



PATIENT

Max Bonniwell

SPECIES

Canine

BREED

Poodle Mix

SEX

MN

AGE

17 years

WEIGHT

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med), PhD,
Dipl. ECVIM

IMAGING PERFORMED BY

Lara Wiseman, DVM

HOSPITAL NAME

Village Royale Animal
Clinic

REFERRING VET

INVOICE

303529

DATE

11/5/22

PRESENTING CLINICAL SIGNS

History: Seizures.

Physical Examination: N/A.

Urinalysis: N/A.

CBC: N/A.

Serum Biochemistry: Elevated liver enzyme activity.

Radiographic Findings: N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal trigone area, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 3.9 cm, right 4.3 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

Reproductive System

Small hypoechogenic prostate (0.6 cm).

Adrenal Glands

Normal shape, echogenic appearance, position, and size. Left 0.46 cm, right 0.43 cm.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Enlarged with rounded edges, increased echogenic and nodular appearance, loss of portal markings, and regular curvilinear capsule. Large hyperechogenic expansive cavitary vascularized mass (6.3 x 6.9 cm) in the left lobe. Small gall bladder containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.



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Gastrointestinal

Normal appearance of the gastro-esophageal junction, stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.32 cm, jejunum 0.39 cm) and peristaltic activity, and no distension of the lumen.

Pancreas

Normal size (right 1 cm) with a diffuse hyperechogenic and fine nodular appearance and an irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

No mesenteric lymphadenomegaly.
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary findings:

- Hepatic mass.
- Hepatopathy.
- Pancreatic fibrosis.

Secondary findings:

- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS IMAGES

The most likely etiology for the hepatic mass would be neoplasia, with granuloma a less likely differential diagnoses.

Etiologies for the hepatopathy would be secondary to the hepatic mass, nodular regeneration, chronic hepatitis, granulomatous disease, and neoplasia.

Although the appearance of the pancreas is consistent with fibrosis, chronic pancreatitis needs to be considered.

Further assessment would be 3-view thoracic radiographs, cPL/PSL assay, FNA cytology of the liver and hepatic mass, and possible MRI of the brain.

Specific therapy would be dependent on an etiological diagnosis.



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IMAGES

Liver





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Pancreas



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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 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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