

PATIENT

Ziva Grove

PRESENTING CLINICAL SIGNS

History: Elevated liver values. Medication: Denamarin

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm.

BREED

Boxer

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 7.5 cm in length. The right kidney is 7.1 cm in length.

SEX

Spayed Female

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 5.4 mm at the cranial pole and 6.3 mm at the caudal pole. The right adrenal gland height is 6.6 mm at the cranial pole and 4.3 mm at the caudal pole.

AGE

2014

WEIGHT

75 lbs

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

INTERPRETED BY

Tam Mengine, DVM,
 DABVP (canine/feline
 practice)

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. There is a 8.5 cm x 9.5 cm inhomogeneous mass located at the caudal border of the liver. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

IMAGING PERFORMED BY

Rebekah Jakum,
 CVT, ARDMS/RVT

The gallbladder is moderately distended with anechoic contents. There is a cholelith present within the gallbladder lumen measuring 5.0 cm. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is moderately distended with gas. The gastric wall is 4.5 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

HOSPITAL NAME

Littlestown VH

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures 4.0 mm. The jejunal wall measures up to 3.3 mm. Intestinal motility appears normal.

REFERRING VET

Dr. Kubala

The visible portions of the colon are of normal thickness, up to 1.5 mm, with intact wall layering. The ileocecal junction is not visualized.

Pancreas

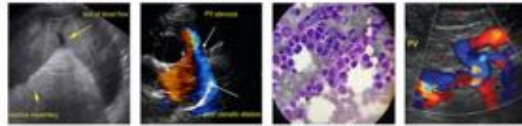
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The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

DATE

3.10.23



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Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis. There are images provided of the liver mass following fine-needle aspiration, and there is no evidence of bleeding or other complications.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Boxer

Primary Findings

- A large mass arising from the caudal aspect of the liver

SEX

Spayed Female

Secondary Findings

- A small cholelith that is likely incidental

AGE

2014

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

75 lbs

- The pending liver aspirate will hopefully definitively diagnosis the type of mass present. Additional recommendations include:
- Three-view chest radiographs
- If surgical resection is a consideration, pre-operative CT would be useful for surgical planning.

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**IMAGING
PERFORMED BY**

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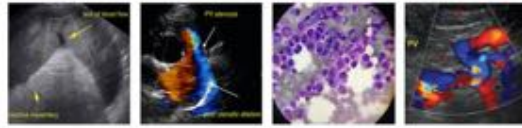


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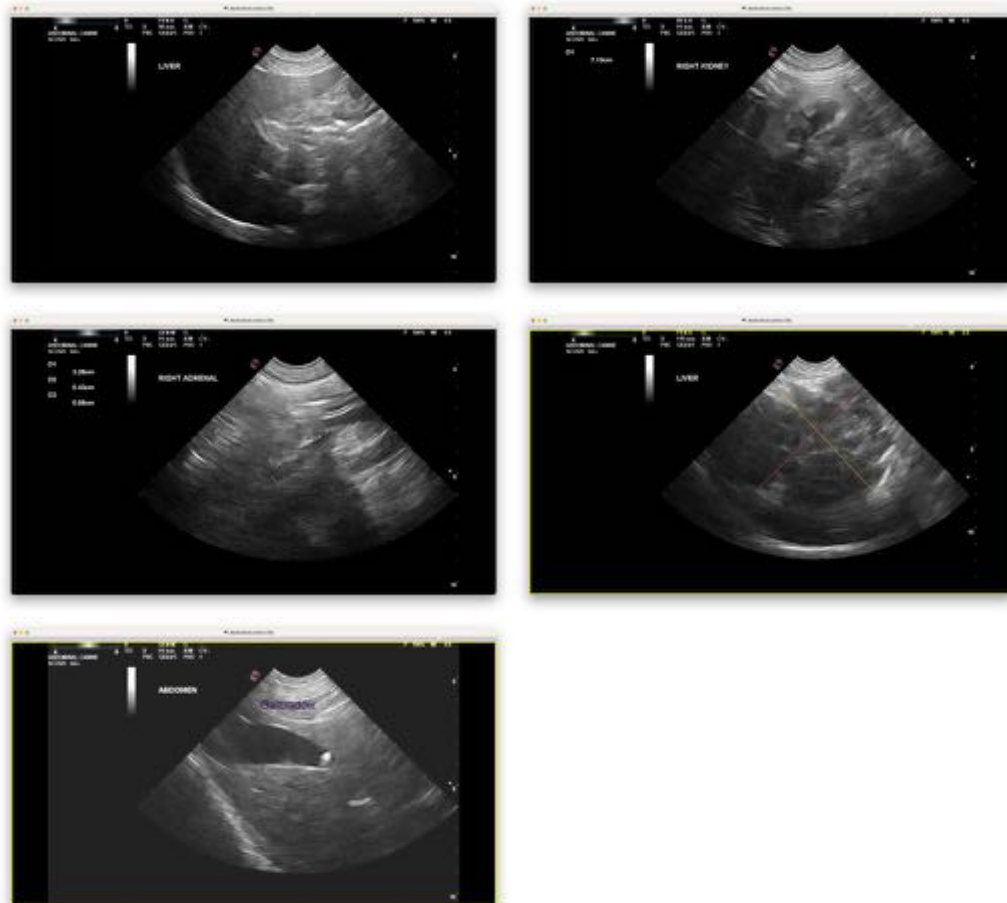
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com