



PATIENT

Maddie May Welsh

SPECIES

Canine

BREED

Min Australian Shep

SEX

FS

AGE

11y

WEIGHT

21 lb.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Countryside Animal
Clinic

REFERRING VET

Dr. Cox

INVOICE

14975

DATE

9-23-22

PRESENTING CLINICAL SIGNS

Abdominal mass; hx of hepatocellular carcinoma- liver lobe was removed in November 2018 Primary Question/Differential to Be Answered in This Exam Evaluate liver and possibility for metastasis

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.

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. Increased medullary echogenicity was present with pinpoint medullary mineral and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. 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 1.7 cm length x 0.52 cm width at the caudal pole.

The right adrenal gland was mildly enlarged in size exhibiting minor asymmetrical contour and mild nonhomogeneous parenchyma. The right adrenal gland measured 1.5 cm length x 0.69 cm width at the caudal pole.

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. Discrete areas of hyperechoic parenchyma adjacent to the hilus were noted, consistent with probable minor to emerging myelolipomas. Acute to chronic inflammatory neoplastic changes were not noted.

Liver/ Gallbladder

The subjective mid to right and caudate liver exhibited normal parenchyma echogenicity with moderate coarse echotexture. 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

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

Nonhomogeneous mass was present in the cranial abdomen subjectively left cranial abdomen in the area of the left liver. Suspect (2) separate to possible (1) lobulated masses exhibiting nonhomogeneous to mixed echogenic parenchyma. No evidence of parenchymal mineralization. Subtle evidence of regional hyperechoic mesentery is noted. No free fluid was present. An example of a mass measured 5.2-5.7 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Nonhomogeneous cranial abdominal mass / masses
- Mildly enlarged to irregular right adrenal gland - nonspecific
- Benign splenic nodules - consistent with minor to emerging myelolipomas
- Bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the cranial abdominal mass in the subjective area of the left liver is suggestive of neoplastic or metastatic criteria, given the patient history. Benign etiology i.e., granuloma, hyperplasia, etc., are possible yet are thought less likely. Screening ultrasound guided FNA of the mass for cytology and potential for oncology consult is warranted.

The cranial abdominal mass to masses, suspected to be of hepatic origin with non-hepatic origin considered less likely. No evidence of splenic mass or involvement was noted.



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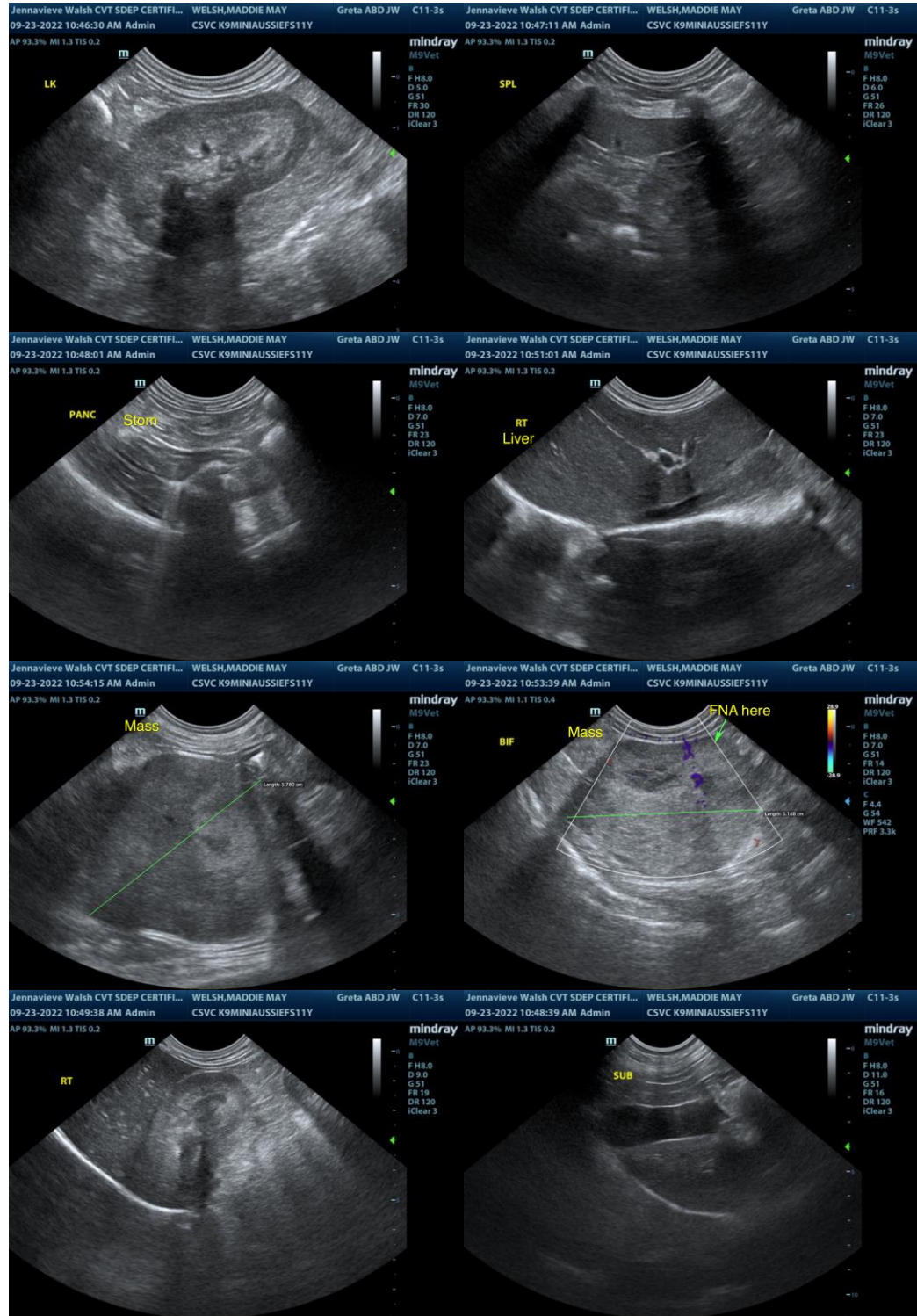
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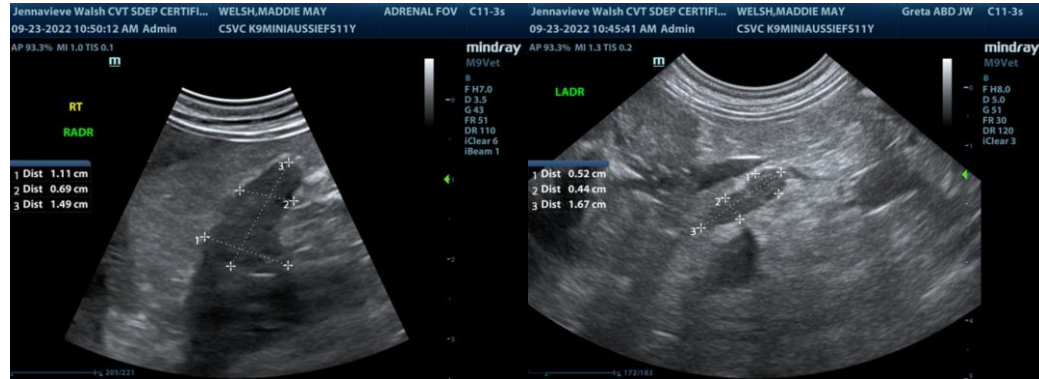
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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