SonoPath
Clinical Sonography & Telecytology
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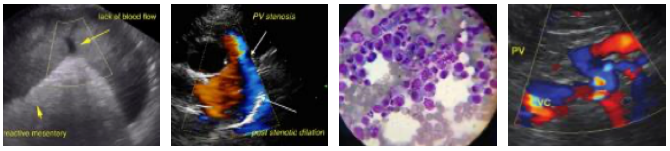


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Maynard Gaukel

SPECIES
Canine

BREED
Cavalier King Charles

SEX
Male, neutered

AGE
12 Yrs.

WEIGHT
25 lbs.

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

IMAGING PERFORMED BY
Dr. Prescott

HOSPITAL NAME
Rondout Valley

REFERRING VET
Dr. Prescott

INVOICE
12860

DATE
1/17/22

PRESENTING CLINICAL SIGNS

History: Waxing and waning decrease in appetite; Started Vetoryl for Cushings disease around 4 months ago and follow up Stims have been normal. Recent drop in appetite to total anorexia. PE reveled abdominal pain on palpation.
Abnormal PE/Chem/CBC/UA Results: ALP elevation; Recent abn CPL; rest normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The mucosal surface is slightly irregular. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal in size (5.46 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.

The right kidney is normal in size (5.55 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.

Adrenal Glands

The left adrenal gland is enlarged (0.72 cm at cranial pole) (0.79 cm at caudal pole) (1.88 cm in length) with a slightly irregular shape. A 1.39 x 0.55 cm irregular hyperechoic nodule is observed in the cranial to mid aspect. There is a slight decrease in glandular detail in the caudal aspect. The phrenicoabdominal vein and surrounding vasculature appear normal.

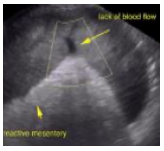
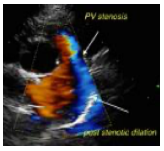
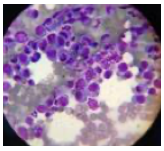
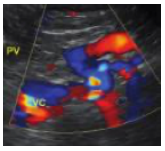
The right adrenal gland is mildly enlarged (1.03 cm at cranial pole) (0.77 cm at caudal pole) (2.12 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in size (1.50 cm in width at the level of the hilus) with mostly normal curvilinear peripheral contours. The parenchyma is of normal echogenicity with a coarse echotexture. A 1.26 cm heterogeneous nodule is observed at the craniolateral aspect. The lesion causes minimal capsular expansions. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with irregular peripheral contours. A >5 cm isoechoic to heterogeneous mass is observed in the left to mid liver. A >8 cm slightly cavitated mass is also observed caudally on the right side. This mass may be an extension of the left mass or may represent a separate

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lesion. In the remainder of the liver, the parenchyma is somewhat heterogeneous in appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is normal in thickness. Several polypoid like lesions are arising from the luminal surface. A moderate amount of partially-dependent aggregated echogenic sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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 pyloric outflow tract is patent. 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 disease is noted.

Pancreas

The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The mesentery adjacent to the left hepatic mass is hyperechoic. There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

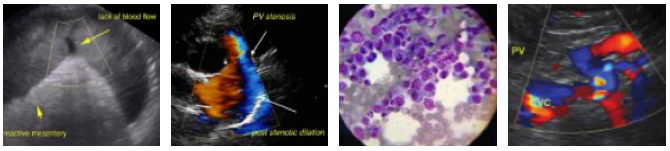
- Large hepatic masses, possibly coalescing. Neoplasia (i.e., adenocarcinoma, adenoma, round cell tumor) is considered likely with a lower possibility of benign pathology. Cranial peritonitis is present, likely secondary to the hepatic masses.
- Gallbladder sludge.
- The splenic nodule could be consistent with a metastatic lesion. Alternatively, a benign focus of lymphoid hyperplasia or extramedullary hematopoiesis may be present.

Secondary Findings:

- Age-related pancreatic remodeling +/- fibrosis.
- Bilateral adrenomegaly. The left adrenal nodules trend toward the benign (i.e., nodular hyperplasia) with a lower possibility of emerging neoplasia.
- Bilateral, age-related renal changes with dystrophic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.



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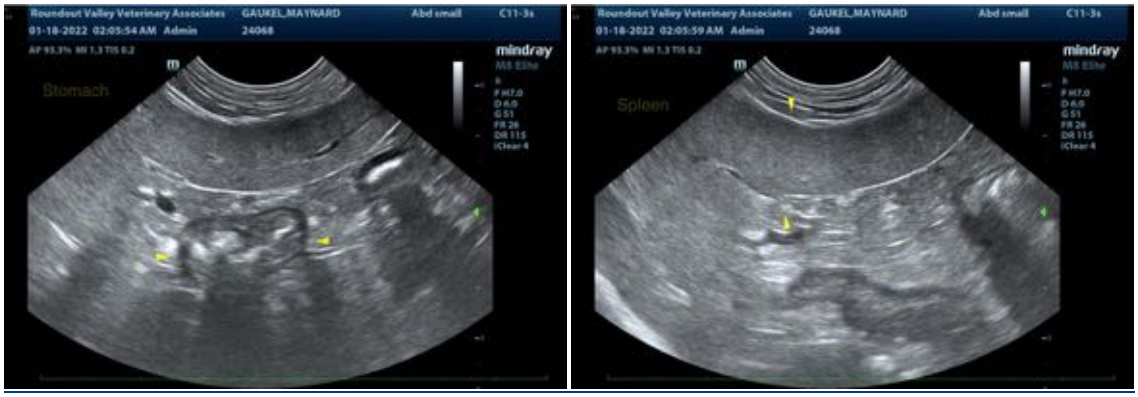
- If an aggressive approach is desired, consider referral to a board-certified surgeon to discuss hepatic mass removals or debulking. An abdominal CT scan would be useful in pre-surgical planning. Fine needle aspirates of the liver masses can be considered prior to surgery. However, cytologic evaluation of primary hepatic tumors is often inconclusive. If a conservative approach is desired, palliative care is recommended.



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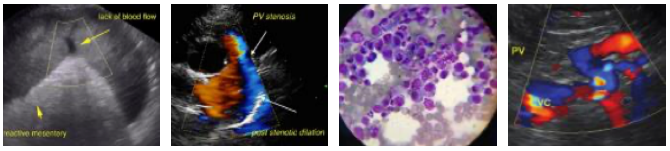

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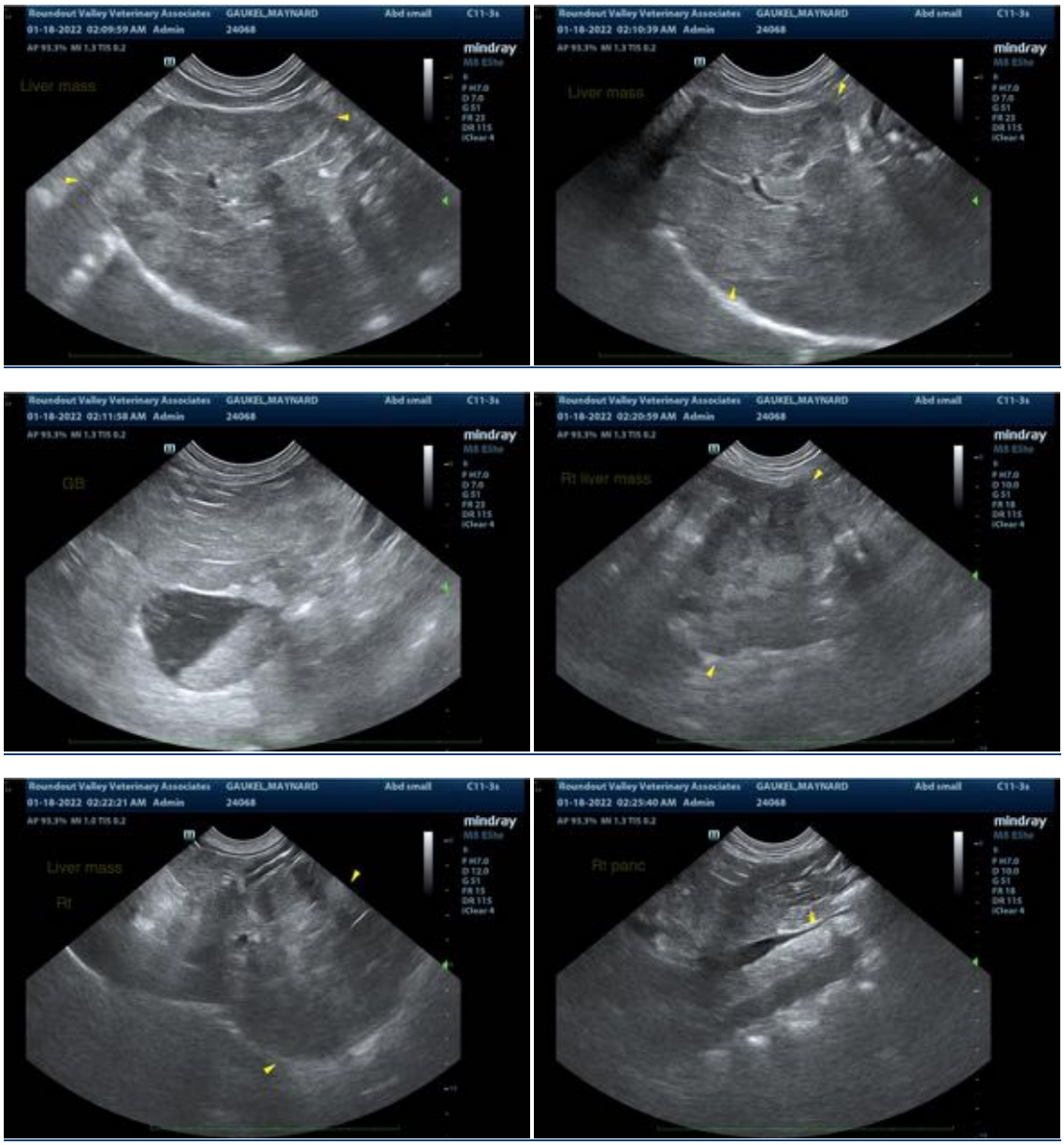

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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