



PATIENT

Einstein Murillo

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

10 years

WEIGHT

12.1 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Pamela Harrigan, RDCS

HOSPITAL NAME

Wood River AH

REFERRING VET

Casey Schulke, DVM

INVOICE

13299

DATE

9/27/21

PRESENTING CLINICAL SIGNS

Presenting for dental cleaning. Severe elevation in liver enzymes noted on pre-op BW. Potbelly appearance and enlarged liver palpated. Radiographs: Chest- poss. mediastinal mass/ increased VHS (per signal pet), Abdomen- prominent spleen. Arthritis. FNA of liver taken at time of ultrasound. Abnormal PE/Chem/CBC/UA Results: ALP > 990; ALT 190; CBC- thrombocytopenia (being confirmed by smear- pending); PT/PTT WNL Full chemistry panel pending. 9/10: bactiuria and pyuria, TT4 0.9. 9/24: mild leucocytosis

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

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 mild increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was noted in both kidneys. The left kidney measured 4.3 cm in length. The right kidney measured 4.3 cm in length. A small medial cortical cyst was present in the right kidney.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.58 cm width in the cranial pole and 0.68 cm width in the caudal pole. The right adrenal gland measured 0.57 cm width at the caudal pole and 0.52 cm width at the cranial pole.

Spleen

The spleen exhibited mild prominent size with 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, neoplastic, or benign parenchyma changes were not noted. No splenic masses or nodules noted.

Liver/ Gallbladder

The liver revealed a large, expansive, asymmetrically margined, non-homogenously echogenic to focally cystic mass occupying the majority of the right to caudate liver. The mass measured approximately 9.0 cm x 6.0 cm, but potentially larger as the entire mass would not fit into a single viewing window. The gallbladder was non distended in size with minor non-dependent gallbladder debris- the gallbladder was otherwise normal without evidence of post hepatic obstruction. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

Minor pyloric thickening exhibiting maintained intact wall layering was present. The pylorus wall measured 0.49 cm. The stomach was moderately distended with retained anechoic fluid without evidence of mechanical pyloric outflow obstruction.



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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. The jejunum wall measured 0.39 cm. The duodenum wall measured 0.26 cm. Potential displacement of the duodenum ventrally owing to the expansive mass in the area of the caudate liver lobe possible.

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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.

Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

10 years

- Large liver mass occupying the majority of the right to caudate liver
- Bilateral chronic renal changes with minor pyelectasia and small right kidney cortical cyst
- Mildly prominent yet sonographically unremarkable spleen
- Hypomotile stomach with prominent yet intact pylorus walls- potential for minor pyloric gastritis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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 DABVP (Canine and Feline)

Although sampling is required for further clarification of the hepatic mass, most suggestive of neoplasia such as adenocarcinoma or other, potential for non-neoplastic etiologies such as significant nodular hyperplasia, granuloma or similar possible yet considered less likely. Further clarification would require pending hepatic cytology and/or core biopsy. However, sonographically the hepatic mass does not appear to be amendable to surgical resection given its location. Likely within the area of the portohepatis, some degree of potential delayed gastric emptying or pyloric irritation owing to the hepatic mass may be possible. As needed gastrointestinal supportive smaller more frequent feedings of a canned diet may prove beneficial of evidence of inappetence or vomiting.

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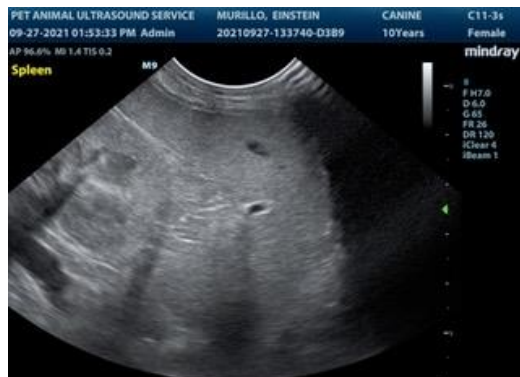
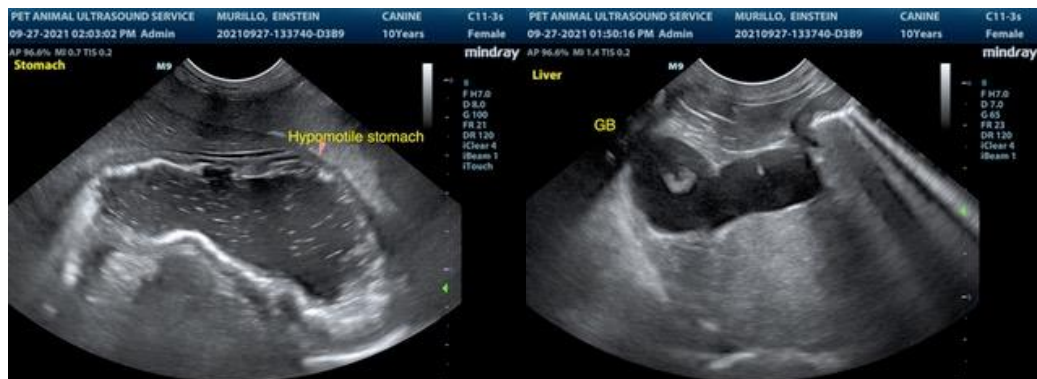
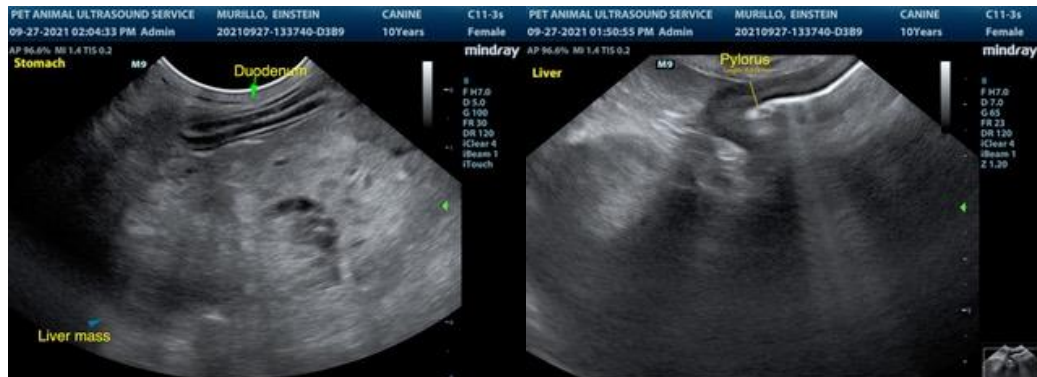
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



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visible in the image/video clips provided.

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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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info@SonoPath.com

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