

PATIENT PRESENTING CLINICAL SIGNS

Milo Marshall

History: o has been losing weight, was sick on Thanksgiving week, has some D+ then it went away, on/off D+ for about 1 week now again. P is not on any medications for this. Ravenous eater o says, PU/PD. O says that p seemed to be in pain gurgling gut sounds and so she gave Bismuth subsalicylate today. Fecal sample was brought in just in case, fresh from last night. weight loss, PU/PD, underweight, severe dental disease, dehydrated DDX-metabolic disease, kidney disease, neoplasia

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: ALKP 838 U/L (H) ALT 359 U/L (H) AMYL 1812 U/L (H) AST 55 U/L BUN/UREA 39 mg/dL (H Ca 10.2 mg/dL CHOL 450 mg/dL (H CK 255 U/L (H) GGT 14 U/L Potassium 6.5 mmol/L (H)

BREED

Jack Russell Terrier

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

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.

AGE

15 Years

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

WEIGHT

10.6 Pounds

The left kidney is normal size (4.03 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.14 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

Andrea Nicastro, DVM,
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Adrenal Glands

The left adrenal gland is normal size (0.39 cm at cranial pole) (0.39 cm at caudal pole) (1.36 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.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Visualization of the right adrenal gland is impaired by the presence of the large hepatic mass.

HOSPITAL NAME

Fairgrounds AH

Spleen

The spleen is normal in size (0.79 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.

REFERRING VET

Dr. Johnson

Liver

The liver is enlarged with irregular peripheral contours. A >7.5 cm irregular, heterogeneous cavitated mass is present on the left side and extending to the mid-liver region. Some of the cavitated regions contain echogenic debris. The mass is causing cranial displacement of the gallbladder. The hepatic parenchyma on the right side is mildly 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 thin and smooth. A small to moderate amount of echogenic debris is observed within the lumen, most of which is gravity-dependent and some of which is suspended. The cystic and common bile ducts are normal/not seen.

INVOICE

12881

DATE

1/18/22



PATIENT *Gastrointestinal*

Milo Marshall The gastric lumen is mildly distended with gas and ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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.

SPECIES

Canine

Pancreas

BREED

Jack Russell Terrier

A portion of the pancreas is obscured by the large hepatic mass. In the visualized portion of the right limb, the pancreas is prominent with minimal deviation from the normal peripheral contours. The parenchyma is largely hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is not overtly dilated.

SEX

Neutered Male

Free Abdomen

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

AGE

15 Years

Other

A brief visualization of the heart reveals no evidence of pericardial effusion.

WEIGHT

10.6 Pounds

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Large, cavitated hepatic mass. Neoplasia (i.e., hemangiosarcoma, adenocarcinoma) is considered likely with a lower possibility of a severe inflammatory process (i.e., multifocal abscessation). The diffuse hepatic parenchymal changes could be consistent with a benign age-related process (i.e., regenerative nodular hyperplasia). Alternatively, metastatic disease cannot be ruled out.

Secondary Findings:

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- Mild bilateral age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If there is no evidence of pulmonary metastatic disease and an aggressive approach is desired, consider referral to a board-certified surgeon to discuss hepatic mass removal or debulking. An abdominal CT scan would be helpful in pre-surgical planning.
- If surgery is not to be pursued, palliative care (i.e., symptomatic treatment) is recommended.

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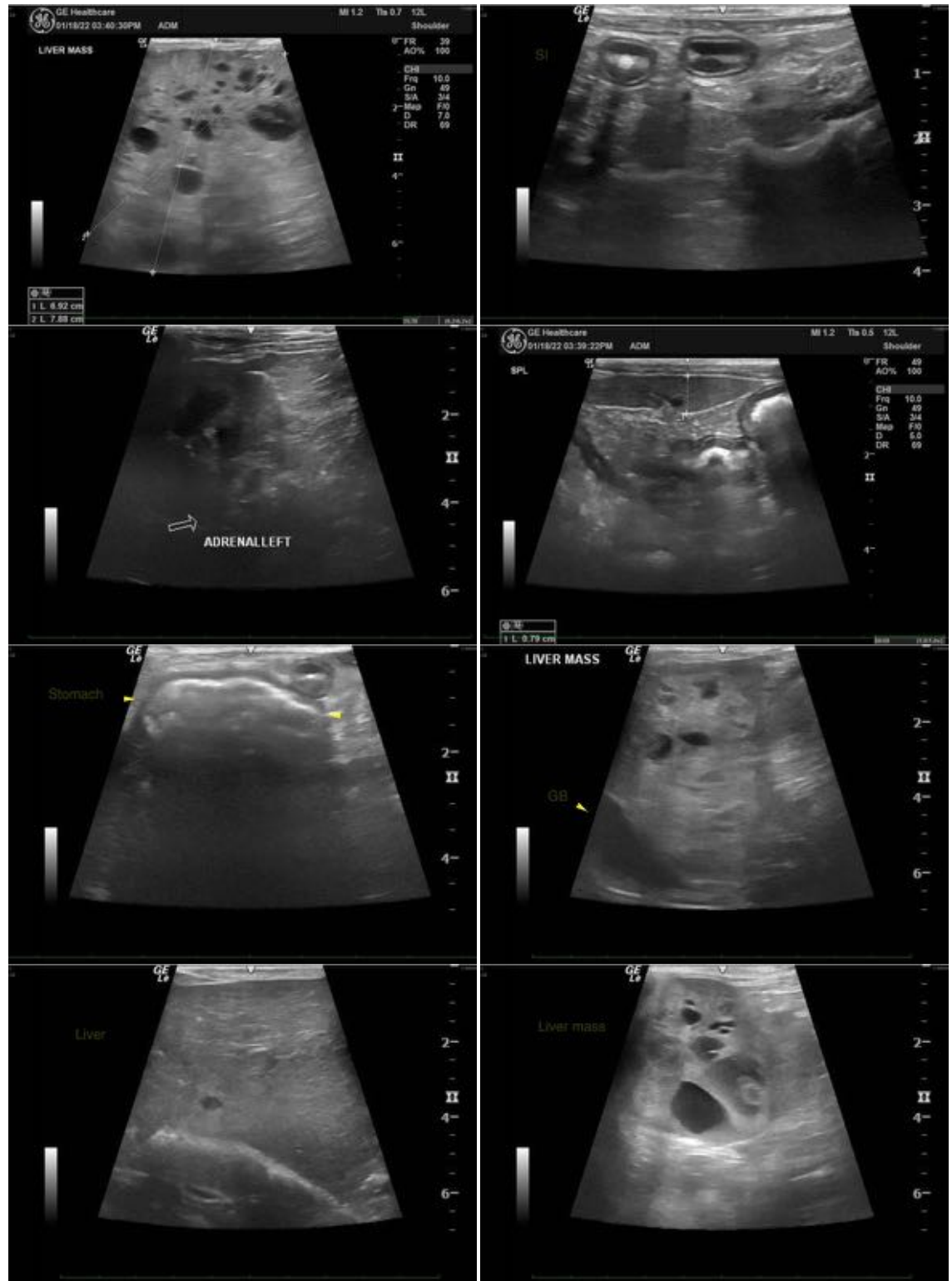
Dr. Johnson

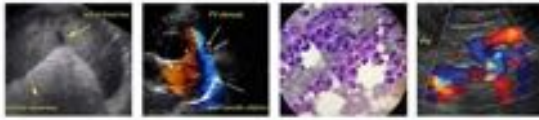
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PATIENT

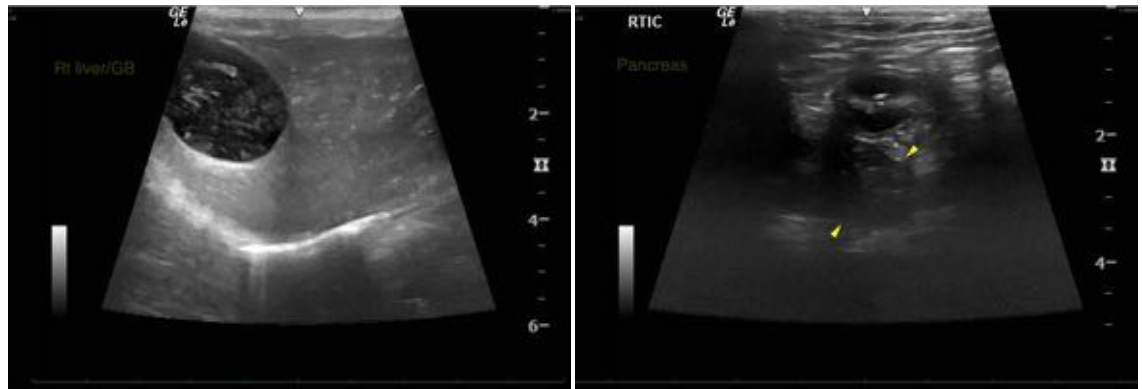
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SEX

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AGE

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WEIGHT

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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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