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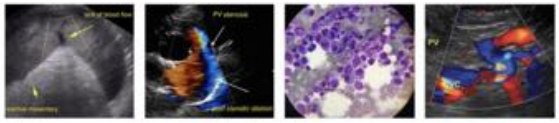


Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Lead Bryant

SPECIES

Canine

BREED

English Setter

SEX

Neutered Male

AGE

05/06/2013

WEIGHT

51 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Park West Vet Assoc

REFERRING VET

Dr. Jen Brogie

INVOICE

11797

DATE

10.10.22

PRESENTING CLINICAL SIGNS

History of ADR. Febrile today. Elevated liver enzymes. Mast cell disease in 2021. Received vinblastine chemotherapy at that time.

Clinical Exam Findings: Patient presents for recurring anorexia. Seen initially on 9/22 for anorexia and treated supportively for pancreatitis. One day out-patient therapy and one day of inpatient IVF. Patient has hx of MCT on neck (high grade) with LN metastasis 1/13/2021. Follow-up treated after surgery with vinblastine 8 series with no signs of recurrence since. PE has shown mild discomfort in cranial abdomen, intermittent pyrexia, some lip smack/hypersalivation. LF lameness developed about 10 days ago and pain at biceps tendon.

Abnormal lab-work values: Will email lab results since have been done serisially the past few weeks (9/22, 9/29, 10/10). Trends are marked elevation in lipase (5485), ALT (270), ALP (367) and GGT (31). Elevation in GGT is new as of today. Platelet count low (97k), manual 125K. HCT trending low (37.8%), manual 44%.

Current Medications: Gabapentin 300mg PO BID
Radiographic Findings: Three view thoracic rads perform 9/22 - no evidence of metastasis

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 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 (1.37 cm in width) with normal shape and smooth peripheral contours. The parenchyma is subtly heterogenous in appearance. An ill-defined hyperechoic area is observed on the left lateral aspect. The prostatic urethra is not overtly dilated.

The **left kidney** is normal size (6.66 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 hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (7.42 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 hydroureter. Renal vasculature is normal.

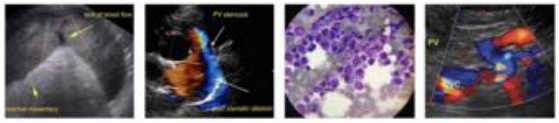
Adrenal Glands

The **left adrenal gland** is normal size (0.72 cm at cranial pole) (0.52 cm at caudal pole) with a normal shape and smooth peripheral contours. At the cranial pole, a 0.70 x 0.50 irregular hyperechoic nodule is visualized. Glandular echogenicity and detail at the caudal pole are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.68 cm at cranial pole) (0.52 cm at caudal pole) (2.28 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 normal in size (1.60 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.86 x 0.78 cm hypoechoic nodule is



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observed at the craniomedial aspect.

Liver

The **liver** is subjectively enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely mottled, bordering on a nodular appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. Surrounding mesentery is hyperechoic. The portal vein to caudal vena cava ratio is approximately 1: 1.

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 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

A portion of the **pancreas** is obscured by the hepatic pathology. In the visualized portions no obvious abnormalities are seen.

Free Abdomen

Trace free fluid is observed. A 1.89 cm irregular hypoechoic **lymph node** is observed in the right cranial quadrant. In addition, a few slightly heterogenous periportal lymph nodes, the largest measuring 2.38 cm in length, are seen.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

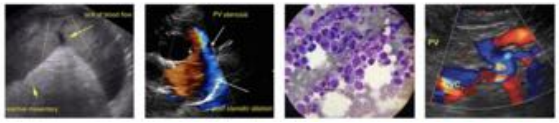
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic parenchymal changes are concerning for infiltrative neoplasia (i.e., round cell tumor). However, inflammatory disease (i.e., bacterial cholangiohepatitis) or other hepatopathy cannot be completely excluded. Cranial peritonitis is present, likely secondary to hepatic pathology.
- The cranial lymphadenopathy could be consistent with infiltrative neoplasia, reactive lymphadenitis or lymphoid hyperplasia.

Secondary Findings

- The splenic nodule could be consistent with a benign process (i.e., focus of lymphoid hyperplasia, extramedullary hematopoiesis, or similar). Alternatively, an emerging tumor should be considered.
- Minor, bilateral age-related renal changes.
- The left adrenal nodule trends toward the benign (i.e., benign nodular hyperplasia) with a lower possibility of an emerging tumor.



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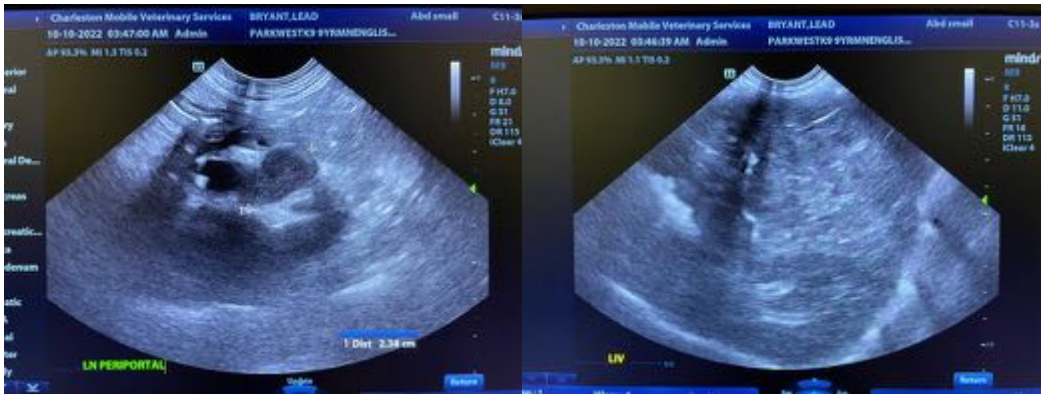
- The prostatic parenchymal changes are most consistent with age-related remodeling with a lower possibility of emerging neoplasia.

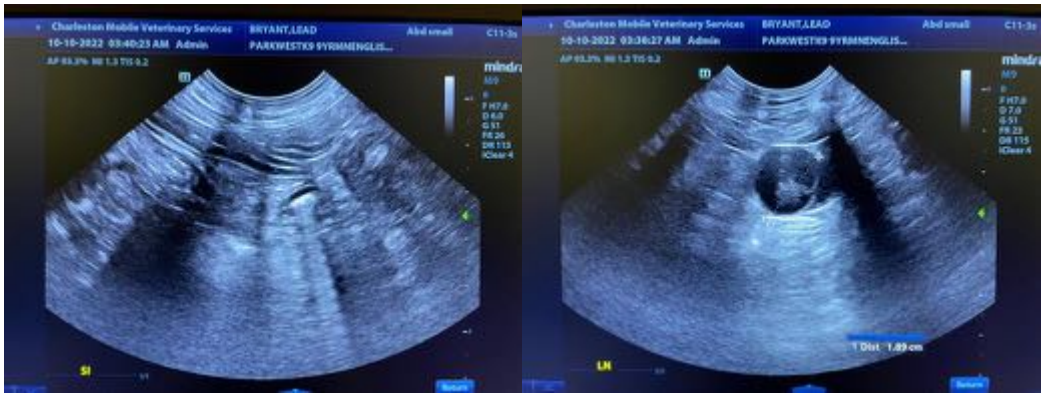
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Consider a fine-needle aspirate of the liver if clotting status is appropriate. A 25-gauge needle should be used. If aspiration is pursued, the patient should be pretreated with diphenhydramine at 2.2 mg/kg subcutaneously 15 minutes prior to the procedure to help reduce risk of potential mast cell degranulation. If cytology results are inconclusive, surgical biopsies of the liver and large abdominal lymph nodes may be necessary to get a definitive diagnosis.

If aggressive diagnostics are not pursued, consider empirical treatment with broad-spectrum antibiotics and hepatic antioxidants. Liver values should be rechecked within 5-7 days of initiating therapy. If no improvement is seen, antibiotics should be discontinued, and hepatic tissue sampling revisited. Corticosteroids can also be considered if the patient does not respond to antibiotics, as long as the client understands the risks of treatment without a definitive diagnosis.





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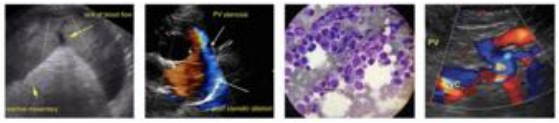

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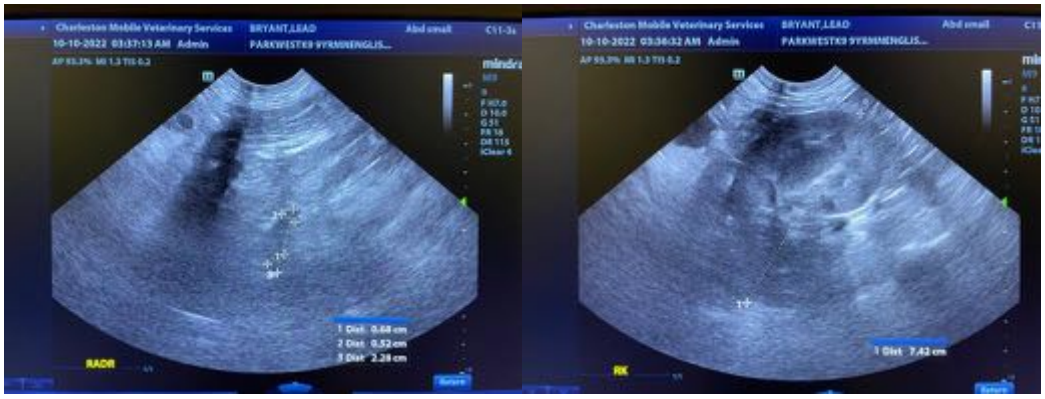

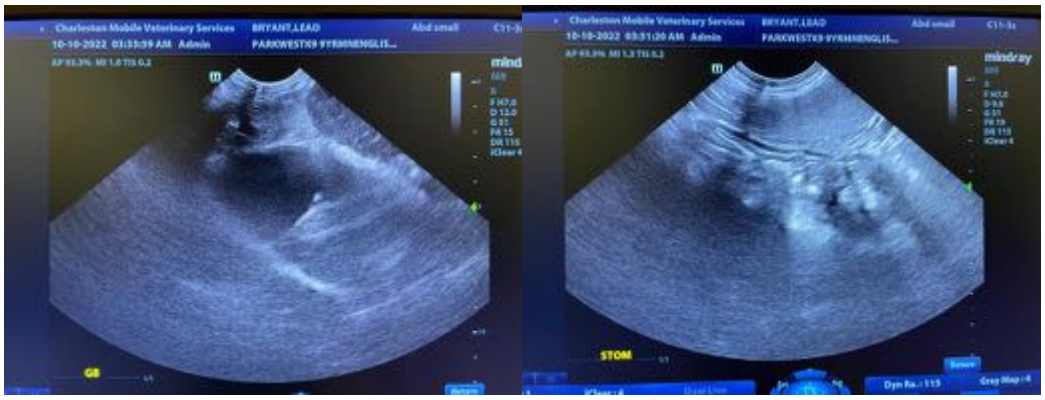

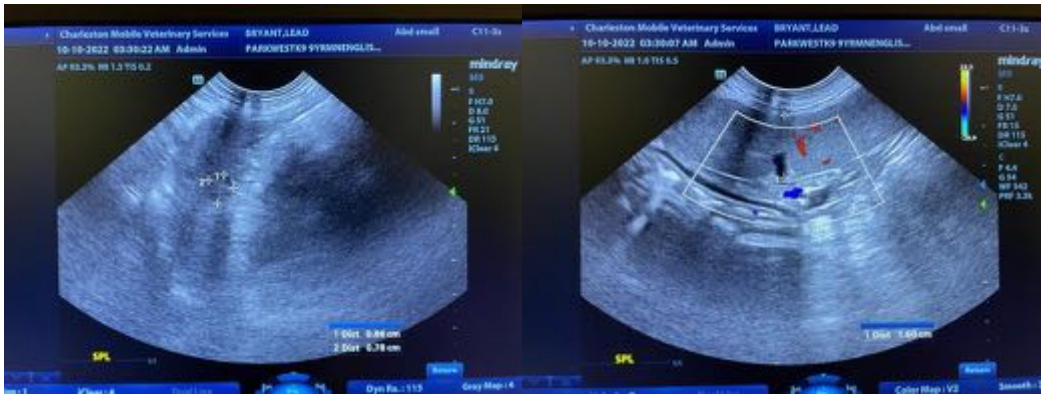

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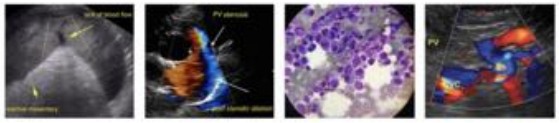

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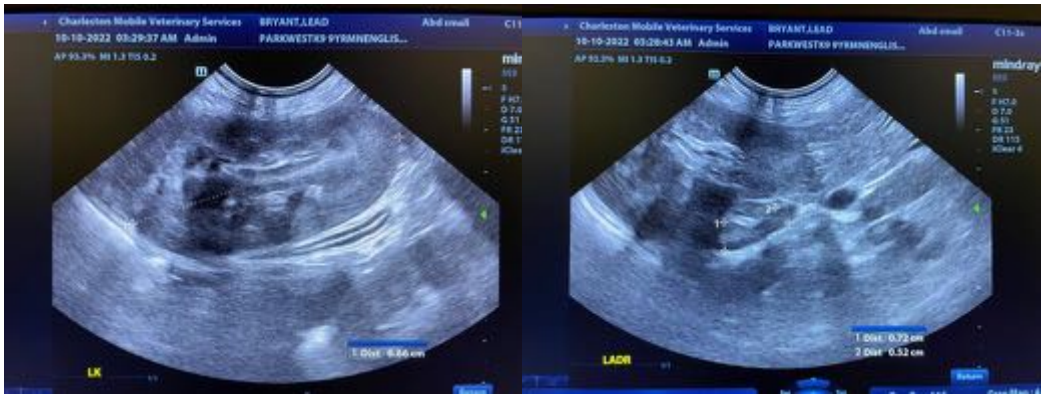

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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