



PATIENT

Don-Q Gonzalez

SPECIES

Canine

BREED

German Shepherd

SEX

Male, intact

AGE

11 Yrs.

WEIGHT

73 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Ferrer

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Carrasquillo

INVOICE

14078

DATE

10/11/22

PRESENTING CLINICAL SIGNS

History: Patient came for anorexia and paraparesis an ultrasound was performed and a FNA cytology.

Abnormal PE/Chem/CBC/UA Results: CBC: RBC: 29.3 % (37.3% -61.7 %) WBC: 22.02 K/uL (5.05 K/uL-16.76 K/uL) PLT: 67 K/uL(148 K/uL-484 K/uL) CHEM: ALB: 2.1 g/dL (2.2-3.9) TP: 4.8 g/dL (5.2-8.2) ALT: 126 U/L (10-125) CHOL: 105 mg/dL (110-320) K: 3.4 mmol/L (3.5-5.8) 4Dx: Negative to all four

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. A scant amount of echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is not visualized in its entirety due to its pelvic location. In the visualized portion of the gland, it is enlarged (2.62 cm width) with smooth peripheral contours and homogeneous parenchyma. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (6.89 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. 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 (8.15 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. 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 (0.54 cm at cranial pole) (0.57 cm at caudal pole) (3.28 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.

The right adrenal gland is normal size (0.80 cm at cranial pole)(0.60 cm at caudal pole) (2.41 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 (2.35 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.

Liver

The liver is subjectively enlarged with irregular peripheral contours. Approximately mid-liver, at the caudal aspect, a >8 cm irregular heterogeneous cavitated mass is visualized. The mesentery effacing the



PATIENT

Don-Q Gonzalez

serosal surface of the mass is hyperechoic. In the remainder of the liver, several hyperechoic to heterogeneous nodules/masses are visualized, the largest measuring >5 cm (on the rightside). 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 scant amount of echogenic debris is suspended within the lumen. The cystic and common bile ducts are normal/not seen.

SPECIES

Canine

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 ileoceocolic junction and colonic wall are normal. No obstructive disease is noted.

BREED

German Shepherd

SEX

Male, intact

Pancreas

The right limb of the pancreas is visible 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.

AGE

11 Yrs.

Free Abdomen

There is no obvious evidence of free fluid. The medial iliac lymph nodes are visible but not overtly enlarged.

WEIGHT

73 lbs.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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

Primary Findings:

- Large hepatic mass. Neoplasia (i.e., hemangiosarcoma, adenocarcinoma, other) is considered likely with a lower possibility of a benign process. The additional hepatic nodules/masses could be consistent with metastatic disease or, less likely, benign regenerative nodules.
- Cranial peritonitis is present, likely secondary to hepatic pathology.

IMAGING PERFORMED BY

Dr. Ferrer

Secondary Findings:

- Bilateral mild chronic age-related renal changes.
- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.
- The pancreatic changes are consistent with age-related remodeling +/- fibrosis. Concurrent pancreatitis is possible, particularly if the patient is exhibiting cranial abdominal pain on palpation.

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Carrasquillo

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

14078

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Depending on the cytology results from the hepatic mass, surgical intervention can be considered. If pursued, consider referral to a board-certified surgeon due to the potential for

DATE

10/11/22



PATIENT

Don-Q Gonzalez

perioperative complications. An abdominal CT scan would be useful in pre-surgical planning. If surgery is pursued, the client should be warned of the potential for metastatic disease in other portions of the liver. However, given the size and location of the mass and the possibility of metastatic disease, palliative/symptomatic care should be considered in lieu of invasive procedures.

SPECIES

Canine

BREED

German Shepherd

SEX

Male, intact

AGE

11 Yrs.

WEIGHT

73 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ferrer

HOSPITAL NAME

Paseos VC

REFERRING VET

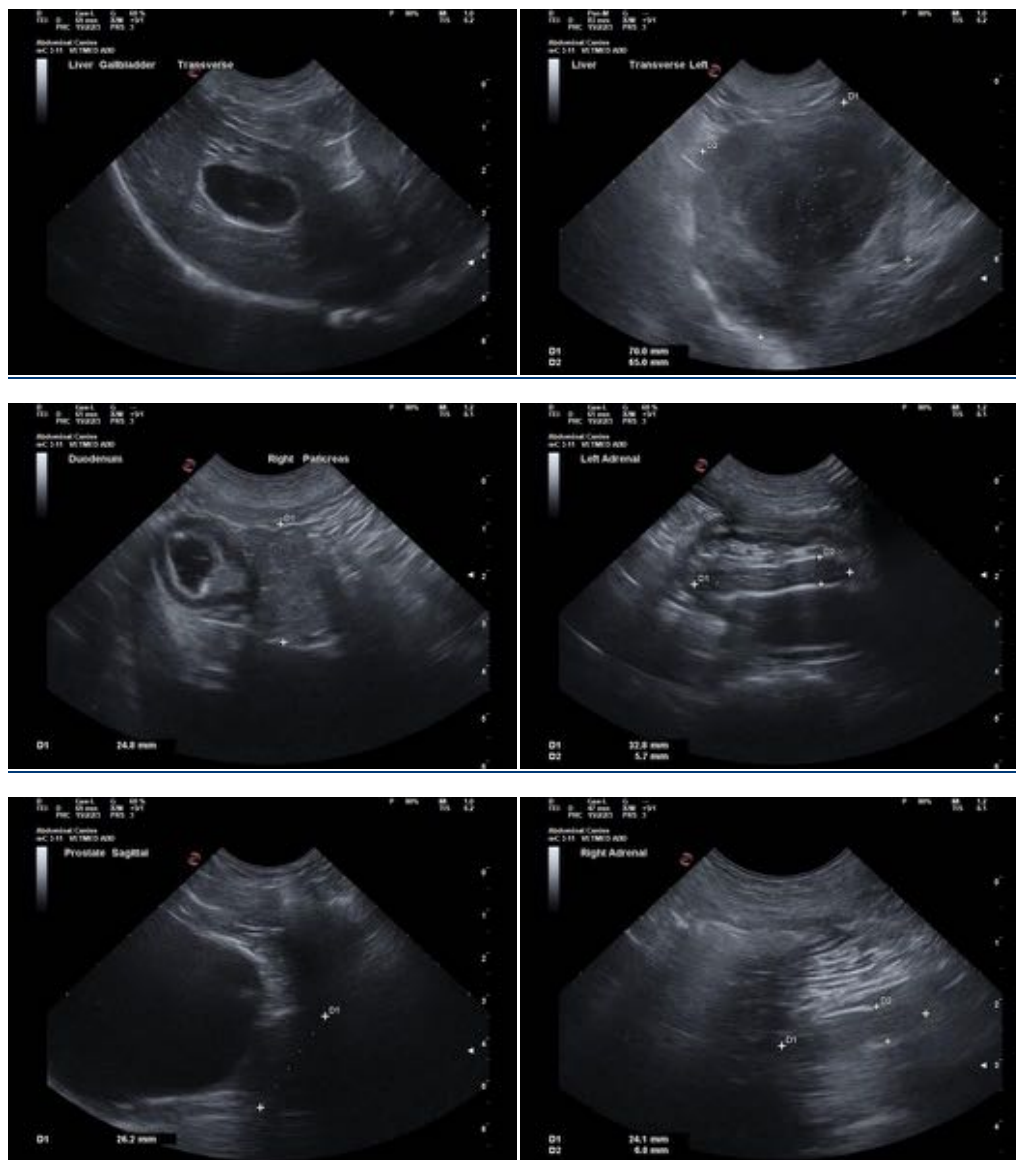
Dr. Carrasquillo

INVOICE

14078

DATE

10/11/22





PATIENT

Don-Q Gonzalez

SPECIES

Canine

BREED

German Shepherd

SEX

Male, intact

AGE

11 Yrs.

WEIGHT

73 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Ferrer

HOSPITAL NAME

Paseos VC

REFERRING VET

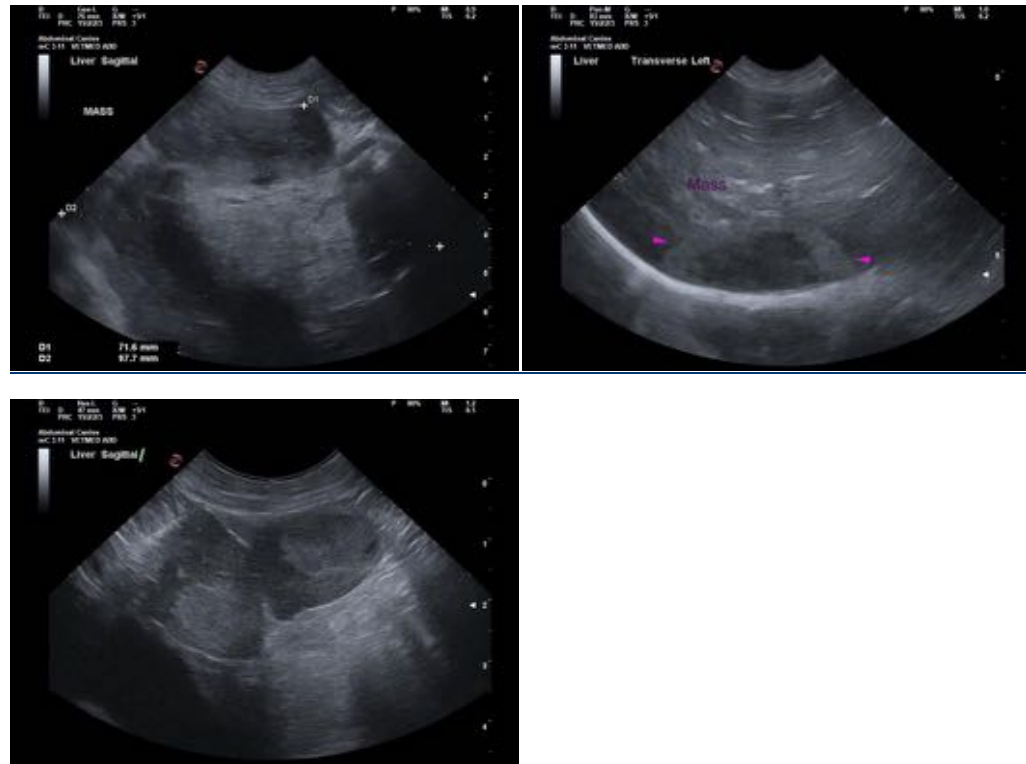
Dr. Carrasquillo

INVOICE

14078

DATE

10/11/22



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