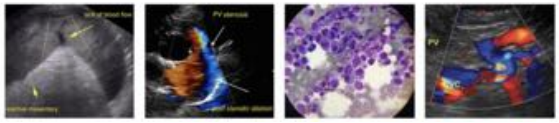

PATIENT

Boomer Ellington

SPECIES

Canine

BREED

Austr Shepherd

SEX

Neutered Male

AGE

10/05/2010

WEIGHT

52.8 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

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INVOICE

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DATE

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PRESENTING CLINICAL SIGNS

Cardiovascular: MM moist and pink, with CRT <2s. Heart rate and rhythm WNL. No murmurs ausculted. Femoral pulses WNL.
Respiratory: No crackles or wheezes noted. No cough on tracheal palpation.
Skin: No visible ectoparasites noted. No wounds, lesions, or masses noted.
Eyes: Clear OU, with no ocular discharge noted. PLR WNL OU.
Ears: Clean, with TM visible and intact AU.
Nose: No nasal discharge or obvious FB noted.
Oral cavity: Grade 3 dental disease noted. No abnormalities noted on or under the tongue.
Gastrointestinal: Abdomen soft and non-painful. No obvious masses/organomegaly/obstruction noted on abdominal palpation.
Neurologic: Cranial nerve reflexes intact and WNL. No proprioceptive deficits noted.
Musculoskeletal: Ambulatory x 4, with normal gait. Limited range of motion and crepitus noted in both stifles. Stifles bilaterally thickened. No loss of muscle mass or asymmetry noted.
Urogenital: Neutered male. No mammary gland tumors noted. No discharge noted. Prostate is smooth and symmetric.
Peripheral lymph nodes: All palpate normal size.
Behavior: BAR. No behavioral abnormalities noted.
BCS 7/9, overweight
Abnormal lab-work values: ALT 1804. ALP 441
Bile Acids scheduled 10/20/22
Current Medications: Denamarin

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 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.

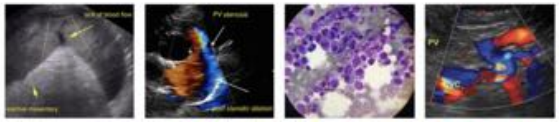
The **prostate** is normal in size (1.24 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The **left kidney** is normal size (6.93 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 minimal to 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 (0.77 cm at cranial pole) (0.73 cm at caudal pole) (2.54 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.



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The **right adrenal gland** is normal size (0.94 cm at cranial pole) (0.77 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 normal in size (172 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 enlarged with irregular peripheral contours. A >12.00 cm heterogenous, cavitated mass is arising from the right side. The mass causes displacement of the gall bladder cranially and to the left. The remaining hepatic parenchyma is hypoechoic relative to the spleen, with minor changes consistent with age-related remodeling. 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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. There is evidence of mucosal striations in the duodenal mucosa. The remaining small intestinal segments are normal in thickness with retention of the 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 large liver mass. In the visualized portions, no obvious pathology is observed.

Free Abdomen

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

Other

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

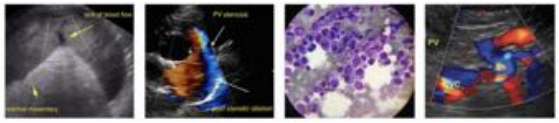
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large, cavitated hepatic mass, right-sided. Neoplasia (i.e., adenocarcinoma, hemangiosarcoma, adenoma) is considered likely with a lower possibility of a benign process.

Secondary Findings

- Minor bilateral age-related renal changes
- The mucosal striations in the duodenum may be secondary to lymphangiectasia. Correlation with the patient's clinical history is recommended.



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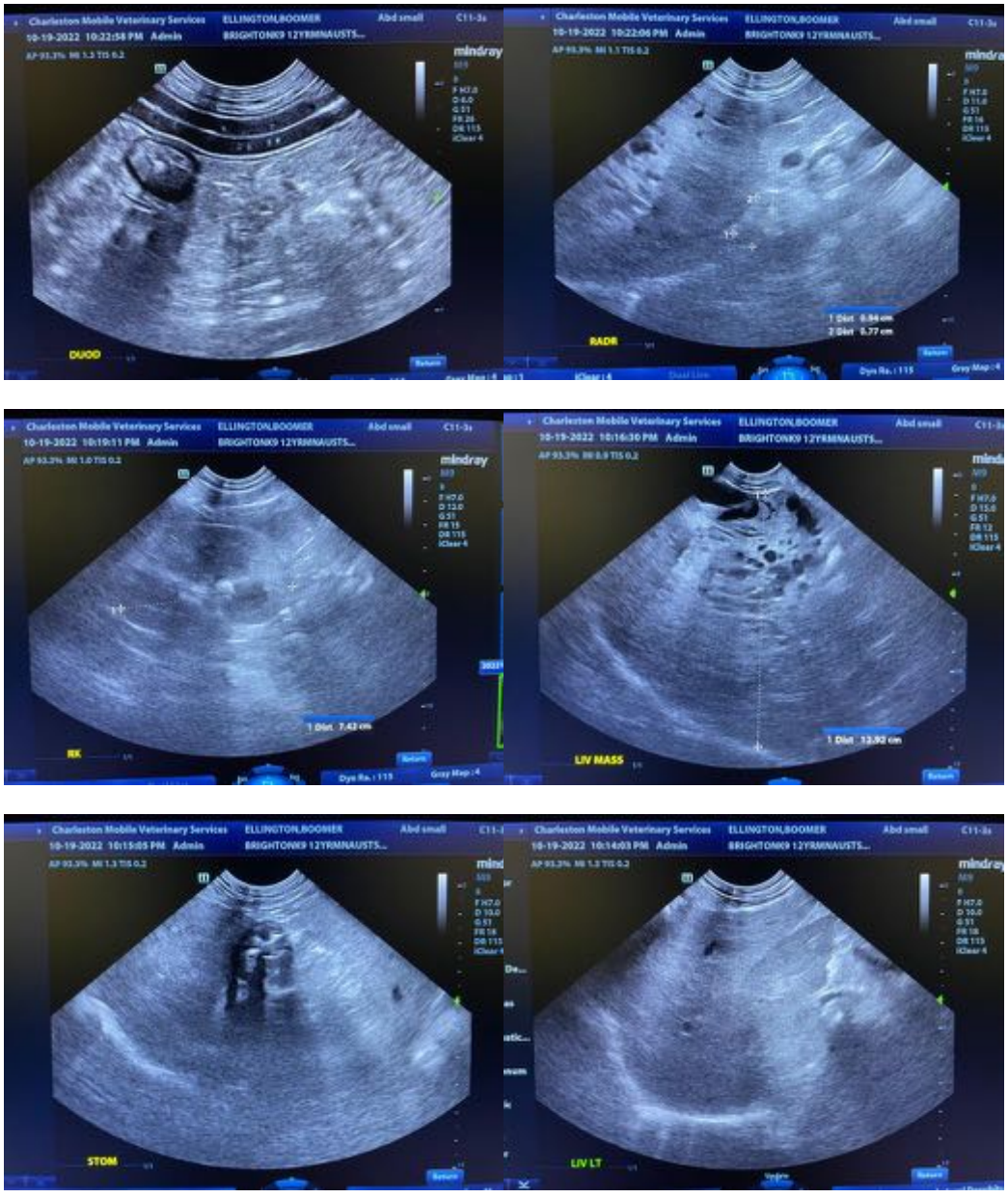
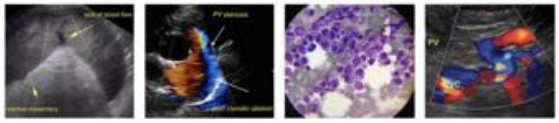
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

If there is no evidence of pulmonary metastatic disease, and an aggressive approach is desired, consider hepatic mass removal or debulking. An abdominal CT scan would be useful in presurgical planning. Clotting times (i.e., PT/PTT) should be assessed prior to surgery.





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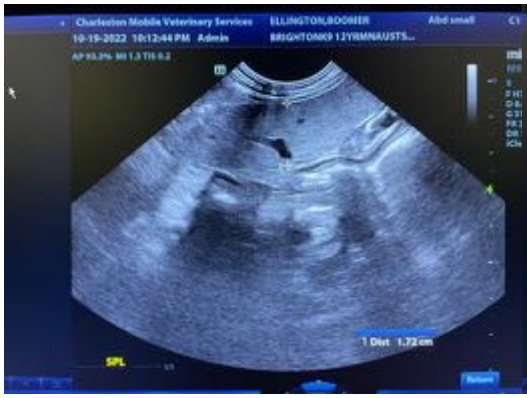

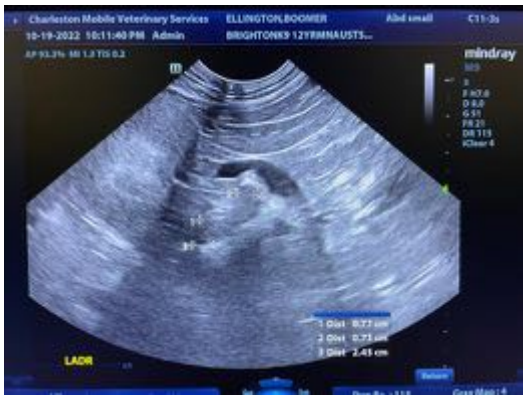

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com