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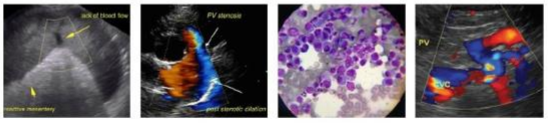


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Missy Hopkins

SPECIES

Canine

BREED

JRT

SEX

Spayed Female

AGE

12 Years

WEIGHT

33 Pounds

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Pine Creek VC

REFERRING VET

Dr. Denny Nolet

INVOICE

14241

DATE

11/10/21

PRESENTING CLINICAL SIGNS

History: On amoxicillin and denamarin- not eating well- liver elevation- ADR

Abnormal PE/Chem/CBC/UA Results: ALT 752, AST 122, AL 825

ULTRASONOGRAPHIC EXAMINATION OF THE

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2.0 cm, are normal.

The left kidney presented normal size (5.22 cm in length); with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few tiny nephroliths are visualized. A small cortical cyst is observed at the medial aspect. There is no evidence of pyelectasia, infarcts or hydroureter.

The right kidney presented normal size (5.63 cm in length); The right kidney is normal in size with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A 1.20 cm anechoic cortical cyst is observed at the caudal pole. Several nephroliths are present. There is no evidence of pyelectasia, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is upper limits of normal size (0.56 cm at cranial pole) (0.71 cm at caudal pole) (2.62 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.

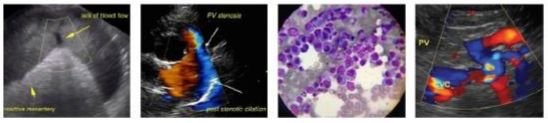
The right adrenal gland is normal size (1.21 cm at cranial pole) (0.60 cm at caudal pole) (2.76 cm in length); with a normal shape and smooth peripheral contours. The parenchyma is subtly heterogeneous in appearance with mild loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.53 cm at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.94 cm hypoechoic nodule is observed at the caudomedial aspect. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with irregular peripheral contours. An approximately 4.0 cm heterogeneous, cavitated mass is arising from the left lateral lobe. The mass causes capsular



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expansion. In addition, a >4.0 cm, irregular and vascular, hypoechoic to heterogenous mass is observed deep left to mid liver, a cavitated area is seen within the mass. A 0.98 cm x 0.96 cm hyperechoic nodule is observed on the right. The remaining hepatic parenchyma is mildly heterogeneous in appearance. 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 small to moderate amount of aggregated echogenic debris, some of which is gravity dependent and some of which is suspended, is observed within the lumen. The cystic and common bile ducts are normal.

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 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. No obstructive or overt infiltrative disease is noted.

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.

Free Abdomen

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

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatic masses. Neoplasia (i.e., adenocarcinoma, round cell tumor) is considered likely with a lower possibility of benign pathology.
- Gallbladder debris, non-mucocele
- The hypoechoic splenic nodule may represent a neoplastic lesion. Alternatively, benign pathology (i.e., a focus of extramedullary hematopoiesis or lymphoid hyperplasia) may be present.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

Secondary Findings

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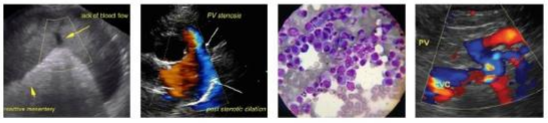

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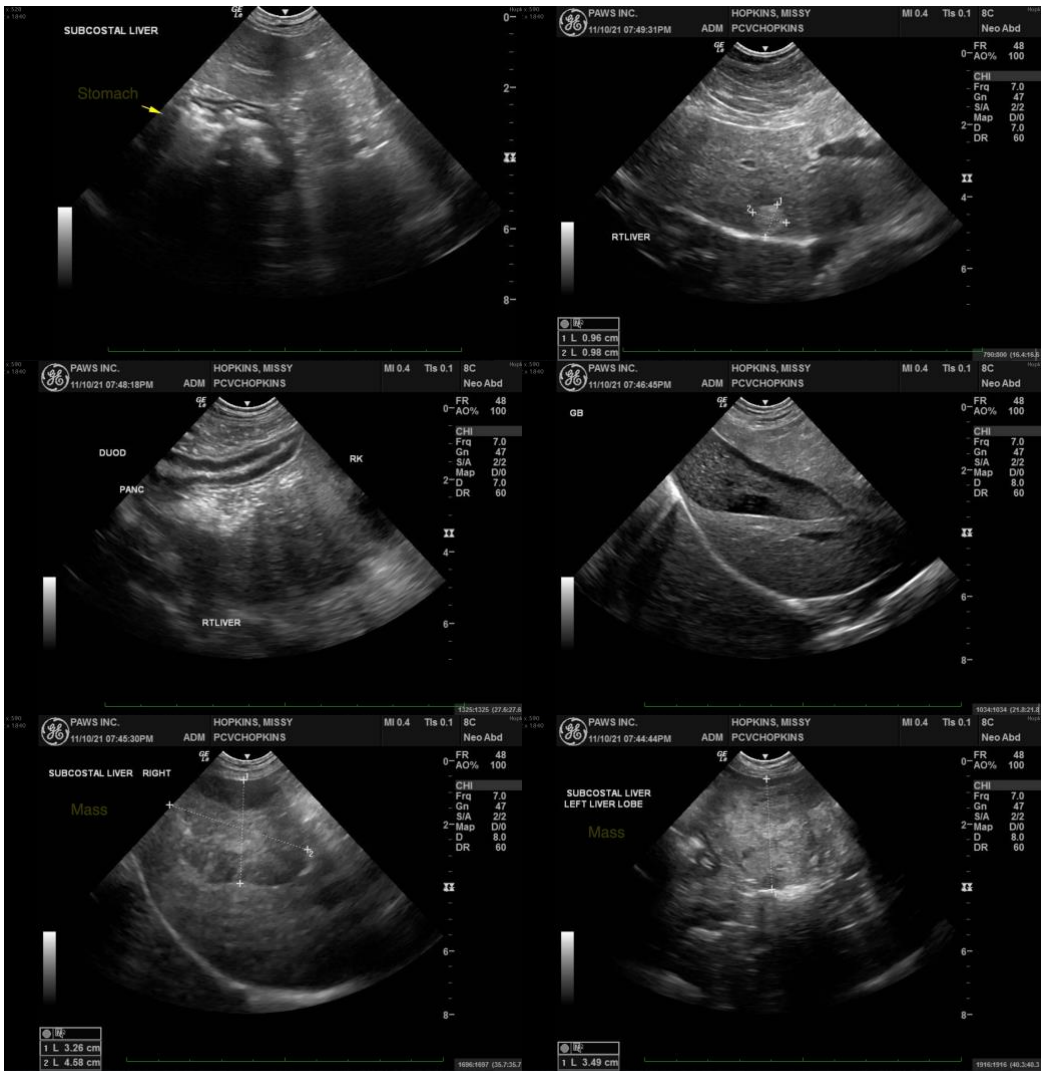
- Bilateral age-related renal changes with non-obstructive nephrolithiasis and a right cortical cyst
- The right adrenal parenchymal changes are most consistent with hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine needle aspirates of the hepatic masses can be considered if clotting status is appropriate. 25-gauge needles should be used.
- Surgical removal can be considered if an aggressive approach is desired. However, given the presence of multiple masses, the prognosis for this patient is considered guarded and palliative care should be considered. If surgery is pursued, referral to a board-certified surgeon is recommended. An abdominal CT scan may be useful in presurgical planning.



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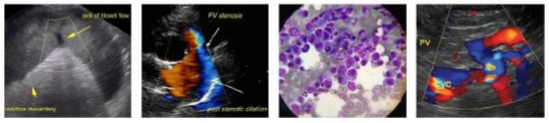

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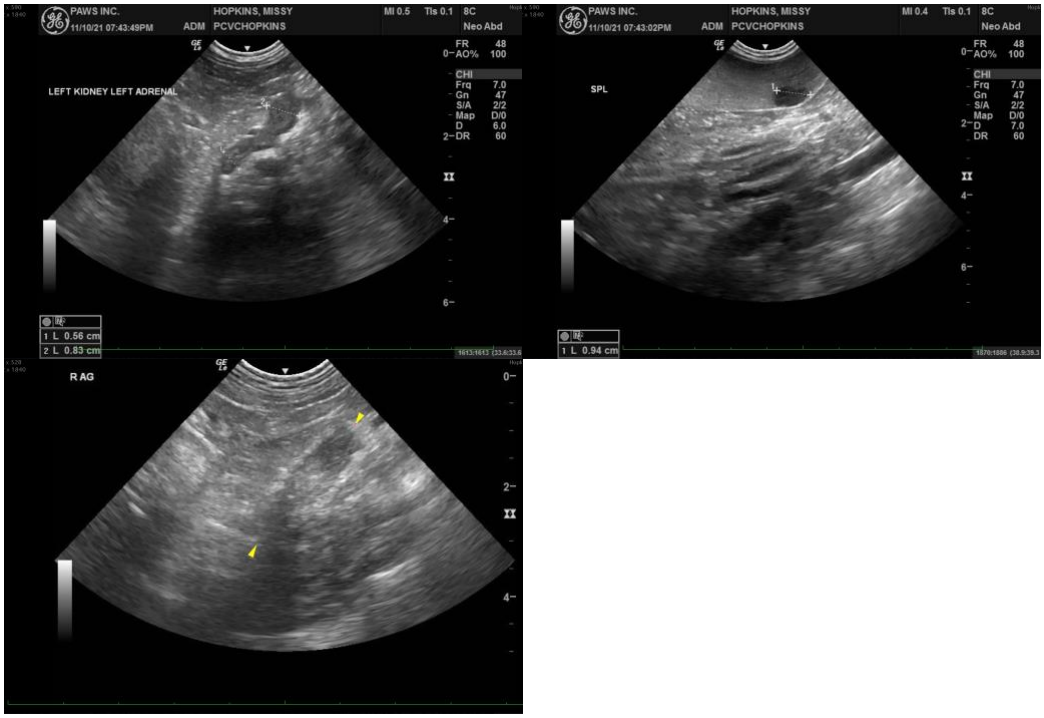

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 DACVIM (Small Animal Internal Medicine)
info@SonoPath.com