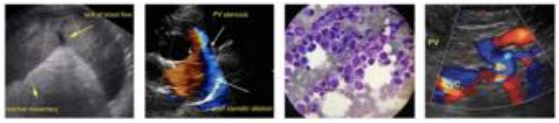


PATIENT

Maggie King

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

12 years

WEIGHT

73 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

Vet Dental Care

REFERRING VET

Dr Shannon

INVOICE

11917

DATE

10.28.22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Maggie presents for a possible tooth root abscess of the maxillary right fourth premolar tooth. Maggie was diagnosed with a possible liver tumor a year ago. She had anemia with a reported hematocrit of 14% and an abdominal ultrasound revealed a liver mass. She was prescribed Prednisone and has been on prednisone chronically. She currently receives 10mg once daily. There were no significant findings on bloodwork performed on 10/13/22.
CBC normal. ALP 291. ALT 173. T4 normal.

Maggie has a history of thunderstorm anxiety and chews through crates. She receives Trazadone for these events.

Subjective: BAR

Oral examination:
Halitosis is present.
Occlusion: normal. It is not in traumatic occlusion.
There is severe dental calculus.
There is moderate dental plaque.
There is moderate gingivitis present. The gingivitis is generalized.
408 previously broken- suspicious gingiva- RTR?
108- parulis
ccrf 101
The rest of the oral examination was unremarkable.

Extra-oral examination:
The OU retropulse normally. Ocular discharge is not present.
There is no facial swelling present.
Nasal discharge is not present.

Heart auscultates normally.
Lungs have normal bronchovesicular sounds.

Abdominal palpation tense
Hesitation when lying down-ddx- abdominal discomfort vs. DJD

History of hygroma: discussed that if we can better diagnose the mass in the liver, then we may be able to discontinue prednisone that may or may not be affecting other parts of her body (ie contributing to infection of hygroma?)

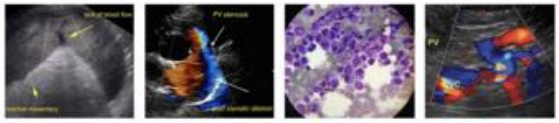
Peripheral lymph nodes have no apparent abnormalities palpated.
Current Medications: Pred and trazadone

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is moderately distended. The wall in the region of the apex is mildly thickened (up to 0.44 cm) with a slightly irregular mucosal surface. The wall tapers to a normal thickness as it extends towards the cystourethral junction. A small amount of suspended, echogenic debris is observed within the lumen. No cystic calculi are observed. The cystourethral junction and proximal urethra, visible to a depth of 2-3 cm, are normal.

The **left kidney** is normal size (7.75 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature



PATIENT

Maggie King

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

12 years

WEIGHT

73 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

Vet Dental Care

REFERRING VET

Dr Shannon

INVOICE

11917

DATE

10.28.22

is normal.

The **right kidney** is normal size (5.95 cm in length); with a slightly irregular 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, or hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.60 cm at cranial pole) (0.60 cm at caudal pole) (2.16 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 (1.09 cm at cranial pole) (0.74 cm at caudal pole) (2.22 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 (1.57 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. Deep on the left side, a 3.51 cm hyperechoic to slightly heterogenous mass is visualized. The lesion causes mild capsular expansion. In the remainder of the liver, the margins are curvilinear. The parenchyma is hypoechoic to isoechoic relative to the spleen with minor changes consistent with age-remodeling. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. 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. A small to moderate amount of mostly gravity dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is mildly gas-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

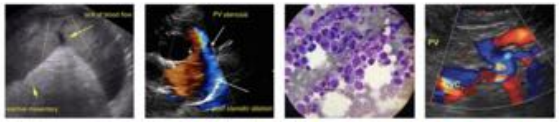
The region of the **pancreas** is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

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

Other

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



PATIENT

Maggie King

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

12 years

WEIGHT

73 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

Vet Dental Care

REFERRING VET

Dr Shannon

INVOICE

11917

DATE

10.28.22

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Deep left hepatic mass. Neoplasia (i.e., adenoma, adenocarcinoma, round cell tumor) is considered likely with a lower possibility of a benign process (i.e., focal inflammatory process or granuloma). The diffuse hepatic parenchymal changes are most consistent with a benign process (i.e., vacuolar hepatopathy, age- pancreatic remodeling). However, an inflammatory process, hepatotoxicosis (i.e., copper), reactive hepatopathy, or other hepatopathy cannot be completely excluded.

Secondary Findings

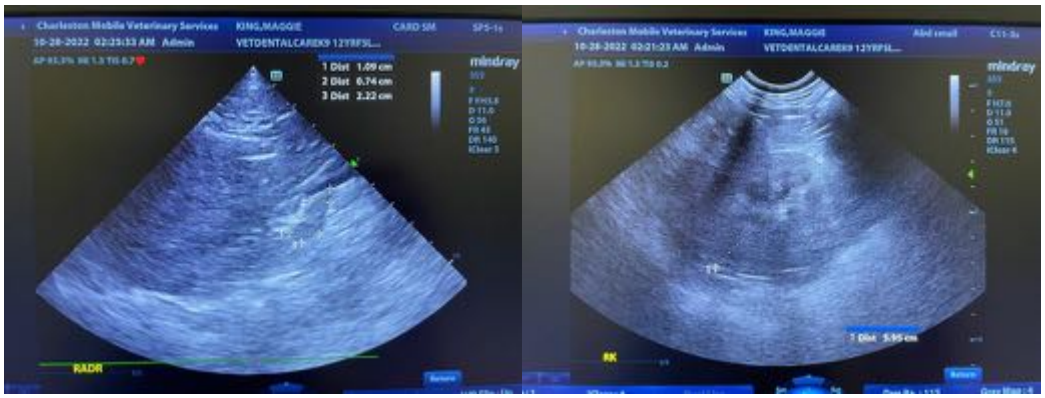
- Gall bladder debris – incidental
- Bilateral chronic age-related renal changes
- The urinary bladder wall changes could be consistent with cystitis or may be artifactual due to lack of full repletion. Correlation with the patient's clinical history and urinalysis findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

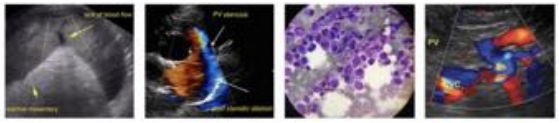
Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

Consider a fine-needle aspirate of the hepatic mass, if clotting status is appropriate. A 25-gauge needle should be used. Sedation is highly recommended for aspiration. If cytology results are inconclusive, surgical biopsy/removal can be considered.

Given the sonographic urinary bladder wall changes, a urinalysis +/- culture and sensitivity are recommended.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Maggie King

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

12 years

WEIGHT

73 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

Vet Dental Care

REFERRING VET

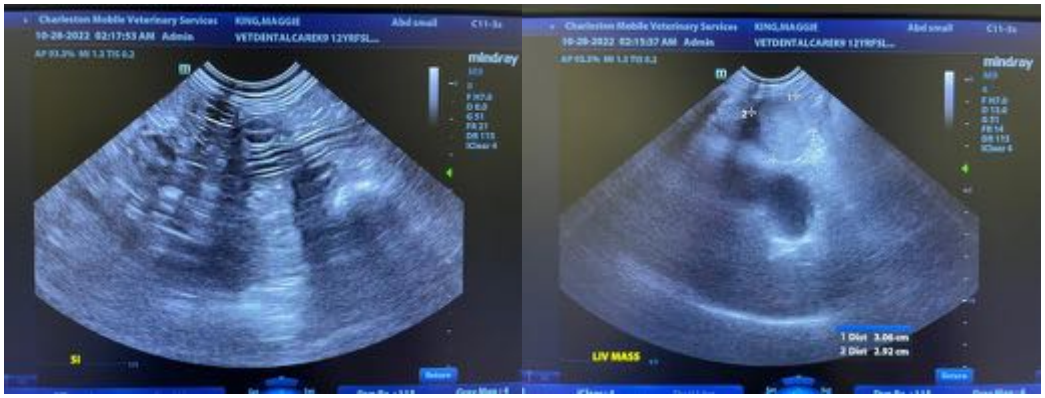
Dr Shannon

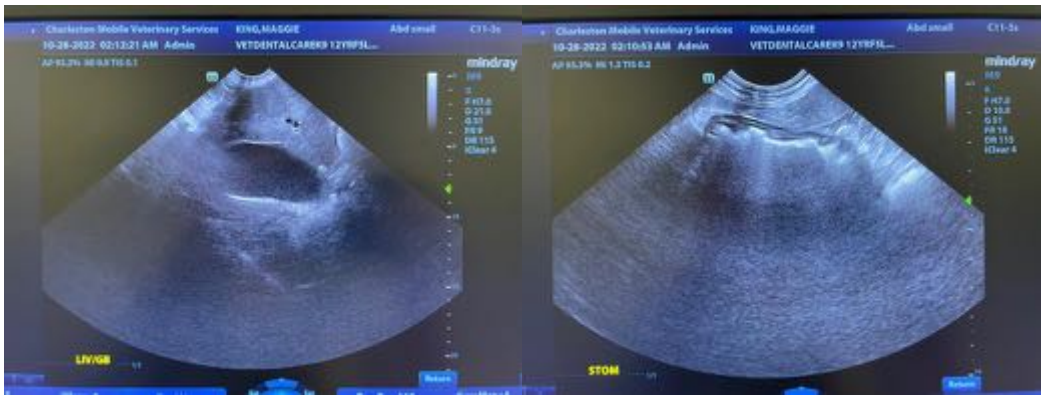
INVOICE

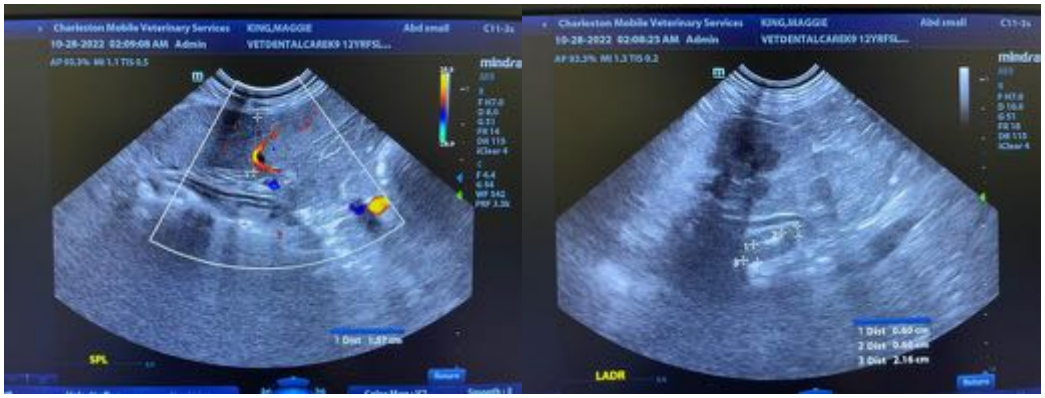
11917

DATE

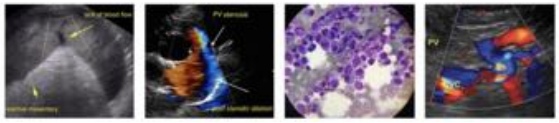
10.28.22







SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Maggie King

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

12 years

WEIGHT

73 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

Vet Dental Care

REFERRING VET

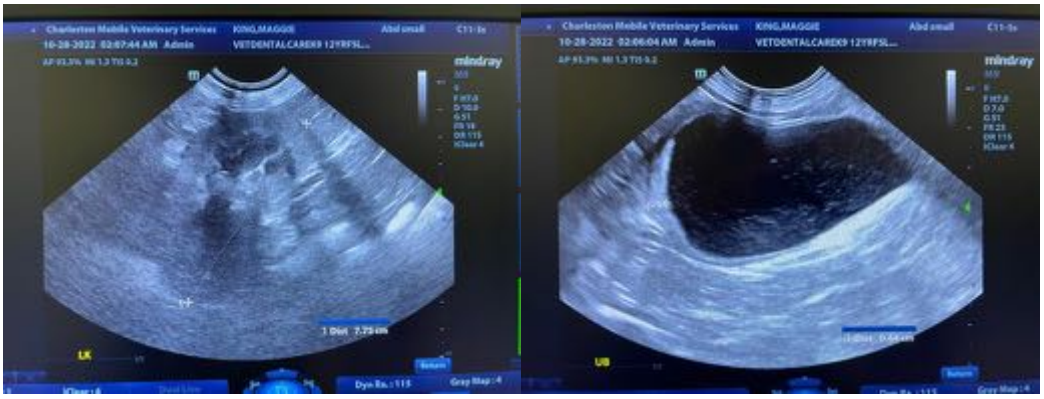
Dr Shannon

INVOICE

11917

DATE

10.28.22



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