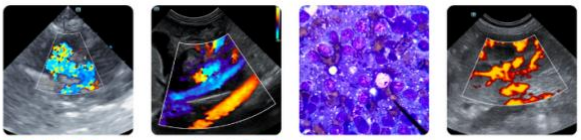

PATIENT

Dakota Wehr

SPECIES

Canine

BREED

Beagle

SEX

Female Spayed

AGE

13 years 10 mos

WEIGHT

63 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA Northside AH

REFERRING VET

Dr. Fusselman

INVOICE

22436

DATE

1-22-26

PRESENTING CLINICAL SIGNS

- BCS 7/9
- GGT elevation
- Recent PE, OA, several masses otherwise doing well.
- Current Meds: Dasuquin adv., Carprofen, Simparica Trio. (Gaba/Traz)
- Lab Abnormalities: ALP 672. GGT 23. PSL 314.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (6.69 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal-to-mild corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.98 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal-to-mild corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.60 cm at cranial pole) (0.67 cm at caudal pole) with a normal shape and 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 in size (0.99 cm at cranial pole) (0.68 cm at caudal pole) with a normal shape and 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 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 irregular peripheral contours. A 6.7 x 5.8 cm hypoechoic, expansile mass is observed on the left side. The remaining parenchyma is mottled in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is minimally distended with ingesta. 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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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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.

Lymph Nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

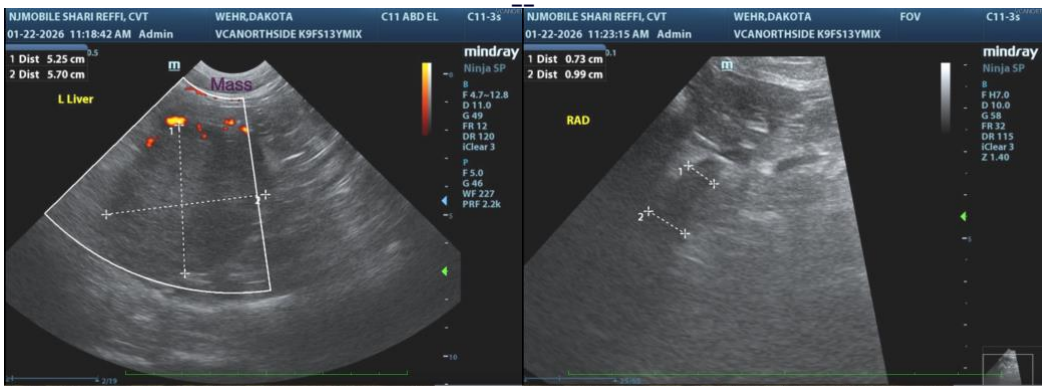
- Left hepatic mass. Neoplasia (i.e., adenoma, adenocarcinoma, round cell tumor) is suspected, with a lower possibility of a benign process (i.e., large regenerative nodule, inflammatory focus, other).
- The diffuse hepatic parenchymal changes are nonspecific and could be secondary to benign age-related remodeling, inflammatory disease, infiltrative neoplasia, hepatotoxicosis (i.e., copper), fibrosis, and/or other hepatopathy.

Secondary Findings

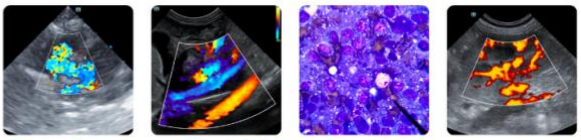
- Gallbladder debris, non-mucocele
- Minor bilateral age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases
- Consider fine-needle aspiration of the left hepatic mass (assuming normal clotting status). A 25-gauge needle should be used. It should be noted it can be difficult to differentiate hepatic hyperplasia, from adenoma, from adenocarcinoma cytologically, and histopathology may be necessary to get a definitive diagnosis. If a more aggressive approach is desired, consider consultation with a board-certified surgeon to discuss hepatic mass removal, with submission for cytology. An abdominal CT scan would be useful in presurgical planning.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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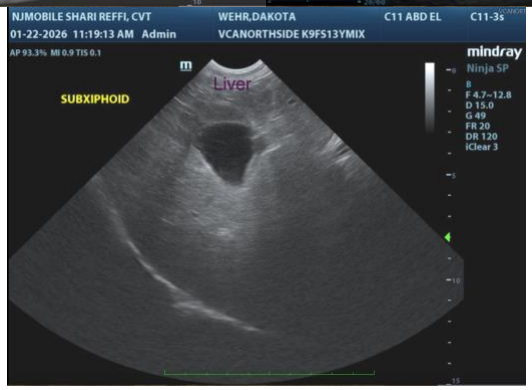

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com