

**DATE**

1/14/22

PRESENTING CLINICAL SIGNS

History: Lethargy, inappetence, increased resp effort. Hx Diabetes Mellitus, well controlled. MM pale and tacky. Dull mentation. Prolonged skin tent. Melena on rectal.

PATIENT

Lexi Vanwagner

Current Medications: Injectables 1/13/22: Cerenia, Convenia, Famotidine, SQF, Meloxicam.

Lab Results: 1/13/22 CBC: Mild non regenerative anemia (32.8%)

Chem: ALT 427, ALP 1500, tBili 1.0, cPLI Normal, UA >1.050, ketone negative.

SPECIES

Radiographs: TXR (3v) NSF.

Canine

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

BREED

Stat Report: REQUESTED.

Imaging Performed By: Andi Parkinson, RDMS.

Cairn Terrier

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth.

The bladder is moderately distended. A scant 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.

AGE

7/11/09

The left kidney presented normal size (5.09 cm in length); with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

14.3 Lbs.

The right kidney presented normal size (5.43 cm in length); with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

HOSPITAL NAME

Timonium AH

Adrenal Glands

The left adrenal gland is mildly enlarged (0.70 cm at cranial pole) (0.85 cm at caudal pole) (1.97 cm in length); with a slightly irregular 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.

REFERRING VET

Dr. McIntyre

The right adrenal gland is normal size (0.86 cm at cranial pole) (0.48 cm at caudal pole) (1.45 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.

INVOICE

13413

Spleen

The spleen is normal in size (0.98 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with swollen, irregular peripheral contours. A 6.79 cm x 5.25 cm irregular hyperechoic to heterogeneous mass is observed deep left to mid liver. In addition, a 5.63 cm x 3.24 cm irregular isoechoic to slightly heterogeneous mass is observed in the right side. The remaining parenchyma is homogeneous and is isoechoic relative to the spleen. 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 aggregated echogenic gravity dependent sludge is observed within the lumen. The cystic and common bile ducts are normal.

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.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The mesentery between the liver lobes is mildly hyperechoic. There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

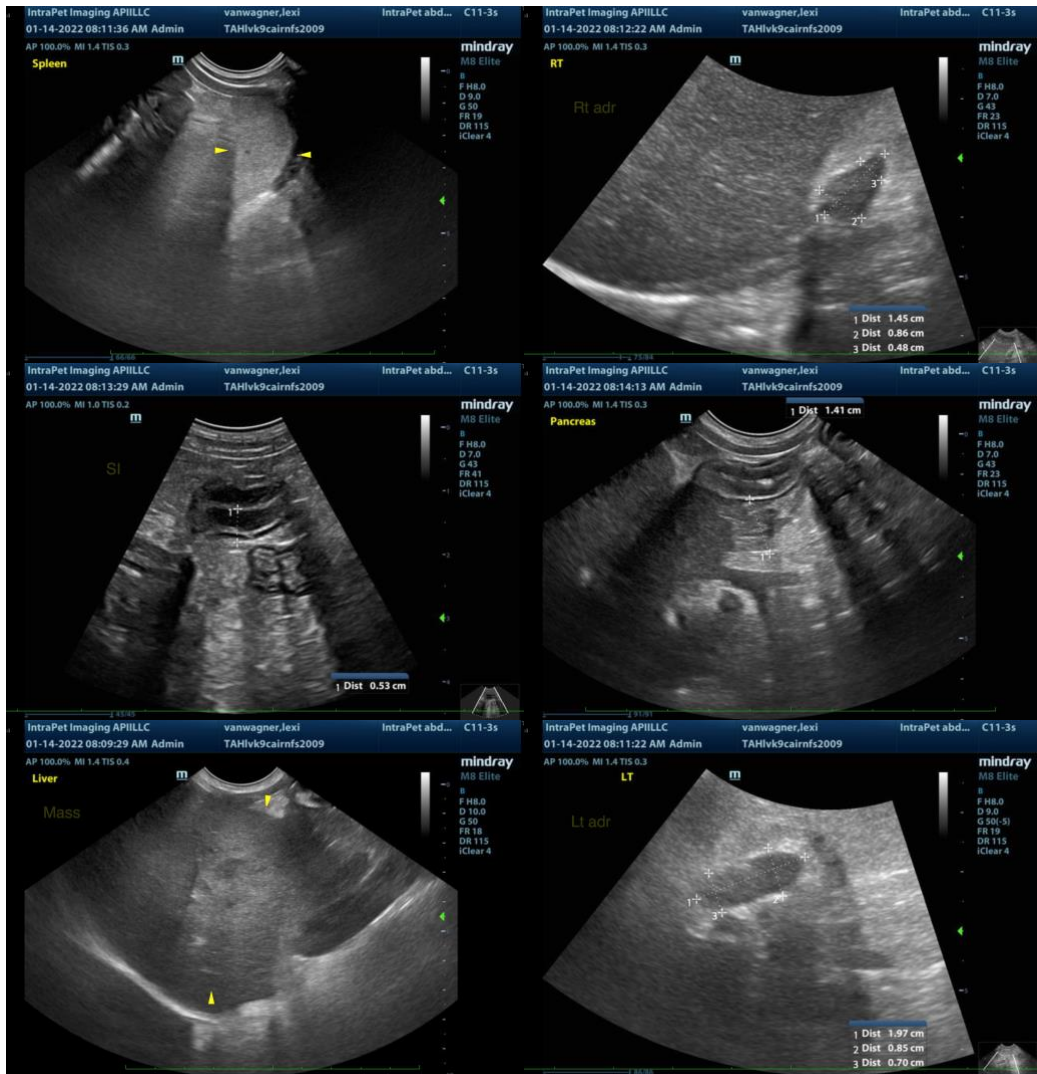
- Two hepatic masses. Neoplasia (i.e., adenocarcinoma, adenoma) is considered likely with a lower possibility of benign pathology such as regenerative nodular hyperplasia. The masses have different appearances and may represent two different pathologies. The diffuse hepatic parenchymal changes are most consistent with a benign hepatopathy (i.e., vacuolar hepatopathy or regenerative nodular hyperplasia).
- Gallbladder sludge, non-mucocele

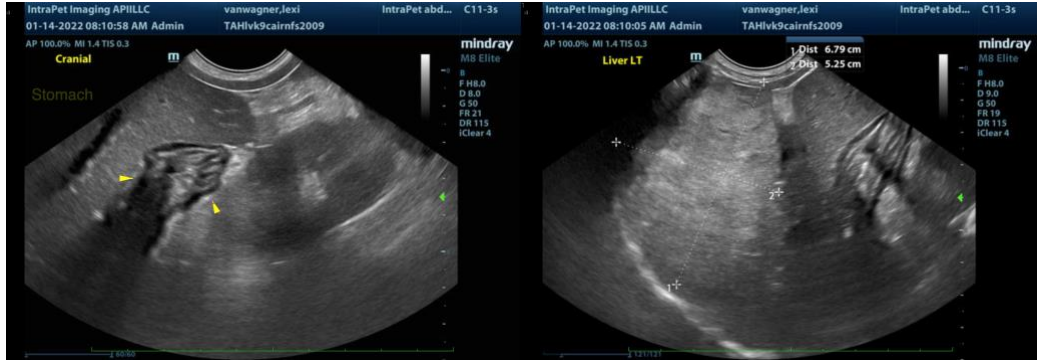
Secondary Findings

- Mild left adrenomegaly
- Bilateral nonspecific age-related renal changes with dystrophic mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If an aggressive approach is desired, consider a referral to a board-certified surgeon to discuss mass removals or debulking. An abdominal CT scan would be useful in presurgical planning. Given the presence of two tumors in this patient, however, the prognosis is considered guarded and palliative care should be considered.





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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