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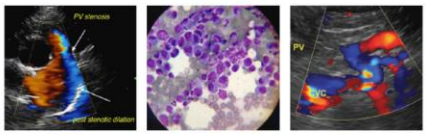

SonoPath
Clinical Sonography & Telecytology
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PATIENT
Dewey O'Connell

SPECIES
Canine

BREED
Pit Bull Mix

SEX
MN

AGE
12 yrs

WEIGHT
66 lbs.

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

IMAGING PERFORMED BY
Amg Mayhew LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Family Pet Practice

INVOICE
14911

DATE
9-20-22

PRESENTING CLINICAL SIGNS

Current Medications: Gabapentin 100mg - 2 capsules given this morning, has been on gabapentin for the past 1-2 months for pain Was on deramaxx for the past month, has been off for past week. Probiotic spray daily Patient History: Ate approx 1/2 cup of food 2-3 hours prior to arrival today. Decreased appetite for past 2-3d. Unsure when last BM was, poss days ago. Urinating normally. Weak in hindend, mild ataxia. Mild anemia at last BW done 8/11/22, hyperglobulinemia Poss hx of seizures vs syncope- O had declined cardiac referral. O described a few episodes of acute collapse for a minute or two Splenectomy done elsewhere 3 yrs ago- hematoma found on bx.
Abnormal PE/Chem/CBC/UA Results: Presented due to marked lethargy, weakness, distended abdomen. QAR, panting. Temp 103.8F. Bradycardia, synchronous pulses, but mild arryhthmyia suspected. Distended abdomen, hard to palpate much. Only hearing gut sounds in R upper quadrant of abdomen. Concern for poss fluid/ascites based on palpation vs mass effect. Pacing in exam room, will sink down and then rise back up (seems uncomfortable sitting). Slightly ataxic in hindend, O feels that this is not being impacted by the gabapentin.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 associated with the residual prostate was noted.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses was 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 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 7.1 cm in length. The right kidney measured 7.6 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 0.49 cm width at the caudal pole and 0.51 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 0.53 cm width at the caudal pole and 0.73 cm width at the cranial pole.

Spleen

The spleen was not visualized owing to previous splenectomy.

Liver/ Gallbladder

The liver exhibited intact deep parenchyma exhibiting moderate coarse echotexture and evidence of parenchymal remodeling. A large, expansive to irregular, mixed echogenic nodular to cystic mass

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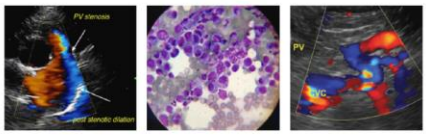

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appearing to arise from the mid caudal liver extending caudally occupying the majority of the cranial to mid-abdomen was present. The mass measured at least 20.0 cm in diameter, but appear to be larger as the entire mass would not fit into a single viewing window. 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 mild, hyperechoic, ingesta exhibited subtle progressive distal acoustic shadowing.

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. This is likely consistent with age-related pancreatic changes.

Free Abdomen

Concurrent mild to moderate volume peritoneal free fluid exhibiting mild echogenic changes, which may suggest mild fluid cellularity, was present. Potential for associated perihepatic to mid cranial abdominal mesenteric lymphadenopathy is possible, although expansive nodules associated with the hepatic mass is also possible.

ULTRASONOGRAPHIC FINDINGS

- Large, expansive, irregular, nodular to mixed echogenic, cystic liver mass occupying the majority of the mid to cranial abdomen
- Associated mild to moderate volume peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the large liver mass is strongly suggestive of neoplastic criteria such as adenocarcinoma, cystic biliary adenocarcinoma, sarcoma or other. Associated peritoneal free fluid is suspected to be secondary to portal hypertension, although the possibility of intraabdominal bleeding and/or inflammatory fusion is possible.

Unfortunately, given the size and extent of the liver mass, as well as potential extension into the area of the portal vein, surgical options appear to be precluded. Potential for concurrent omental seeding such as carcinomatosis or similar could also be present. An unfavorable prognosis is unfortunately indicated.

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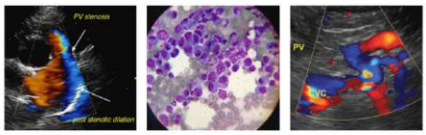

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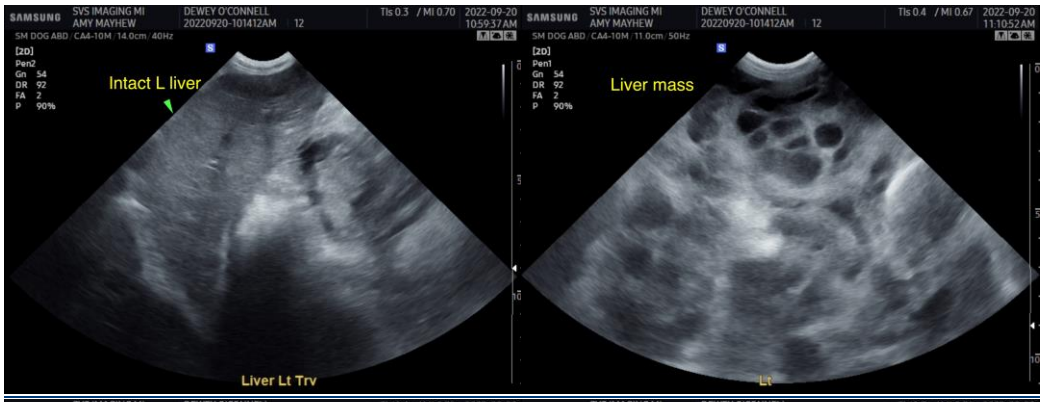

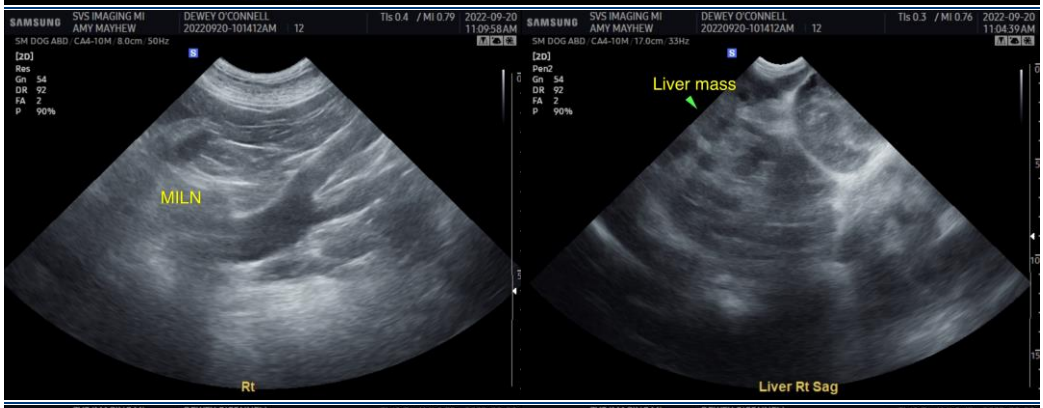

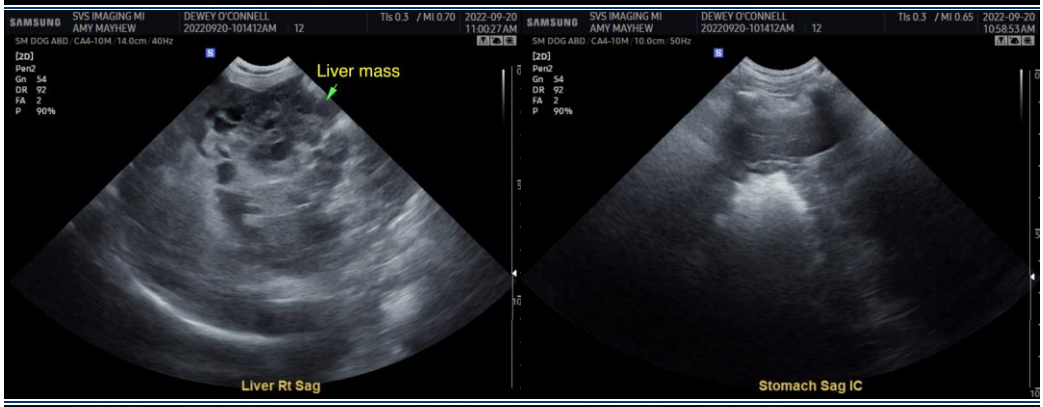

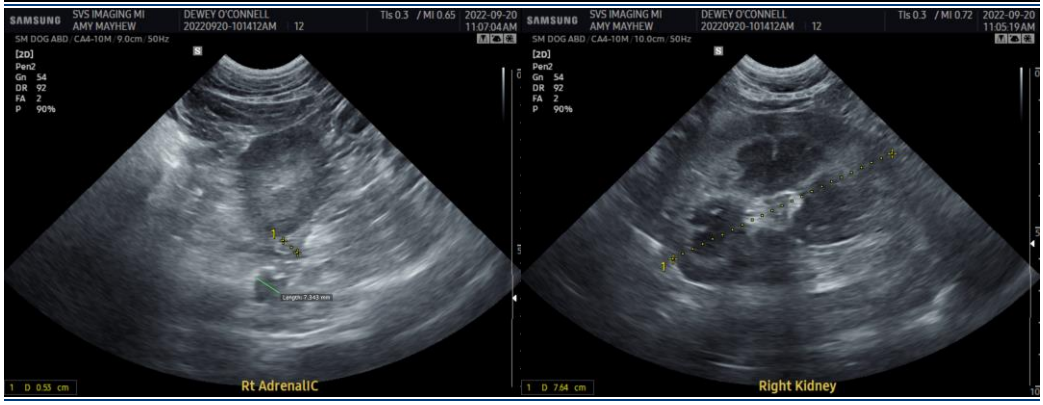

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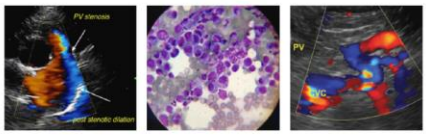

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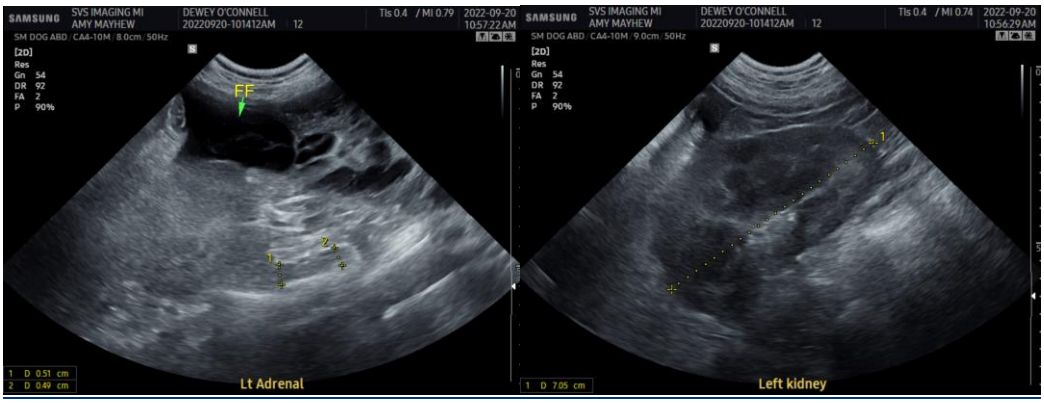

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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