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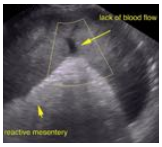
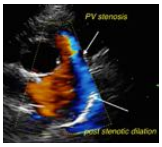
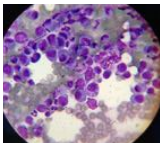
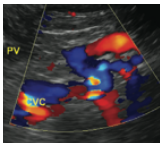





PATIENT

Java Sage

SPECIES

Canine

BREED

Shepherd

SEX

Spayed female

AGE

13 years

WEIGHT

60 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Reser

HOSPITAL NAME

Harvest Hills VH

REFERRING VET

Dr. Reser

INVOICE

46703

DATE

8/22/23

PRESENTING CLINICAL SIGNS

History: Dog had acute episode of vomiting and loss of appetite past 48 hours. On intermittent carprofen for arthritis
Abnormal PE/Chem/CBC/UA Results: Temp 102.6, mild tenderness in cranial abdomen, palpable mass. CBC showed mild wbc elevation (24,000), typical stress pattern. All of chemistries normal. Soft tissue mass on xray in mid cranial abdomen, to the right on VD

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size of the left kidney (6.5 cm) with increased echogenic appearance, some loss of corticomedullary differentiation and normal pelvis and capsule. There were no infarct, mineralization or renoliths. The right kidney was not evident.

Adrenal Glands

Left adrenal is normal in shape, echogenic appearance, size (0.5 x 0.6 cm), position, and appearance of the surrounding vasculature. The right adrenal gland was not visualized.

Spleen

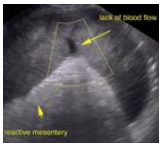
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 3.6 cm.

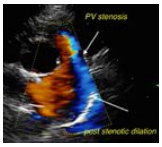
Liver

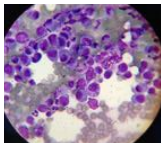
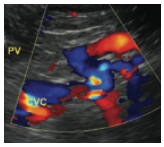
Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Focal, irregular, hyperechogenic parenchymal nodule measuring 1.2 x 1.3 cm in the left lobe. Hyperechogenic mass measuring 4.0 x 4.2 cm in the right lobe with bulging of the overlying capsule.

Gallbladder

The gallbladder is small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.





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Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

Large, echogenic, cavitary mass in the cranial abdomen in the region of the right kidney.

ULTRASONOGRAPHIC FINDINGS

- Abdominal mass.
- Hepatic nodule and hepatic mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As the right kidney could not be visualized the origin of the abdominal mass could well be from the right kidney. However, it is still possible that the mass is originating from the head of the spleen and obscuring the view of the right kidney. The most likely etiology for the mass would be neoplasia with granulomatous disease, a less likely differential diagnosis. The hepatic nodule is most likely an incidental finding. The larger hepatic mass is most likely a hepatoma with neoplasia.

Further assessment would be three view thoracic radiographs and FNA cytology of the abdominal mass and hepatic mass. If surgery is being considered then a CT scan would be indicated to fully ascertain the origin of the mass.

Specific therapy would be dependent on an etiological diagnosis.

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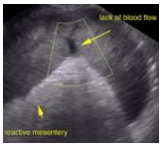
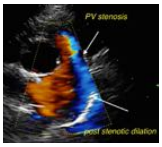
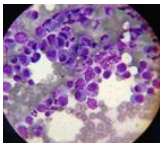
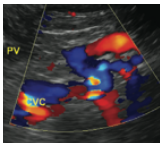

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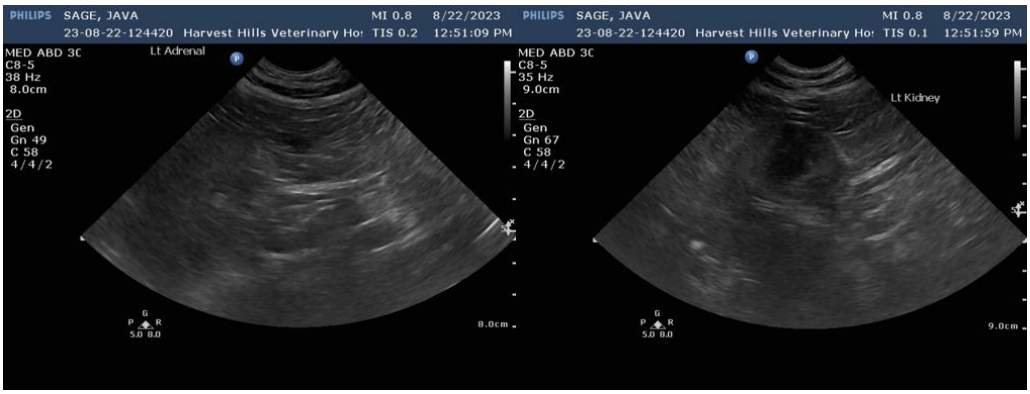

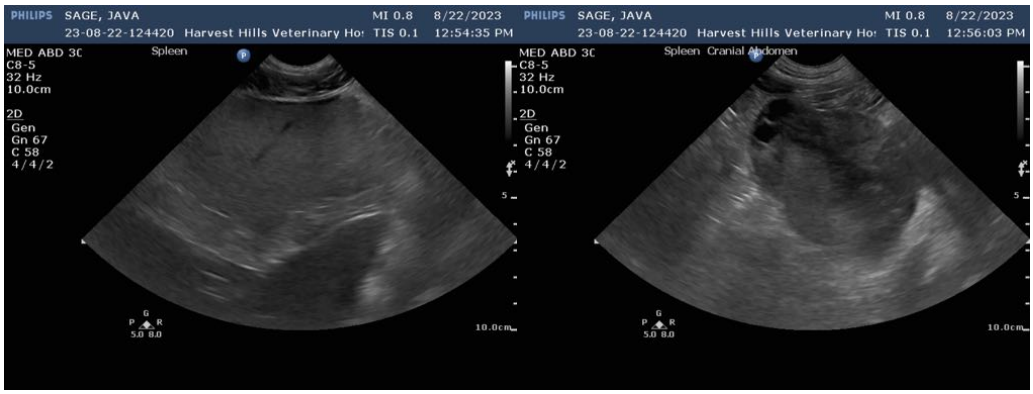

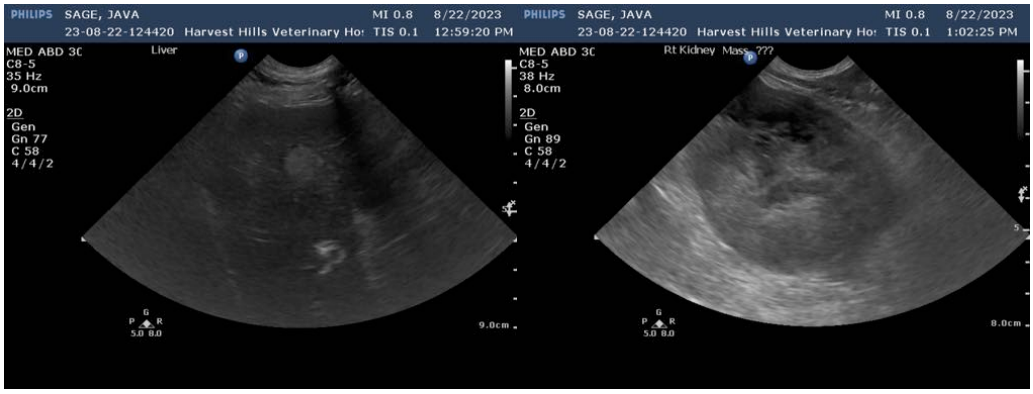

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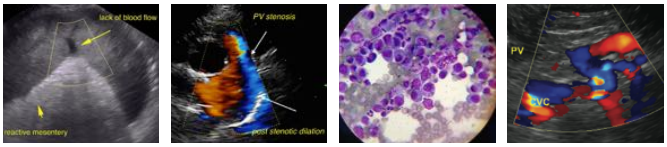

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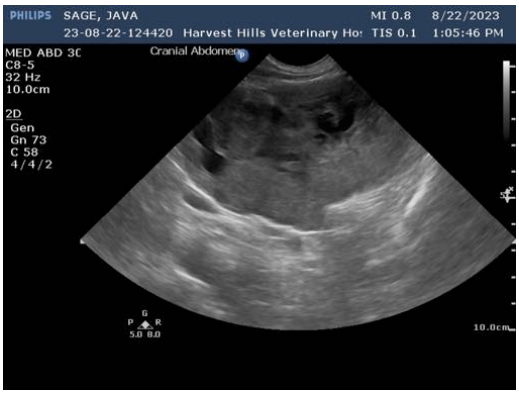

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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