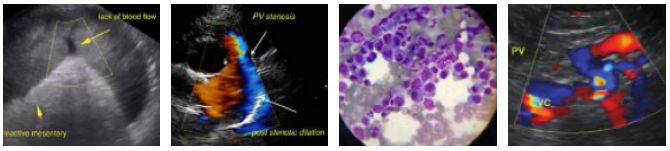

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1-800-838-4268 info@sonopath.com

PATIENT
Oscar Hackett

SPECIES
Canine

BREED
Poodle

SEX
Male, neutered

AGE
14 Yrs. 3 months

WEIGHT
5.65 kg.

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

IMAGING PERFORMED BY
Dr. Brian Barnes

HOSPITAL NAME
Westview VH

REFERRING VET
Dr. Brian Barnes

INVOICE
12788

DATE
1/4/2022

PRESENTING CLINICAL SIGNS

History: Dog has been coughing a lot and worse in the last few days.
Abnormal PE/Chem/CBC/UA Results: Xrays indicate normal heart, collapsing trachea, and a mass in the right Cranial abdominal quadrant. CBC: Increased Baso and Plts Chem: SDMA 30 (N 0-14), Urea 13.7 (N 2.5-9.6), Creat normal ALT 513 (N 10-125), alkp 1948 (N 23-212), GGt 50 (N 0-11), Increased Chol, Amyl, Lipa

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The prostate is normal in size (0.97 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (4.45 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Pinpoint hyperechoic to mineralized foci are observed within the cortex. Several small cortical cysts are seen. 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 size (5.05 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Pinpoint hyperechoic to mineralized foci are observed within the cortex. Several small cortical cysts are seen. 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 normal size (0.44 cm at cranial pole) (0.51 cm at caudal pole) (1.54 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.

The right adrenal gland is normal size (0.96 cm at cranial pole) (0.53 cm at caudal pole) (2.13 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 (0.84 cm in width at the level of the hilus) with normal curvilinear peripheral contours. An ill-defined hyperechoic nodule is observed at the hilus. In addition, pinpoint hyperechoic foci are observed throughout the organ. Splenic vasculature is normal with no evidence of thrombosis.

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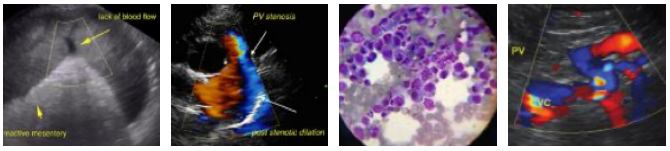

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Liver

The liver is subjectively enlarged with irregular peripheral contours. A >10 cm heterogeneous cystic/cavitated mass is arising from the right side. A 6 cm similar appearing mass is also observed adjacent to the diaphragm and may be a lobulation of the larger mass. The remaining parenchyma is homogeneous in appearance and isoechoic relative to the spleen. 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. Luminal contents are mostly anechoic. 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 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.

Pancreas

A portion of the pancreas is obscured by the large hepatic mass. In the visualized portion (left limb), no obvious pathology is observed.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Large +/- smaller right hepatic masses. Neoplasia (i.e., adenocarcinoma, hemangiosarcoma, other) is suspected with a low possibility of benign pathology. Regional peritonitis is present.

Secondary Findings:

- The hyperechoic splenic nodules are likely benign in origin (i.e., myelolipomas or foci of lymphoid hyperplasia).
- Bilateral, age-related renal changes with dystrophic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If an aggressive approach is desired, an abdominal exploratory with hepatic mass removal or debulking can be considered. If surgery is pursued, referral to a board-certified surgeon is recommended due to the potential for perioperative complications. An abdominal CT scan would be useful in pre-surgical planning. If a more conservative approach is desired, palliative care is recommended.

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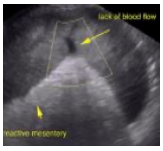
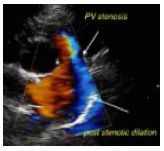
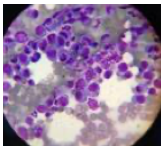
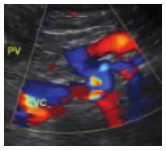

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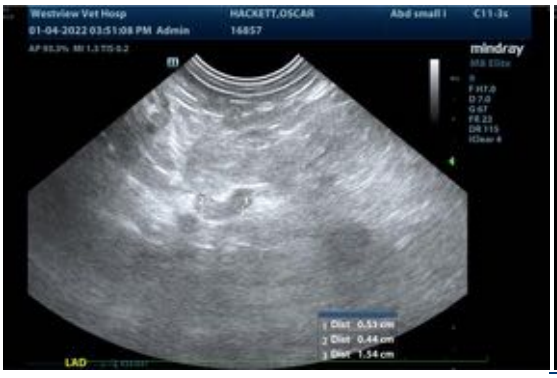

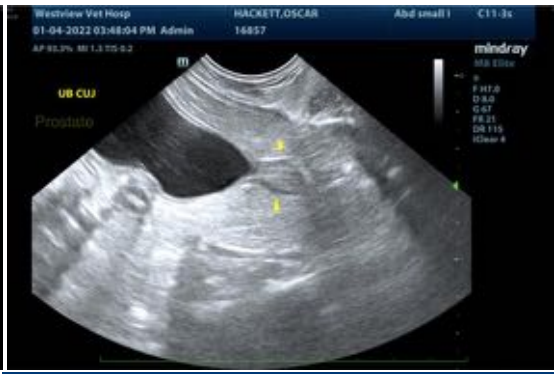

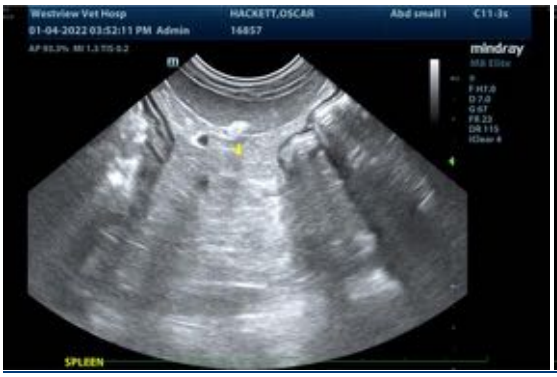

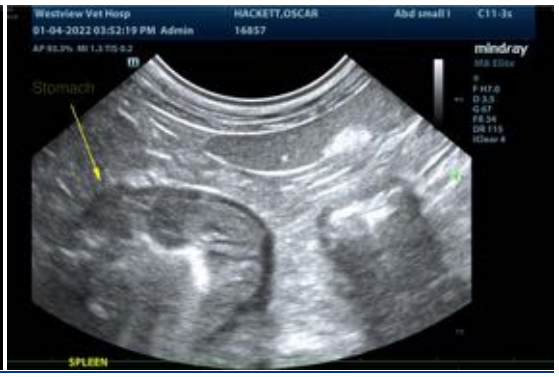

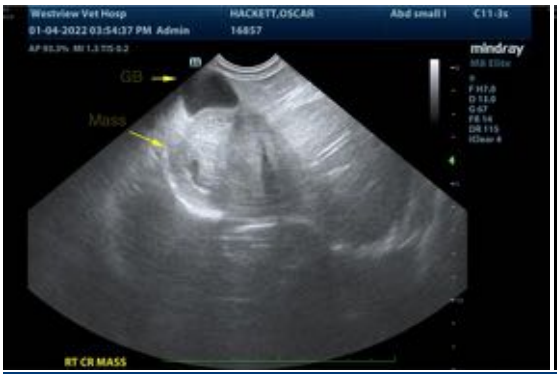

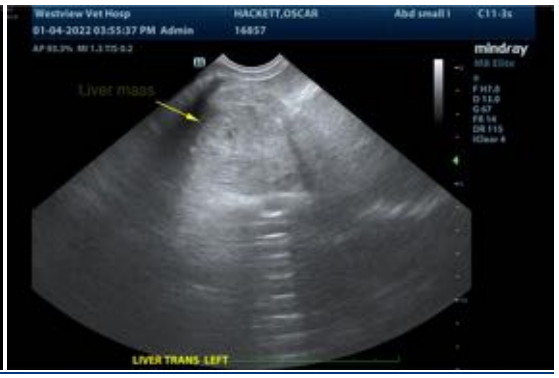

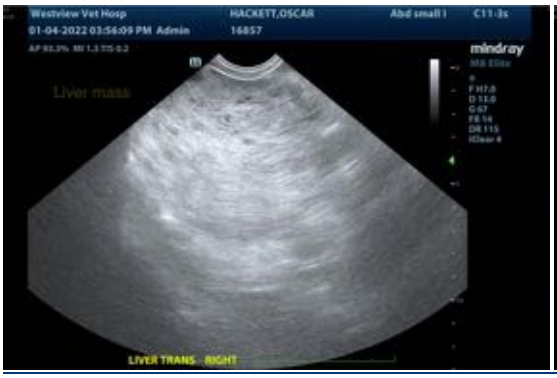

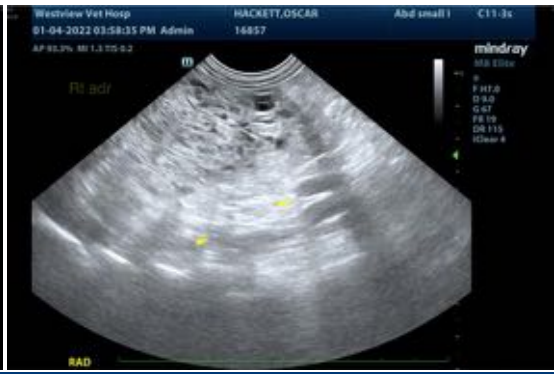

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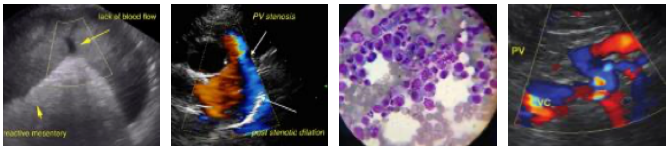

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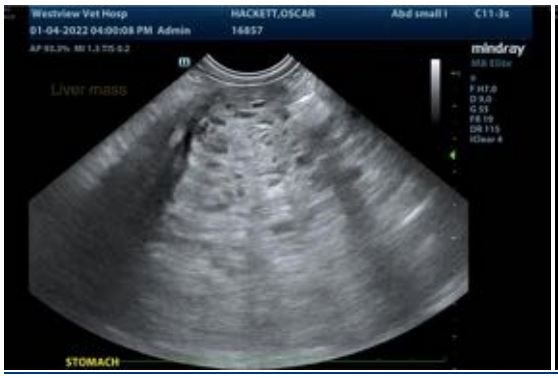

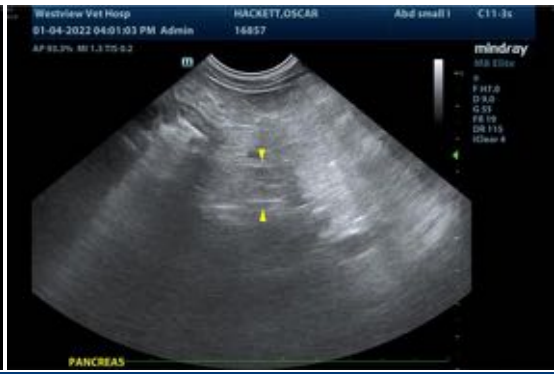

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

Andrea.nicastro@sonopath.com