



**PATIENT**

Lexi Pehl

**SPECIES**

Canine

**BREED**

Cavapoo

**SEX**

Female spayed

**AGE**

12 Years

**WEIGHT**

6.2 kgs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Hess

**HOSPITAL NAME**

Petmedic Urgent Care  
Vet Clinic

**REFERRING VET**

Dr. Hess

**INVOICE**

11950kk

**DATE**

10/2/21

**PRESENTING CLINICAL SIGNS**

History: Presented recently for diarrhea with blood- resolved on metronidazole and proviable. Bloodwork showed anemia (35%) and elevated LE's, ALT 386, ALP 1500, GGT 46 History of valvular heart disease- stable on medication Previous ultrasound in MN (owner on vacation in maine)- had liver abnormalities- unsure

Abnormal PE/Chem/CBC/UA Results:

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder is mildly distended. The wall is of appropriate thickness for the level of repletion. The mucosal surface is smooth. A small amount of echogenic debris is observed within the lumen. No cystic calculi are seen. The region of the trigone is normal.

The left kidney is normal size (4.51 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A 0.27 cm nephrolith is observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.98 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild 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 (0.48 cm at cranial pole) (0.49 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.

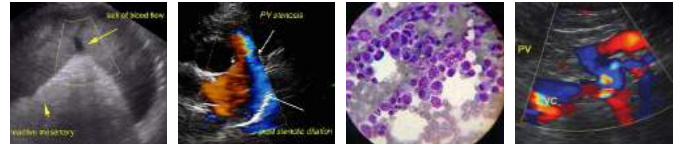
The right adrenal gland is normal size (0.50 cm at cranial pole) (0.41 cm at caudal pole) (1.73 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

*Spleen*

The spleen is normal in size (0.86 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 prominent in size with swollen, peripheral contours. The parenchyma is isoechoic relative to the spleen. A > 6 cm irregular, heterogeneous mass is observed deep left to the mid to right cranial aspect. The mass contains coalescing, hyperechoic nodules within it. An approximately 0.5 cm irregular cystic area is observed adjacent to the mass on the right side. The remaining hepatic parenchyma is slightly heterogeneous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder is moderately distended. The wall is normal in thickness. At least one polypoid-like lesion is arising from the luminal



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surface. A moderate amount of mostly gravity-dependent, aggregated, echogenic debris is observed within the lumen.

**Gastrointestinal**

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The gastric lumen is moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

**BREED**

Cavapoo

**Pancreas**

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

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**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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**ULTRASONOGRAPHIC FINDINGS**

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**Primary Findings:**

- Hepatic mass. A neoplastic process (i.e., adenoma, adenocarcinoma) is favored. However, benign pathology (i.e., regenerative nodular hyperplasia) +/- concurrent vacuolar hepatopathy cannot be completely excluded.
- Gall bladder debris - non-mucocele.

**Secondary Findings:**

- Bilateral, age-related renal changes with dystrophic mineralization and a non-obstructive left nephrolith.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. If an aggressive approach is desired, consider hepatic mass removal or debulking. An abdominal CT scan would be useful in pre-surgical planning. If surgery is to be pursued, referral to a board-certified veterinary surgeon is recommended due to the potential for perioperative complications. If a more conservative approach is desired, consider a fine needle aspirate of the hepatic mass (if clotting status is appropriate). A 25-gauge needle should be used. However, it should be noted that with primary hepatic tumors, cytology results are often inconclusive. Given the patient's heart murmur, an echocardiogram, ECG, and baseline blood pressure measurement should also be considered prior to anesthesia.

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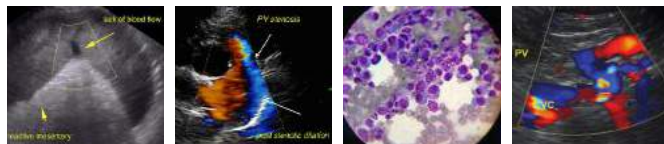
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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