PE/Chem/CBC/UA Results: Hypercalcemia has returned (14), Liver enzymes have increased over the last several readings (ALT was normal, then 286, then 692), ALP 880, all in the last month. L hind weakness/lameness

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 overt pathology was noted in the area of the residual prostate.

The area of the aortic trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy / masses.

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 7.2 cm in length. The right kidney measured 6.9 cm in length. No evidence of renal neoplastic criteria was noted.

Adrenal Glands

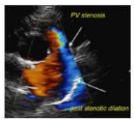
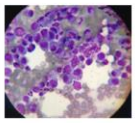
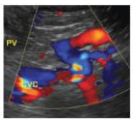
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole and 0.45 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.58 cm width at the caudal pole. No evidence of adrenomegaly or adrenal tumors was noted.

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 or benign parenchyma changes were not noted. No evidence of splenic neoplastic criteria i.e., masses, nodules, etc.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance

PATIENT

Kevin Ross

SPECIES

Canine

BREED

Husky

SEX

MN

AGE

13 years

WEIGHT

79 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Hahn

INVOICE

14212

DATE

7/5/22

without signs of congestion. 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 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 were evident.

Free Abdomen

A moderately sized to large primarily uniform mass exhibiting symmetrical contour was present in the subjective ventral aspect of the mid to cranial abdomen. The abdominal mass exhibited similar echogenicity and echotexture as the falciform fat. A solitary cyst-like lesion was noted within the mass, measuring 4.9 cm in diameter. The overall mass measured approximately 18.0 cm in diameter. The mass appeared to directly efface the caudal aspect of the ventral liver, as well as the falciform ligament. The mass did not appear to overtly involve the spleen.

No evidence of intraabdominal lymphadenopathy or peritoneal free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Moderately sized to large, primarily uniform to focally cystic abdominal mass exhibiting symmetrical contour
- Hepatopathy
- Mild chronic renal changes
- Overtly normal spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the abdominal mass is suggestive of fat echogenicity and comparable to echogenicity and echotexture of the adjacent falciform ligament indicating probable intraabdominal lipoma. Potential for liposarcoma or possible nonobvious hepatic origin with less likely potential for splenic origin considered less likely differential diagnoses.

Assuming normal clotting status, ultrasound-guided FNA of the abdominal mass for screening cytology Is warranted. Concurrent hepatopathy may indicate vacuolar hepatopathy, inflammatory / immune-mediated disease, or other hepatopathy with definitive hepatic neoplastic criteria not overtly obvious. Concurrent hepatic FNA, assuming normal clotting status and if accessible, is suggested for cytology. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

PATIENT

Kevin Ross

SPECIES

Canine

BREED

Husky

SEX

MN

AGE

13 years

WEIGHT

79 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Hahn

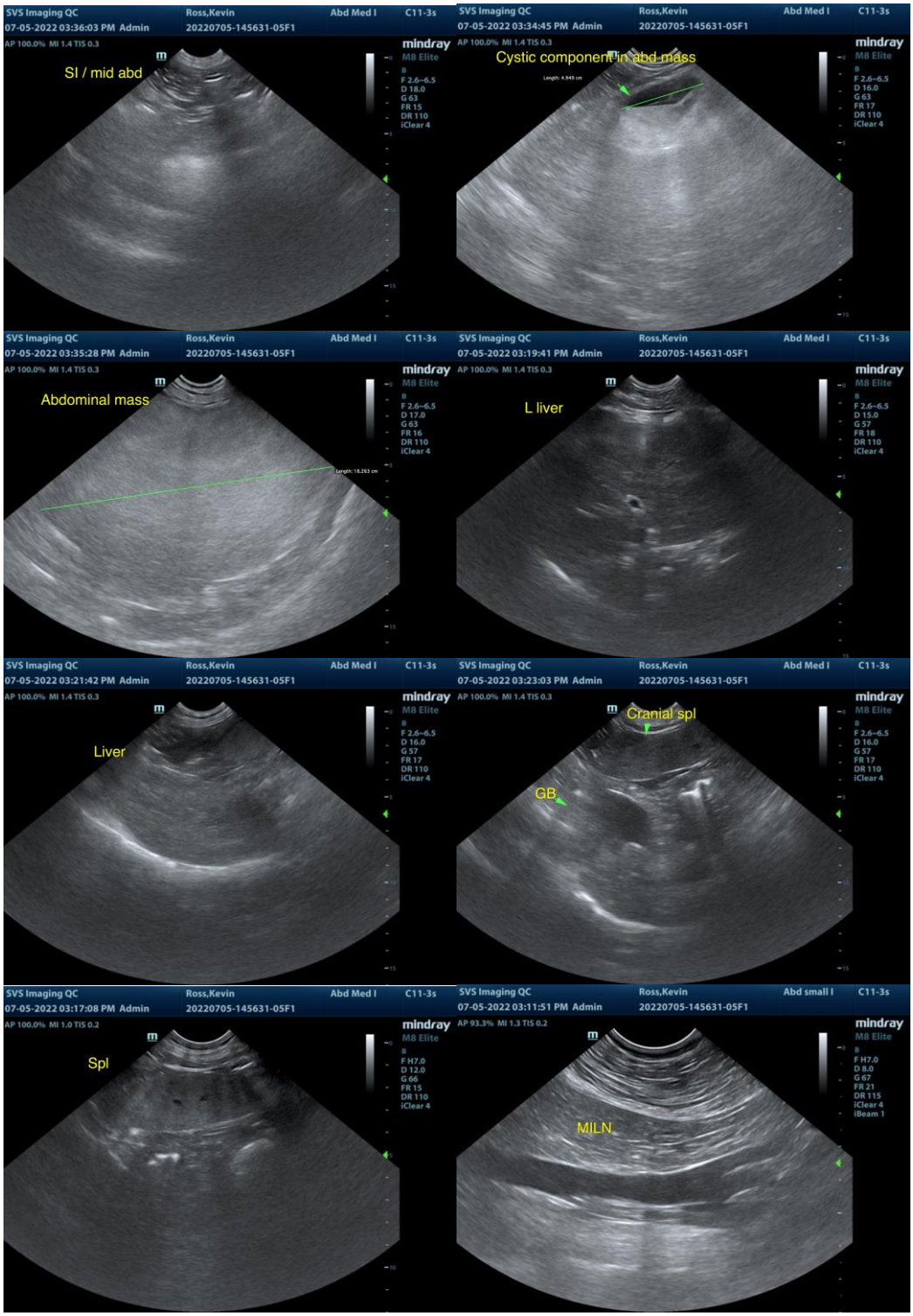
INVOICE

14212

DATE

7/5/22

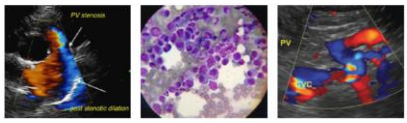
A hypercalcemia panel to include ionized calcium, PTH, and PTHrP, along with three view chest radiographs, as well as rectal palpation, are suggested to rule out occult pathology as a contributing factor to the hypercalcemia.



IMAGING PERFORMED BY

svsmobileimaging.com 309 - 737 - 3070

SVS IMAGING



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Kevin Ross

SPECIES

Canine

BREED

Husky

SEX

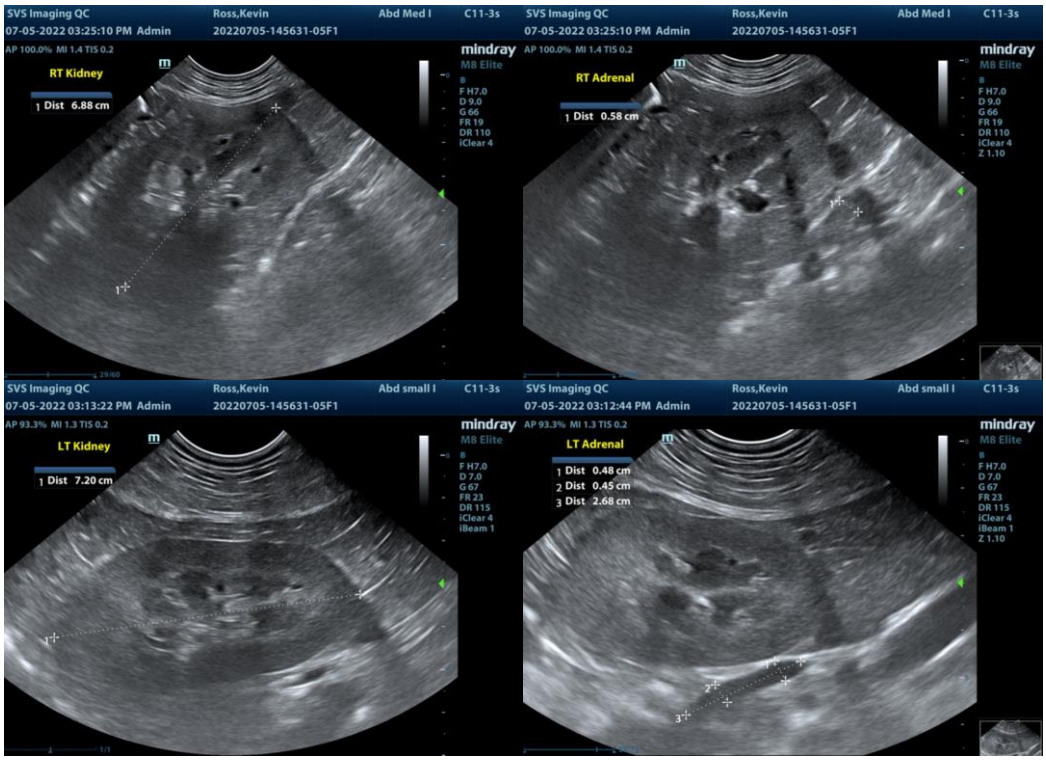
MN

AGE

13 years

WEIGHT

79 lbs.



INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Hahn

INVOICE

14212

DATE

7/5/22

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