**DATE PRESENTING CLINICAL SIGNS**

1/24/23

Presented for not eating this morning and trembling. PE pale, weak, hypothermic.

**PATIENT**Pipsqueak Petunia  
Stinebaugh

Current Medications: Just hospitalized and started LRS 20cc/hr, Cerenia 1CC IV, Baytril 1CC IV.

Lab Results: ALT and SAP increased, HCT 20%.

Radiographs: Very large abdominal mass, suspect liver.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: STAT requested.

**SPECIES**

Canine

Imaging Performed By: Rachel Brillhart, RDMS.

**BREED**

Boston Terrier

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder wall is 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. The region of the trigone and the visible portion of the proximal urethra are normal.

**SEX**

Female, spayed

The left kidney is normal size (5.44 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**AGE**

1/31/2012

The right kidney is normal size (6.12 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 hydronephrosis. Renal vasculature is normal.

**WEIGHT**

20 lbs.

**Adrenal Glands**

The left adrenal gland is mildly enlarged (0.91 cm at cranial pole) (0.72 cm at caudal pole) (2.59 cm in length) with a slightly irregular shape. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

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

The right adrenal gland is borderline enlarged (0.85 cm at cranial pole) (0.58 cm at caudal pole) (2.62 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.

**HOSPITAL NAME**

Chadwell AH

**Spleen**

The spleen is normal in size (1.22 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. Gold

**Liver**

The liver is subjectively enlarged with irregular peripheral contours. A >11 cm irregular mildly cavitated, slightly vascular mass is arising from the right side. The mass causes lateral displacement of the right kidney. The mesentery effacing the serosal surface of the mass is hyperechoic. In the remainder of the liver, the parenchyma is hypoechoic relative to the spleen and mottled 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 amount of aggregated echogenic suspended debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**INVOICE**

14493

**Gastrointestinal**

The gastric lumen is mildly distended with ingesta. The gastric wall is 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. There is no evidence of an obstructive pattern.

#### ***Pancreas***

The left limb of the pancreas is normal in size 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***

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

### **ULTRASONOGRAPHIC FINDINGS**

#### **Primary Findings:**

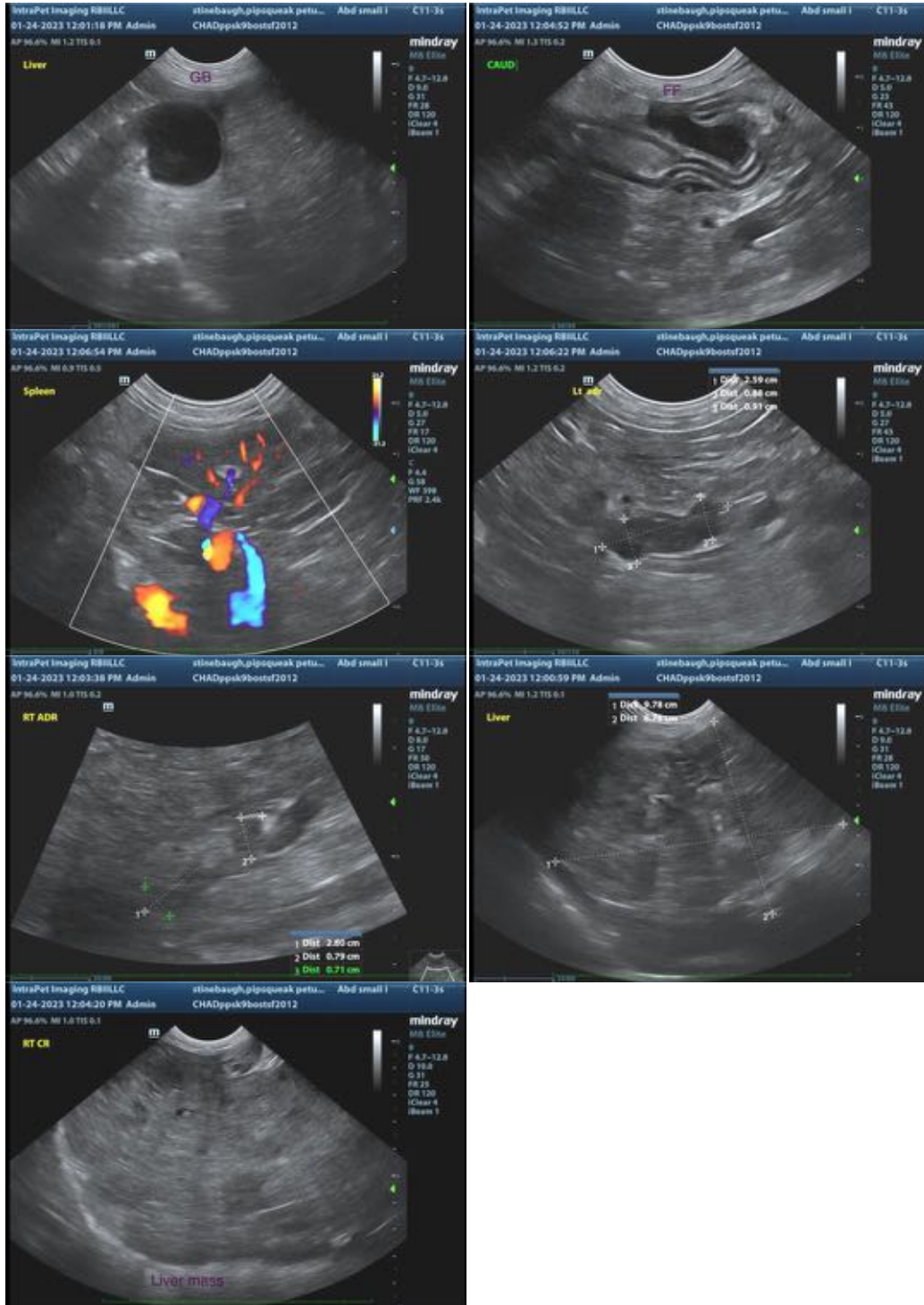
- Large right hepatic mass. Neoplasia (i.e., adenocarcinoma, adenoma, round cell tumor) is suspected with a lower possibility of a non-neoplastic process. Adjacent peritonitis is present. The diffuse hepatic parenchymal changes are non-specific and could be secondary to benign age-related remodeling, inflammatory disease, metastatic disease, hepatotoxicosis (i.e., copper), other hepatopathy.
- Cranial peritonitis is present, likely secondary to the hepatic mass.

#### **Secondary Findings:**

- Age-related pancreatic remodeling.
- Minor chronic, age-related renal changes.
- Mild bilateral adrenomegaly.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the hepatic mass can be considered (if clotting status is appropriate). A 25-gauge needle should be used. If results are inconclusive or if aspiration is not performed, consultation with a board-certified surgeon can be considered to discuss hepatic mass removal or debulking. An abdominal CT scan would be useful in pre-surgical planning.



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.

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