

PATIENT PRESENTING CLINICAL SIGNS

Milo Roberts History: no specific signs noted; changes on BW found on annual testing AUS pursued
 Abnormal PE/Chem/CBC/UA Results: ALT 274 U/L 18 - 121 AST 36 U/L 16 - 55 ALKP 2016 U/L 5 - 160
 GGT 23 U/L 0 - 13 Thoracic radiographs taken today PT/PTT pending

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

12 years

WEIGHT

60 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Christina Sitton

HOSPITAL NAME

Sherwood Family PC

REFERRING VET

Christina Sitton

INVOICE

11815

DATE

10.12.22

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 mildly 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 region of the **prostate** is not visualized due to its pelvic location.

The **left kidney** is normal size (6.04 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The **right kidney** is normal size (6.32 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The **left adrenal gland** is mildly enlarged (0.43 cm at cranial pole) (0.82 cm at caudal pole). A 0.96 x 0.62 cm ill-defined hyperechoic nodule is observed within the caudal pole. Glandular echogenicity and detail at the cranial pole are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is mildly enlarged (1.43 cm at cranial pole) (0.96 cm at caudal pole); 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 not visible in the available images.

Liver

The **liver** is enlarged with irregular peripheral contours. A >10.00 cm heterogenous cavitated mass is arising from the left side. The mass causes capsular expansion. In the remainder of the liver, the parenchyma is isoechoic relative to the spleen with several ill-defined hyperechoic nodules observed. Hepatic vasculature and intrahepatic 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 aggregated, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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

A portion of the **pancreas** is obscured by the hepatic mass. In the visualized portions, no obvious

abnormalities are seen.

Free Abdomen

There is no evidence of free fluid. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

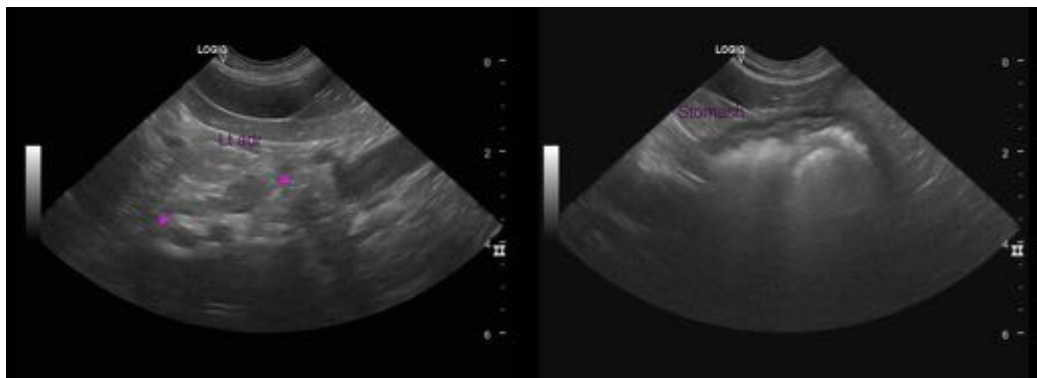
- Large cavitated hepatic mass. Neoplasia (i.e., hemangiosarcoma, adenocarcinoma, round cell tumor, other) is considered likely with a lower possibility of a benign process.
- The diffuse hepatic parenchymal changes are nonspecific and could be secondary to benign age-related change (i.e., regenerative nodular hyperplasia, vacuolar hepatopathy). Alternatively, metastatic disease is possible.

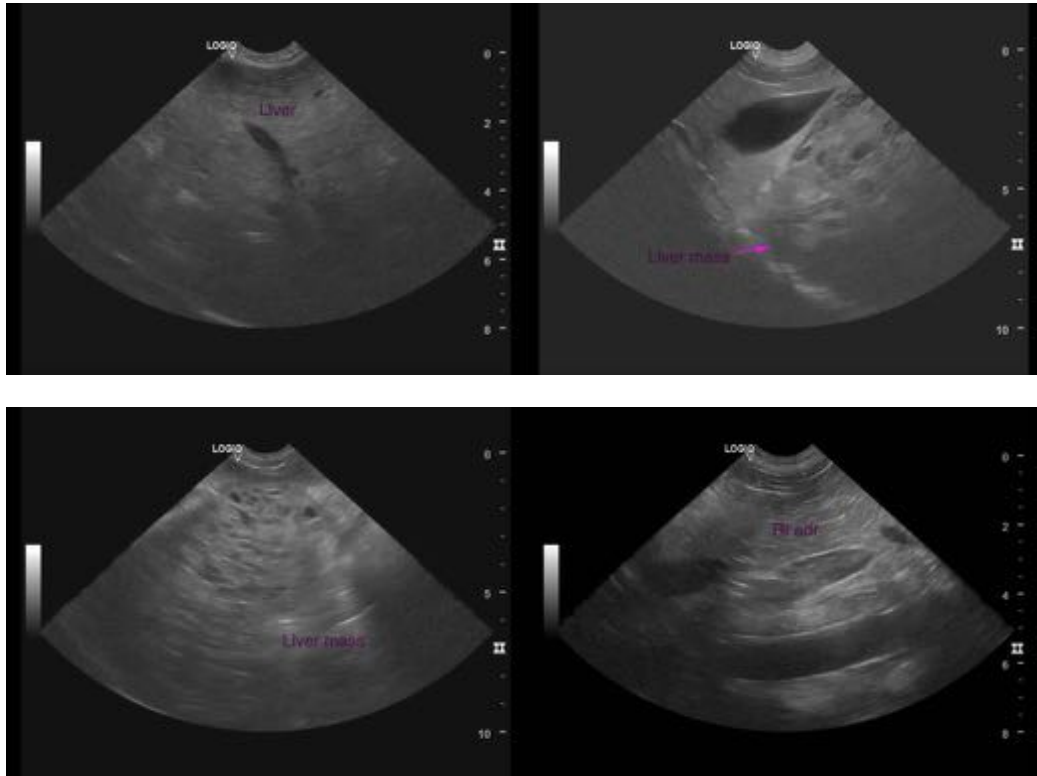
Secondary Findings

- Mild bilateral adrenomegaly. The left adrenal nodule trends toward the benign (i.e., nodular hyperplasia) with a lower possibility of an emerging tumor.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If there is no evidence of pulmonary metastatic disease, consider an abdominal exploratory with mass removal or debulking. An abdominal CT scan would be useful in presurgical planning. A fine-needle aspirate of the mass can be considered. However, given the cavitated lesions, there is a risk of iatrogenic hemorrhage with the procedure. Therefore, it is not recommended.





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.

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