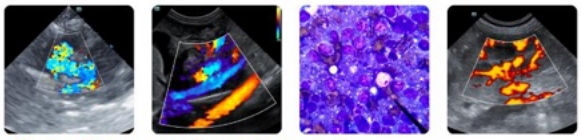

DATE

6/17/2013

PATIENT

Miley Bell

SPECIES

Canine

BREED

Labrador Retriever mix

SEX

Female, spayed

AGE

6/17/2013

WEIGHT

46 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Schaupp

INVOICE

13337

PRESENTING CLINICAL SIGNS

Patient History: New heart murmur, Grade III - asymptomatic. When heart rate is slower/normal can barely hear heart murmur. Owner recently lost other pet due to splenic mass, is requesting a survey abdominal ultrasound.

Current Medications: None listed.
Labwork Results: Labwork not attached, reported as: Blood work done late summer - all wnl
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (5.62 cm in length) with a normal shape, architecture and 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.

The right kidney is normal in size (5.85 cm in length) with a normal shape, architecture and 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.

Adrenal Glands

The left adrenal gland is normal in size (0.40 cm at cranial pole) (0.62 cm at caudal pole) with a normal shape and 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 in size (0.38 cm at cranial pole) (0.44 cm at caudal pole) with a normal shape and 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 (1.86 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 prominent in size. The parenchyma is isoechoic to slightly hypoechoic relative to the spleen. At the caudal aspect in the mid to right liver, a 4.7 x 4.0 cm isoechoic expansile swelling is visualized. The remaining parenchyma is relatively homogeneous in appearance. Vascular and 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 amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall in the region of the fundus is normal to borderline thickened (up to 0.49 cm) with a normal layering pattern. A focal area of wall in the region of the pyloric antrum is thickened (up to 0.92 cm) with a prominent muscularis layer. The gastric lumen is gas distended. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal. There is no obvious 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.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Caudal hepatic swelling mid to right liver. Considerations include emerging neoplasia (i.e., adenoma, adenocarcinoma, round cell tumor) vs a benign focus (i.e., regenerative nodule, inflammatory lesion, area of vacuolar hepatopathy, other).

Secondary Findings:

- Mild bilateral nonspecific age-related renal changes
- The gastric wall thickening in the region of the fundus as well as the focal area of pyloric antrum could be consistent with inflammation, hypertrophy or emerging neoplasia .Correlation with the patient's clinical history is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

2. Consider fine needle aspiration of the hepatic swelling if accessible and if clotting status is appropriate. A 25-gauge needle should be used. If cytology results are inconclusive or the lesion is not accessible, consider excisional biopsy with submission for histopathology. If surgery is pursued, biopsies of the thickened areas of gastric wall should also be obtained. If surgery is not pursued at this time, consider a recheck ultrasound in 1-2 months to assess for growth of the hepatic lesion and changes in the gastric wall.


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Stomach
mindray
M8 Elite


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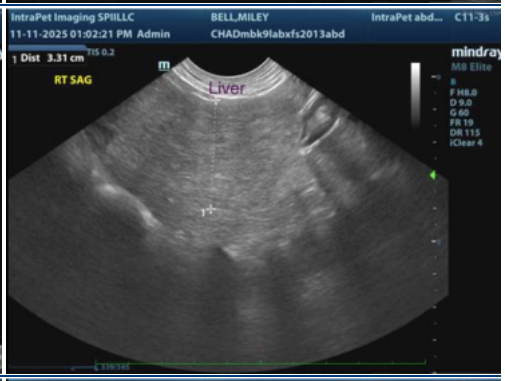
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Liver
mindray
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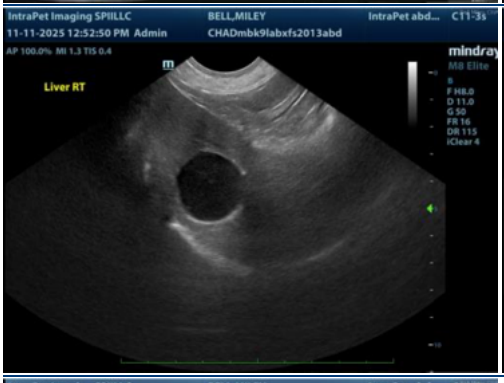
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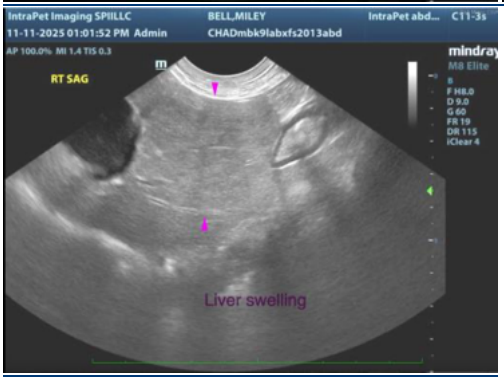
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11-11-2025 01:01:52 PM Admin
CHADmbk9labxfs2013abd
RT SAG
Liver swelling
mindray
M8 Elite

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