



PATIENT

Olive Hagar

SPECIES

Canine

BREED

Shepherd X

SEX

Female Spay

AGE

11

WEIGHT

29 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Sunridge AH

REFERRING VET

Dr. Magill

INVOICE

14798

DATE

9/1/22

PRESENTING CLINICAL SIGNS

Previous scan April 21 2022 Invoice 1370 Had surgery and removal of part of the left lobe of the liver. Histopath diagnosed as a myxosarcoma. Subsequent to surgery has had bloating episodes that have self corrected. Attending concerned about gastric torsion post surgery Patient sedated for scan.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly mild thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. The ventroapical urinary bladder wall thickness measured 0.33 cm. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Anechoic urine was present in the lumen with no uroliths, sediment or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of neoplastic criteria was noted.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.9 cm in length. The right kidney measured 6.2 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 0.59 cm width at the caudal pole and 0.61 cm width at the cranial pole.

A uniformly hyperechoic nodule was present in the mid to cranial right adrenal gland with mild associated symmetrical capsule expansion. The nodule was mildly expansive yet did not distort the right adrenal capsule. The nodule did not exhibit signs of mineralization, parenchymal escape, or vascular invasion. The nodule measured 1.2 cm x 0.79 cm. The overall right adrenal gland measured 3.3 cm length x 1.2 cm width at the cranial pole and 0.83 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. Focal areas of hyperechoic parenchyma adjacent to the hilus consistent with benign myelolipomas were present. Potential for mild breed-associated hypersplenism is possible. 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. No evidence of neoplastic criteria was noted.



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Liver/ Gallbladder

Olive Hagar

A moderately sized, nonhomogeneous to mixed echogenic mass appearing to involve the mid to right liver was present measuring approximately 8.0 cm in diameter. The liver 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.

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Gastrointestinal

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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.

Female Spay

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.

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

Pancreas

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

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Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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- Recurrent vs persistent liver mass
- Sonographically unremarkable gastrointestinal tract - no evidence of gastric distention with retained fluid or ingesta, no evidence of gastric torsion
- Bilateral chronic renal changes
- Nonspecific right adrenal gland nodule - suspect adenoma
- Mild cystitis pattern

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The recurrent to persistent liver mass is most consistent with recurrent to persistent neoplastic disease, specifically myxosarcoma based on the previous histopathology. Alternative neoplastic processes or benign etiologies such as hyperplasia, granuloma, etc., are possible yet considered less likely. Screening ultrasound-guided FNA of the recurrent liver mass for cytology could be considered for further assessment.

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The right adrenal nodule could also indicate benign hyperplasia or emerging neoplasia such as pheochromocytoma, adenocarcinoma, or possible metastasis. Screening BP to assess for evidence of hypertension which may allude to an emerging right pheochromocytoma is suggested. Sonographic monitoring of the right adrenal nodule and recurrent liver mass for evidence of progression would be a more conservative approach.



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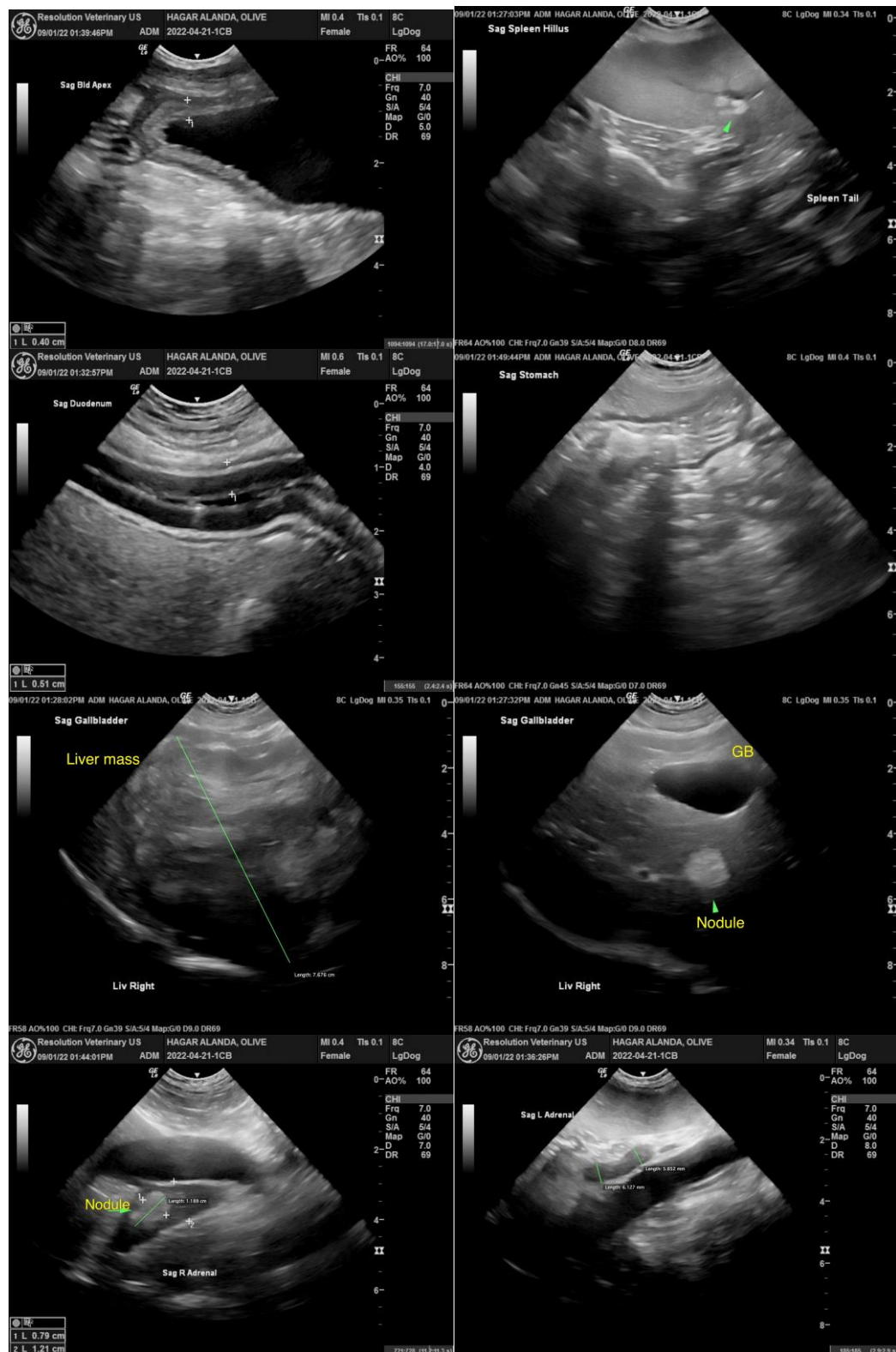
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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