

PATIENT

Dudley Tammaro

SPECIES

Canine

BREED

Labrador Retriever
mix

SEX

Neutered Male

AGE

14 years

WEIGHT

Lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

Ringwood Animal
Hospital

REFERRING VET

Dr. Jamie DeSpirito

INVOICE

10183

DATE

PRESENTING CLINICAL SIGNS

History: Recheck ultrasound. History of histiocytic sarcoma - left liver mass - splenic nodules. Previous U/S performed on 11/2/21. Current meds: Lomustine, Piroxicam, Gabapentin, and Amantadine.

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 moderately distended with anechoic urine. 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 prostate is normal in size (2.70 cm in length) (1.50 cm in width) and shape and smooth peripheral contours. The parenchyma is subtly heterogenous in appearance. A few ill-defined hyperechoic areas are visualized. The prostatic urethra is not overtly dilated.

The left kidney is normal size (7.14 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (7.55 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A few cortical cysts are present. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.67 cm at cranial pole) (0.51 cm at caudal pole) (2.55 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 normal size (0.61 cm at cranial pole) (0.65 cm at caudal pole) (1.78 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.

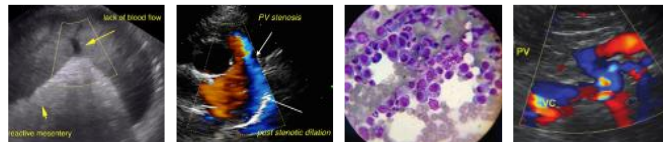
Spleen

The spleen is subjectively normal in size (2.14 cm in width at the level of the hilus) irregular peripheral contours. A 3.74 x 2.72 cm isoechoic to heterogenous swelling/mass is observed at the cranial aspect. The remaining parenchyma is diffusely mottled in appearance with numerous ill-defined hypoechoic nodules/areas. A 0.56 cm irregular anechoic lesion is observed in the mid- to caudal aspect. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in. A 5.83 x 5.14 cm isoechoic to heterogenous mass is arising from the left lateral lobe. The remaining parenchyma is mildly heterogenous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is distended. The wall is normal in thickness. A few polypoid-like lesions are arising



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from the luminal surface. A scant amount of echogenic debris present. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a 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

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. One to two prominent lymph nodes are observed adjacent to the ileocecolic junction, the largest measuring 1.24 cm in length.

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Other

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatic mass – left lateral lobe. Neoplasia is suspected. The mass is similar in size compared to the previous sonogram. The diffuse hepatic parenchymal changes could be consistent with an age-related process (i.e., regenerative nodular hyperplasia). Alternatively, metastatic disease is possible.
- Diffuse splenic nodules with a swelling/mass at the cranial aspect, which is a new finding. Metastatic disease is suspected, with a lower possibility of benign pathology

Secondary Findings

- Bilateral non-specific age-related renal changes
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The prostatic changes are most consistent with age-related remodeling and are similar to the previous sonogram. Neoplasia is possible but considered less likely. Correlation with clinical findings is recommended.

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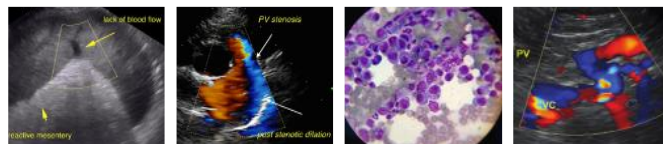
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastatic disease, if not already performed.
- Further recommendations should be based on consultation with a veterinary oncologist.

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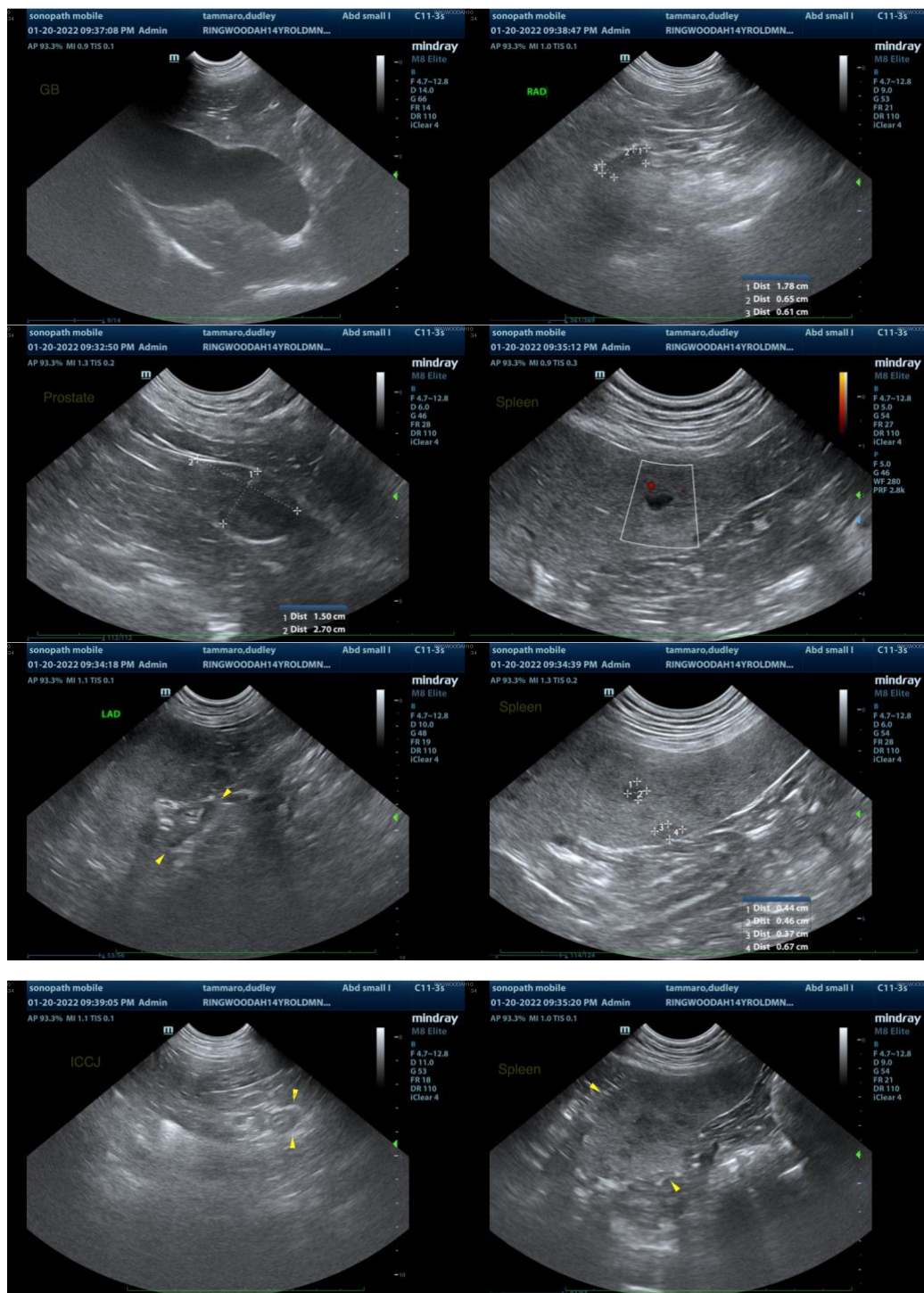
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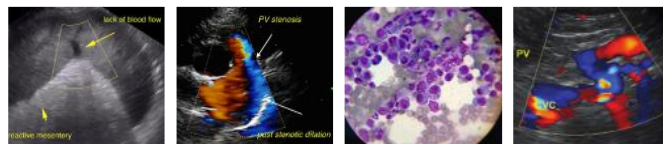
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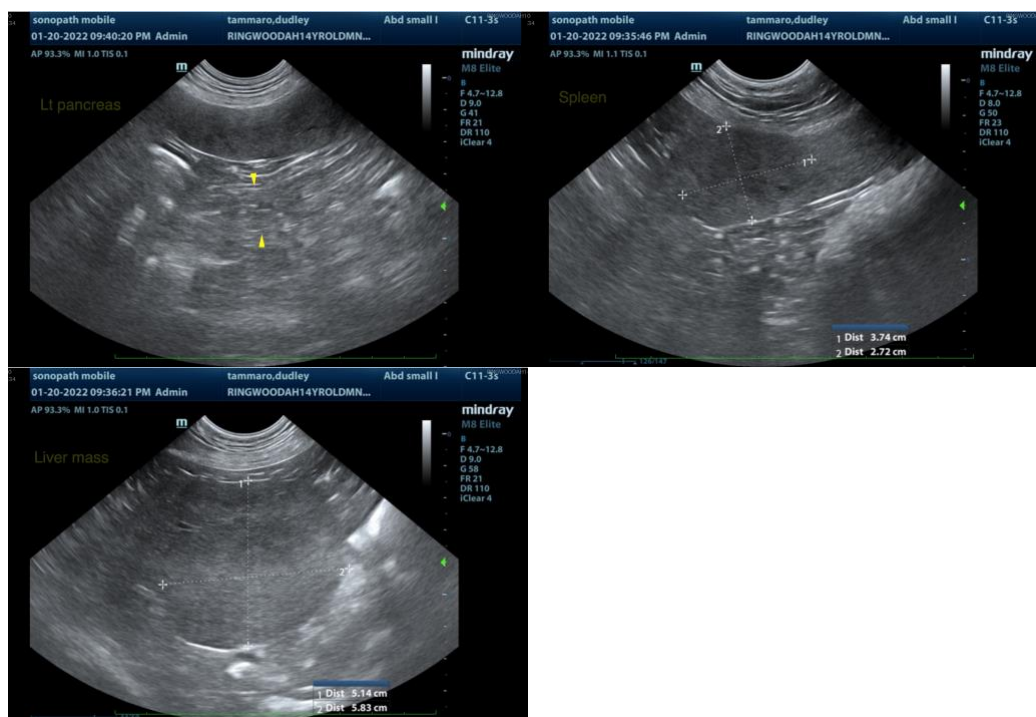
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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