



PATIENT

Chessie Pizzola

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

11 years

WEIGHT

63 lbs

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM (Small
Animal Internal Medicine)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Brighton Green Animal
Hospital

REFERRING VET

Dr. Mitchell

INVOICE

10162

DATE

1/20/22

PRESENTING CLINICAL SIGNS

History: 2 week hx of lethargy WBC 18.5, Neut 15.43, Hct 21.58, Platelet 28k, ALP 527, ALT 148, BUN 7, TP 5.3 FAST ultrasound yesterday revealed Hemoabdomen. Two mottled areas in spleen and large liver mass, suspect pt is bleeding from the liver mass. Started Yunnan Baiyao yesterday
Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is distended. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney presented normal size (6.88 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomodullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney presented normal size (6.81 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomodullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.85 cm at cranial pole) (0.77 cm at caudal pole) (2.73 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is enlarged with irregular peripheral contours. A >5cm irregular, heterogenous, cavitated mass is arising from the parenchyma. In addition, a 2.82 cm heterogenous cavitated mass is seen. In the remainder of the spleen, the parenchyma appears homogenous. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is enlarged with irregular peripheral contours. The parenchyma is isoechoic relative to the spleen. Numerous ill-defined irregular heterogenous coalescing nodules/masses are observed throughout the organ. Some of the lesions have cavitated regions. There is minimal normal-appearing hepatic parenchyma. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a



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normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

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Pancreas

A portion of the pancreas is obscured by the splenic and after the masses. In the visualized portion of the right limb, the pancreas appears prominent with minimal deviation from the normal peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.35 cm in diameter).

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Free Abdomen

The mesentery in the cranial abdomen is hyperechoic. Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

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Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass. There is suspected pleural effusion.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Multiple hepatic and splenic masses. Metastatic neoplasia (i.e., hemangiosarcoma) is considered likely, with a low possibility of multifocal inflammatory disease.
- Cranial abdominal peritonitis is present, likely secondary to the after the and splenic masses.
- Suspected pleural effusion

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Secondary Findings

- Age-related pancreatic remodeling

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs can be performed to assess for pulmonary metastatic disease.
- Given the high likelihood of metastatic disease, palliative care (i.e., Yunnan Baiyao), symptomatic treatment, +/- blood transfusions as needed) is recommended.

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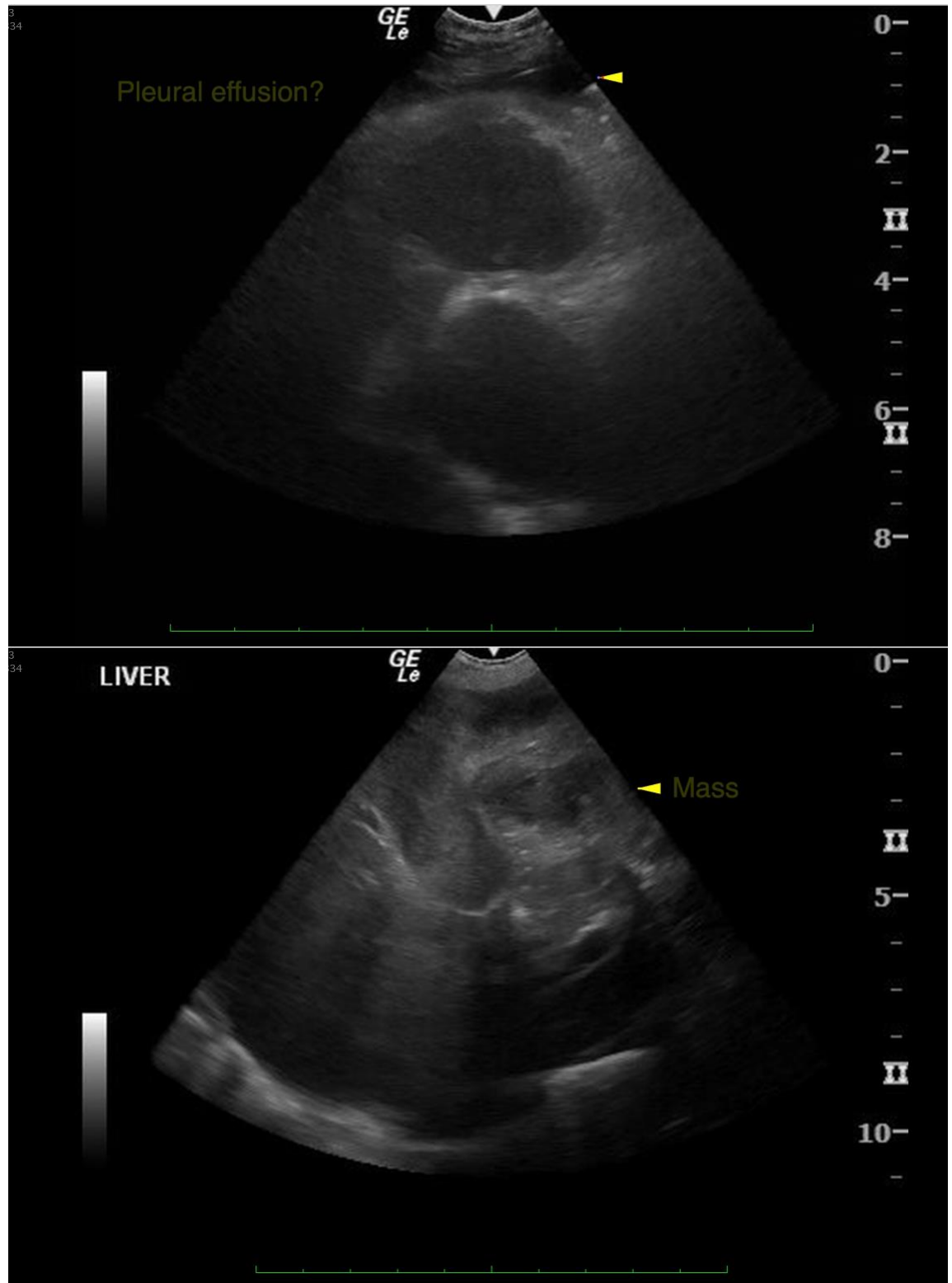
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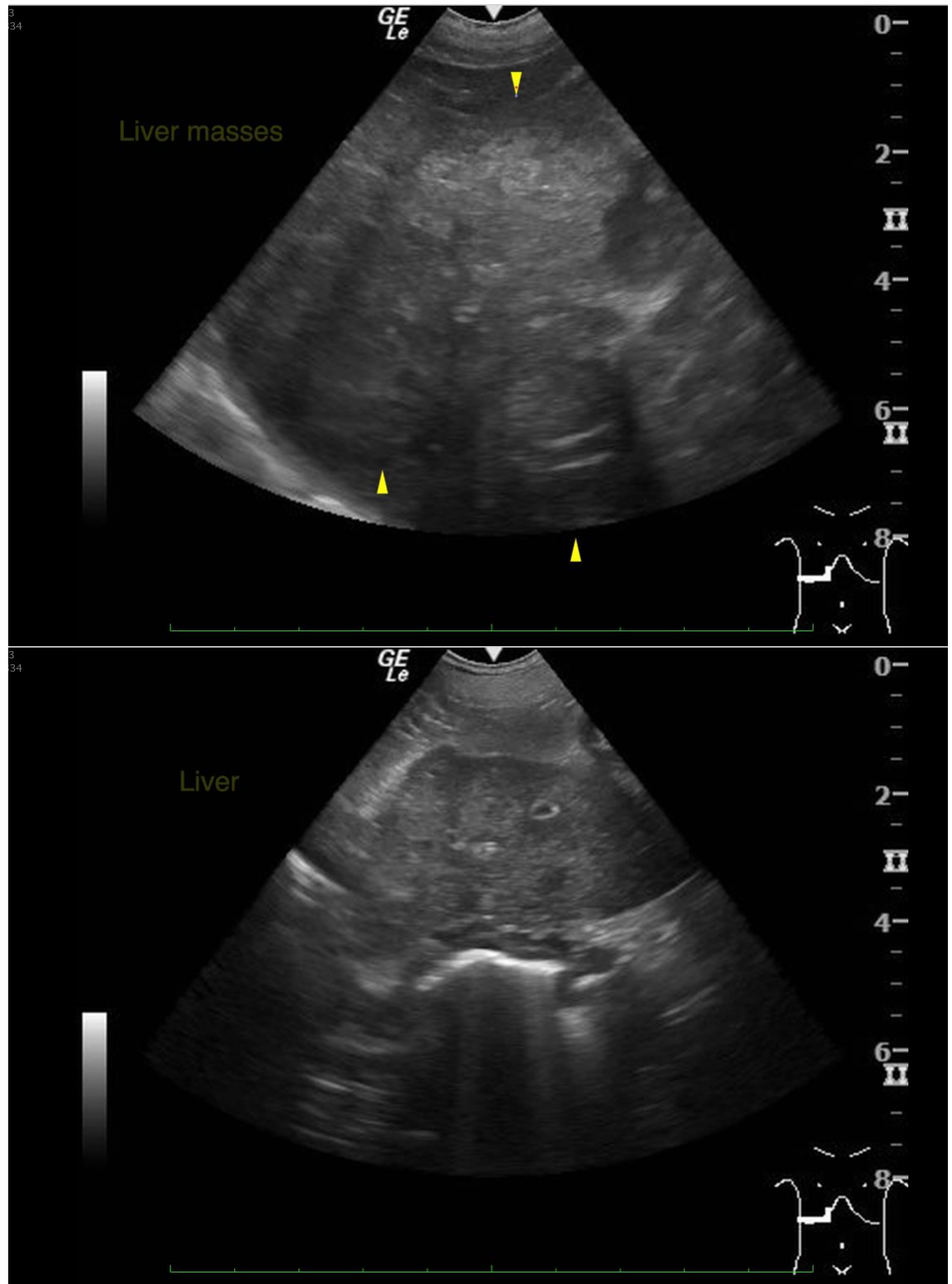
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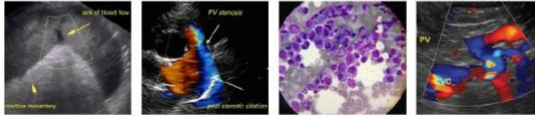
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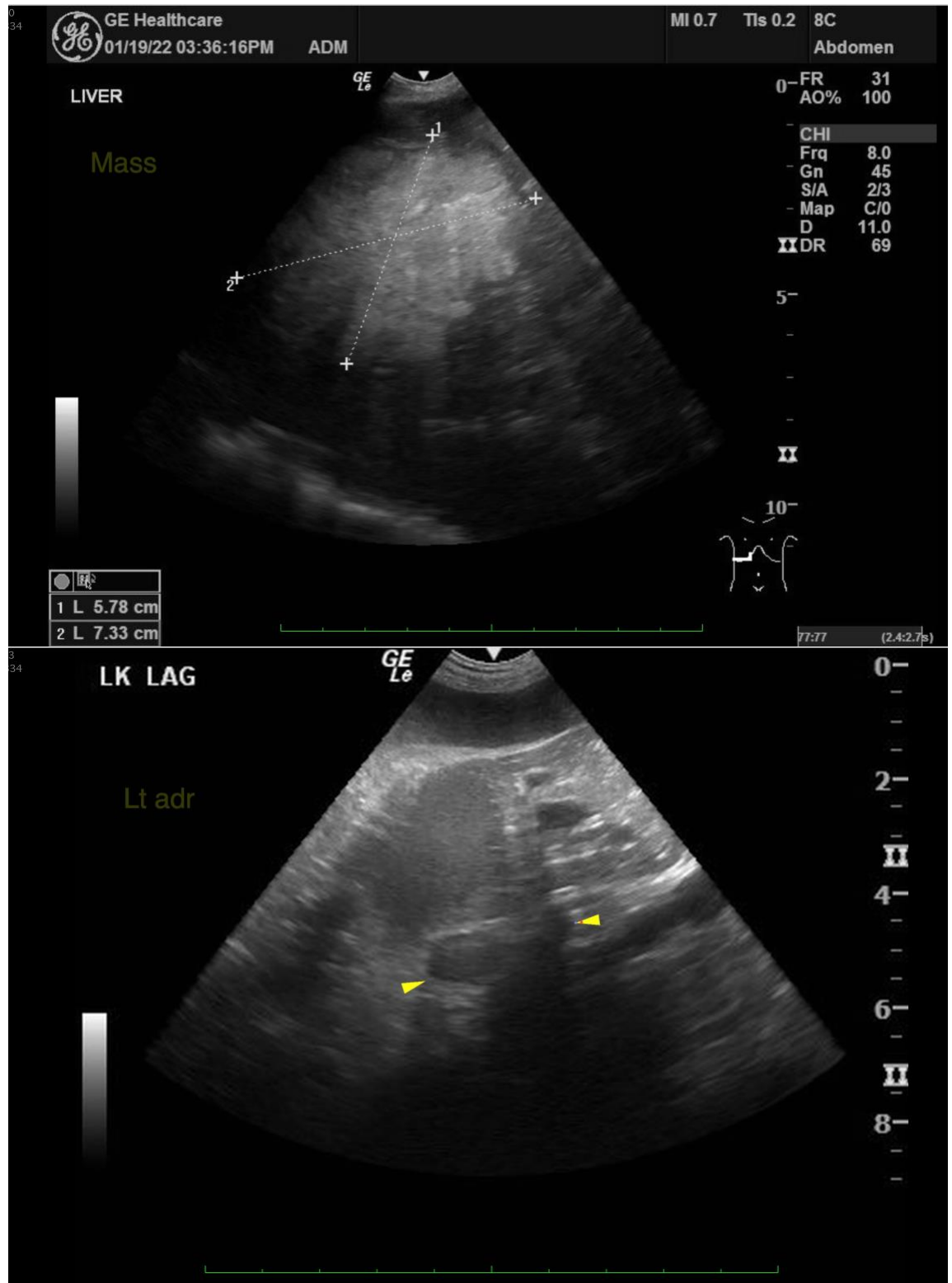
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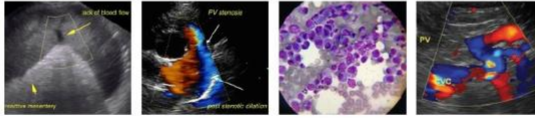
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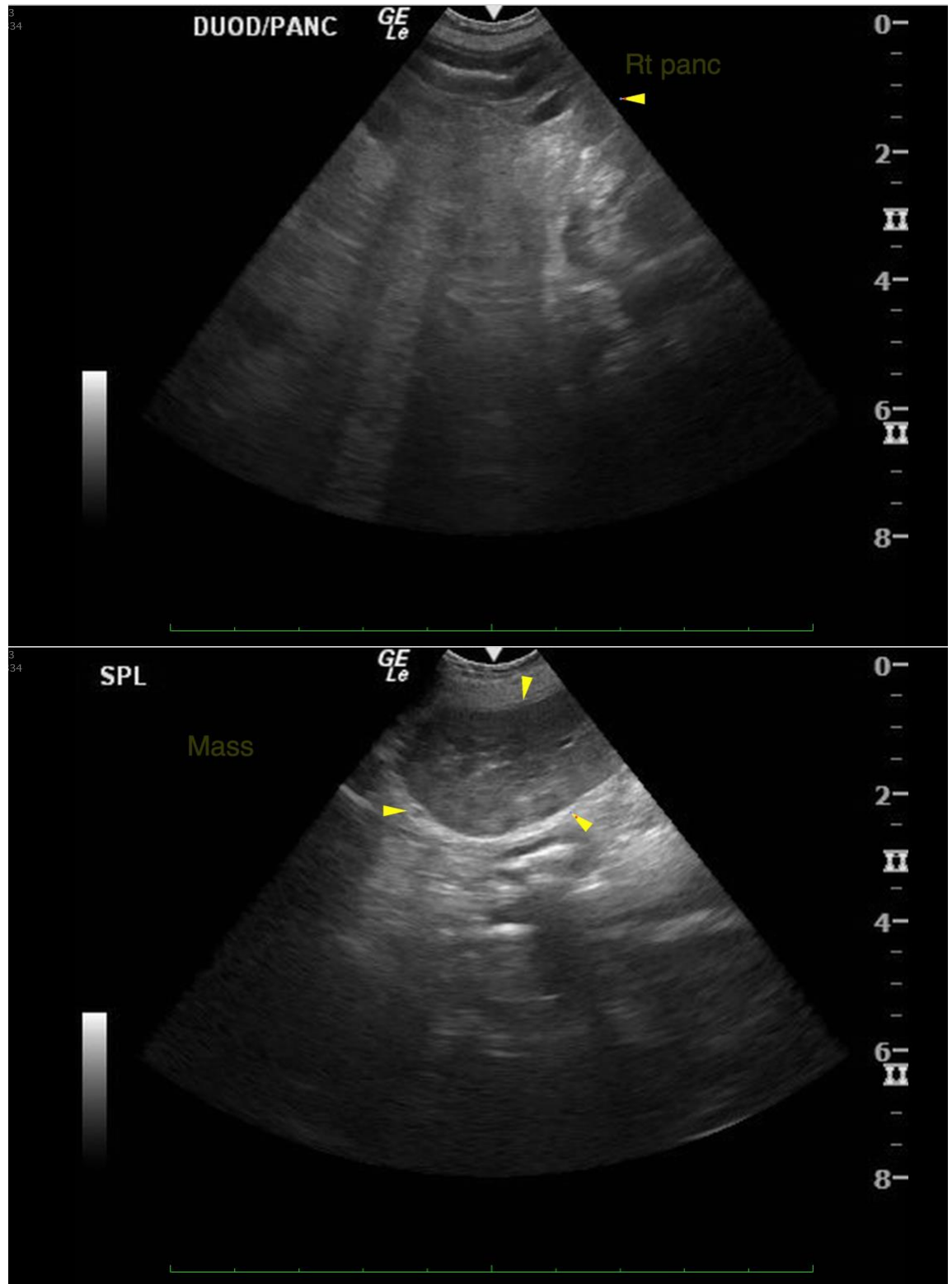
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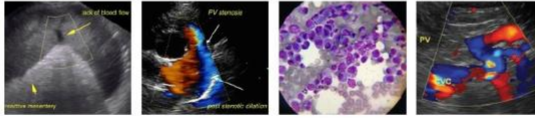
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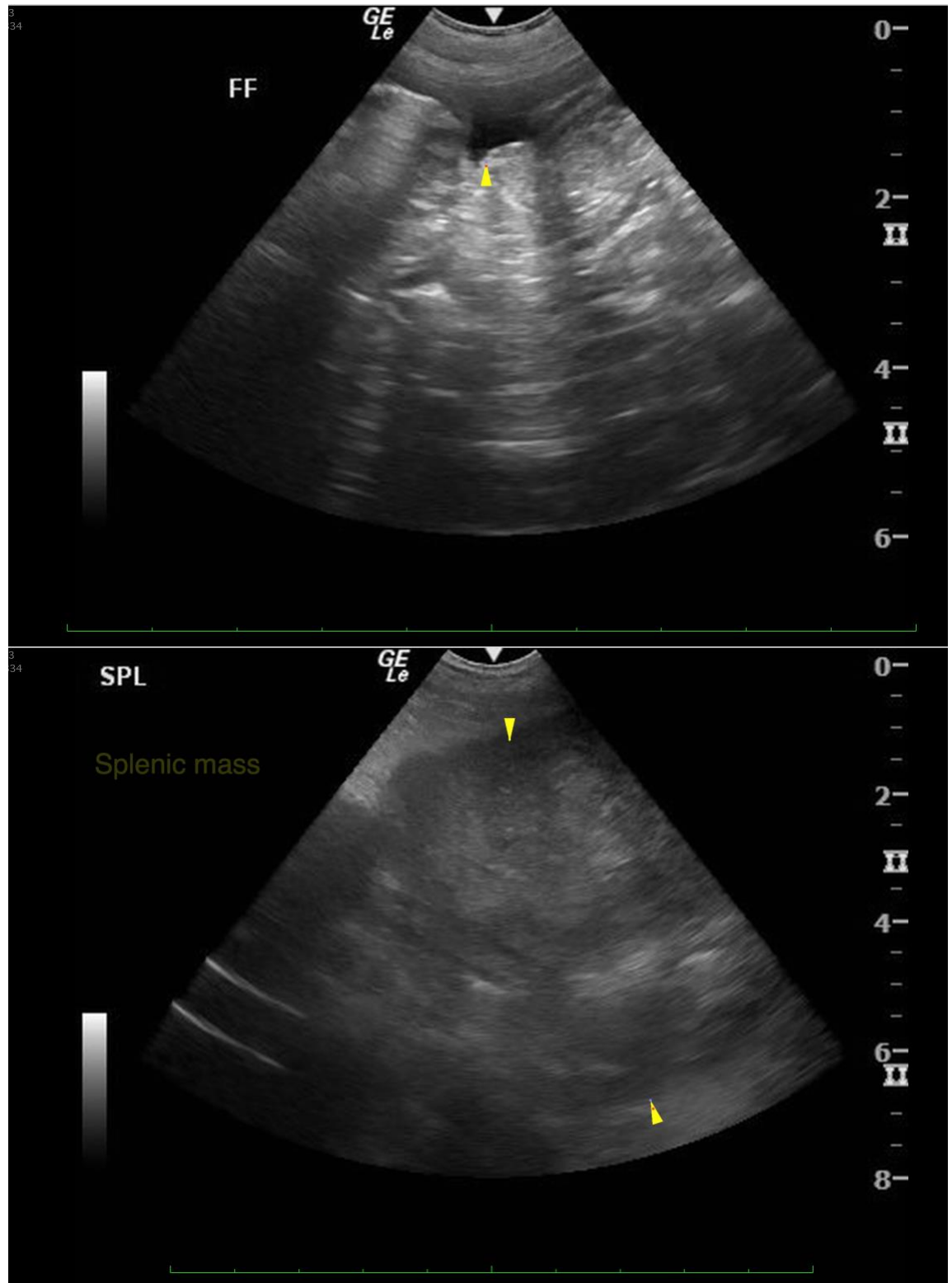
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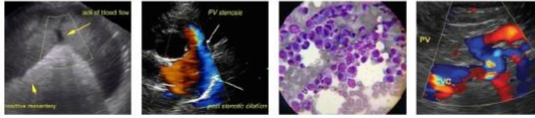
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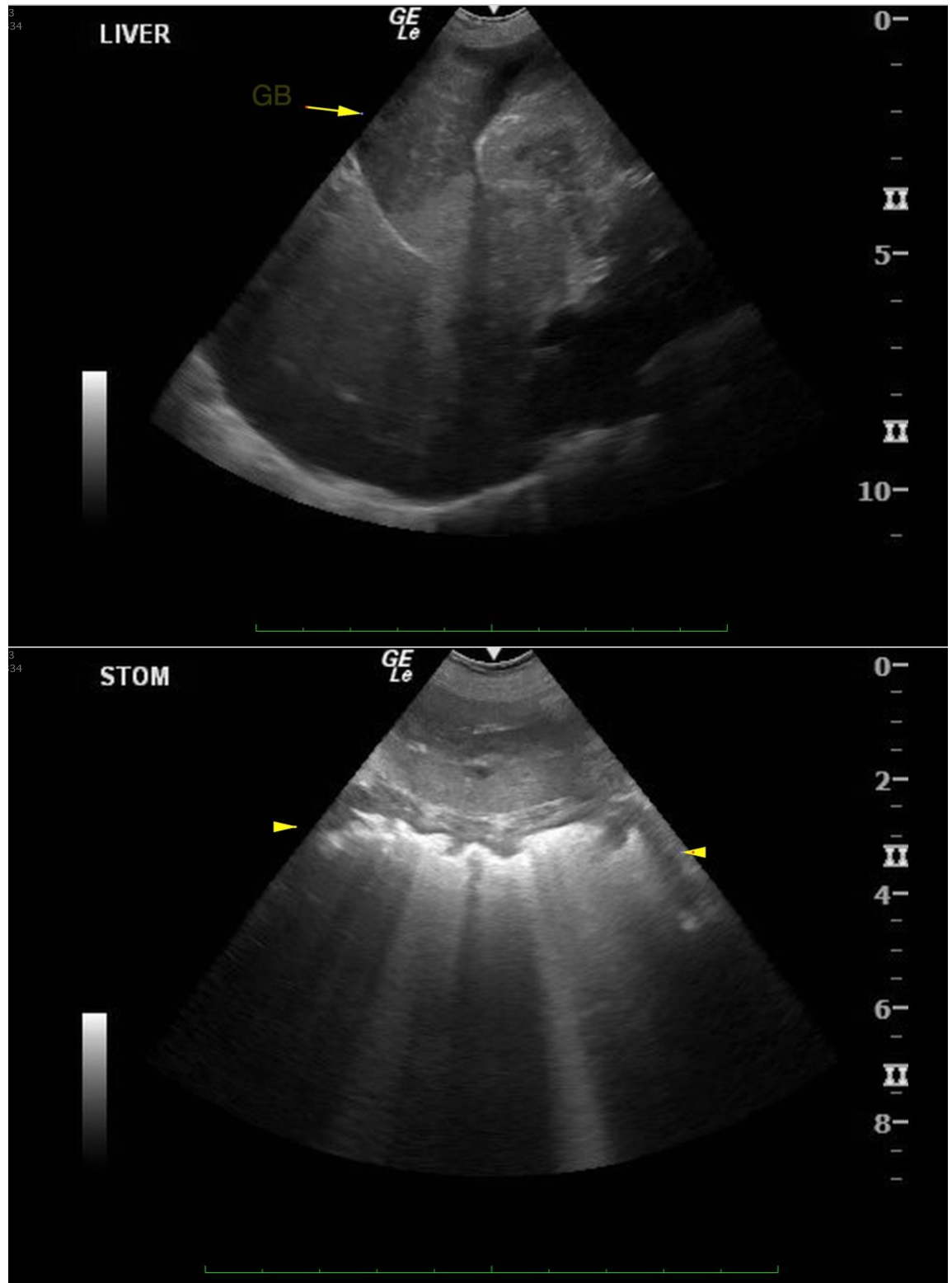
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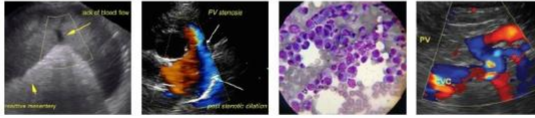
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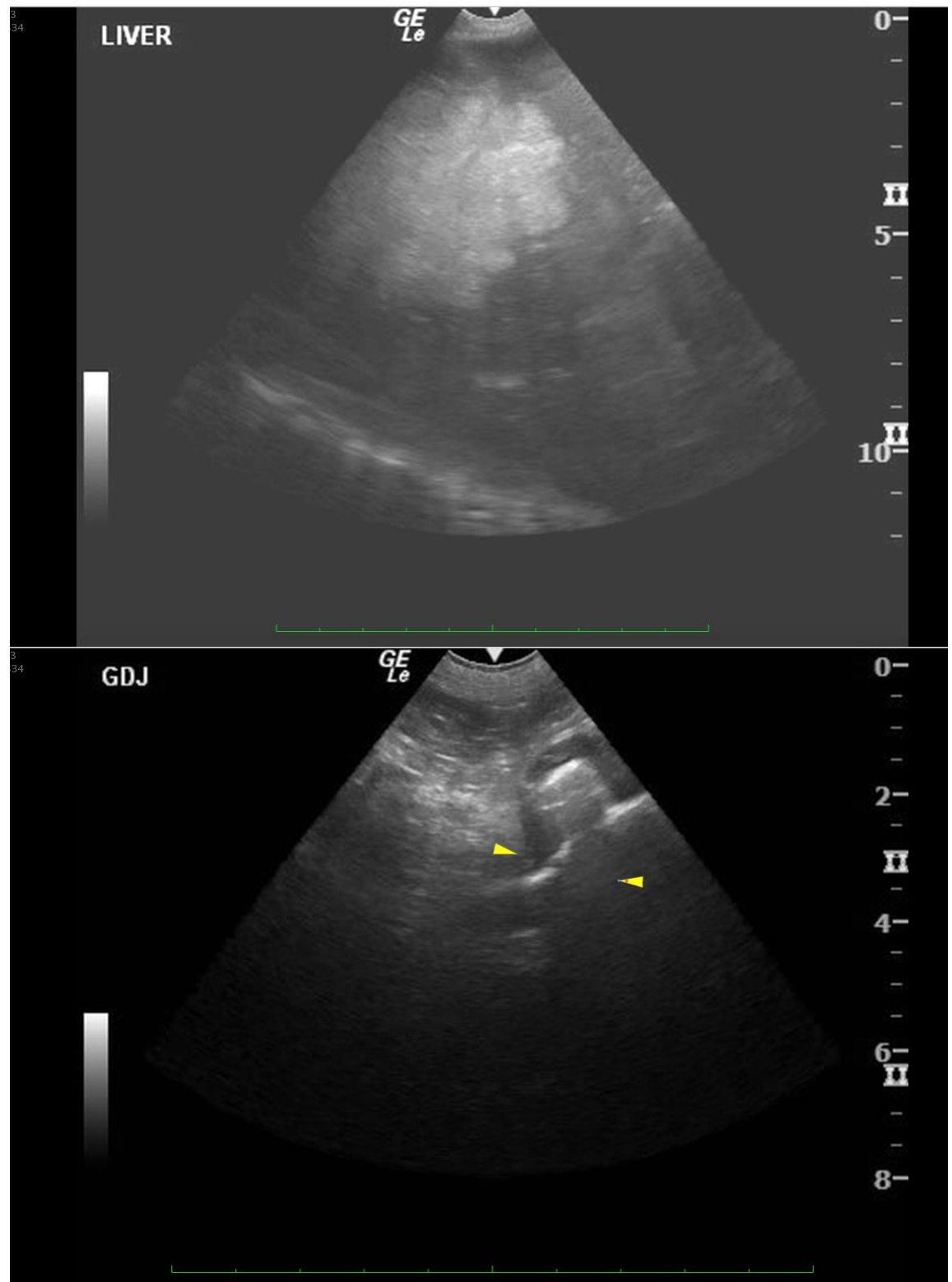
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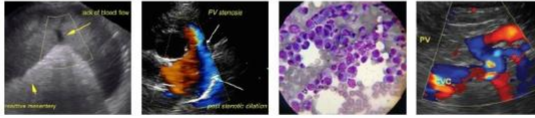
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The information and recommendations provided are based on the images presented by the referring



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veterinarian. No evaluation can be communicated regarding pathology that was not 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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