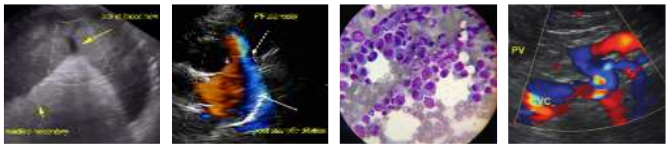
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Enzo Gorial

SPECIES
Canine

BREED
Shepherd Mix

SEX
MN

AGE
11.5 Years

WEIGHT
50.4 lbs

INTERPRETED BY
Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

IMAGING PERFORMED BY
Amy Mayhew LVT

HOSPITAL NAME
SVS Imaging Michigan

REFERRING VET
Mitten Animal Hospital

INVOICE
48896

DATE
12-8-21

PRESENTING CLINICAL SIGNS

History of painful abdomen and weight loss. No GI signs. On Gabapentin and Trazodone for scan today. Abnormal PE/Chem/CBC/UA Results: PLT 166 (200-500) CHOL 368 (120-310 mg/dl) ALT 206 (0-120 U/l) ALP 705 (0-140 U/l) GGT 23 (0-14 U/l) Lipase 1508 (0-250 U/L) Spec cPL elevated 859 (0-200 ug/L)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary system

The urinary bladder is highly filled presenting a diffuse thickened, mildly irregular wall with transverse diameters up to 0.30 cm. The trigone and pelvic urethra present normal findings without evidence of uroliths or sediment. Wall layering is intact on all views without focal or diffuse thickening. Ureters are not visualized and considered to be normal. No evidence of an inflammatory or neoplastic process is noted.

Both kidneys are inconspicuous with a clear corticomedullary definition.

Left kidney measures 7.00 cm length, right kidney 7.69 cm. Renal pelvises and exits to the ureters are unremarkable.

Reproductive tract

The prostate is small, homogeneous and appears smoothly marginated.

Adrenal glands

Both adrenal glands are normal.

Spleen

The spleen is inconspicuous in terms of size, surface and echotexture and shows diameters of 1.82 cm. Multiple hyperechoic, perihilar infiltrates are recognized. Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins. There are no signs of nodular/focal changes noted.

Liver/Gallbladder

In the central and left cranial abdomen a large, highly inhomogeneous mass is detected with multiple cystic areas likely originating from the left lateral liver. The mass appears expansile and is surrounded by normal liver tissue measuring approximately 9.38 x 7.26 cm.

The gallbladder and -wall are unremarkable without signs of relevant sludge, a florid process or cholestasis.

Gastrointestinal

The stomach, the small intestine and colon present intact wall layers being normal in width and echogenicity. Adjacent mesentery and fat tissue are of normal appearance. There is no overt evidence of an ileus, a florid-inflammatory or even neoplastic process.

Mesenteric, epigastric and portal lymph nodes are considered to be normal.

Pancreas

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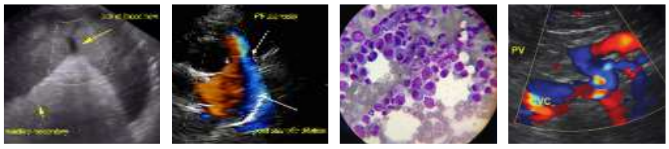

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All pancreatic parts displayed show iso- to hypoechoic, mildly inhomogeneous echogenicity to the surrounding omental fat. Signs of inflammatory changes or focal lesions are missing.

Free Abdomen

There is no evidence of peritoneal or retroperitoneal effusion noted. Abdominal fat and great vessels show no pathological findings.

ULTRASONOGRAPHIC FINDINGS

Primary

- Large hepatic mass

Secondary

- Age-appropriate splenic changes (hilar hemangiomas/infarcts)
- Diffusely thickened bladder wall

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The large mass in the central/left cranial abdomen likely originates from the left lateral liver. Size and echotexture are highly suspicious for a malignant neoplastic lesion. Differentials include hepatic adenocarcinoma/hepatocellular carcinoma and hemangiosarcoma. Metastases are unlikely and usually occur as multiple target lesions. A significant mass effect on the adjacent structures (stomach, pancreas and spleen) is assumed. Currently the hepatic lesion is presented as a single/focal lesion without overt signs of regional metastases. Liver lobe resection needs to be discussed and may be curative. Chest rads/coagulation panel prior to surgery should be performed. The expansile character and protruding of the liver surface indicate a higher risk of rupture.

The thickening of the urinary bladder wall could represent chronic cystitis. Chronic increased resistance due to obstructive disease (prostatitis/urethra?) is possible. Ultrasound cannot fully exclude early-stage neoplasia such as transitional cell carcinoma. I do not suspect the latter since the wall layering seems to be intact (urinary testing?).

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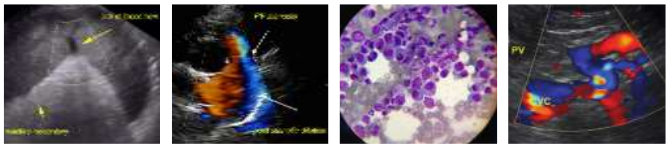

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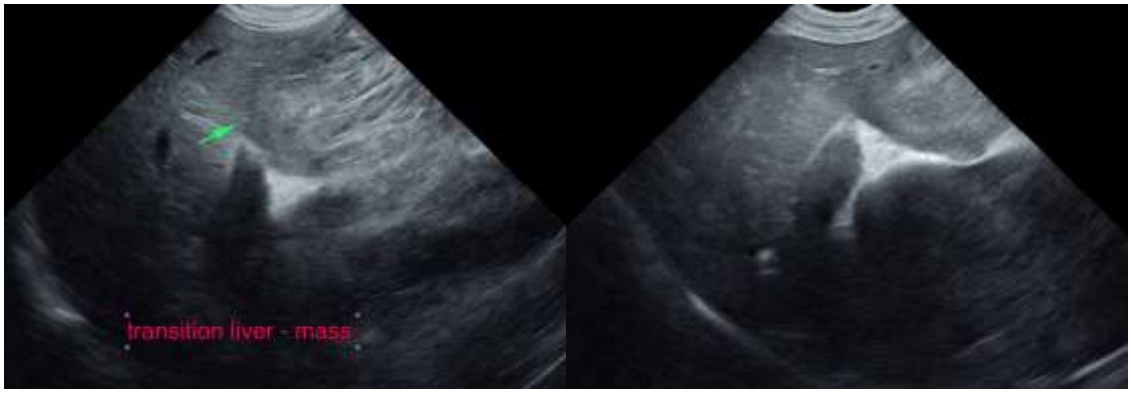

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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