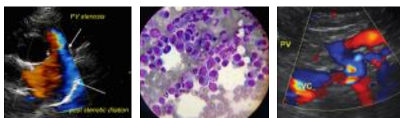
IMAGING PERFORMED BY

IntraPet.com



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

DATE

11/17/2021

PATIENT

Kerbee Scarfone

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

10/23/2007

WEIGHT

10.8 lbs

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine

IMAGING PERFORMED BY

Stephanie Pearce RDCS, RVT

HOSPITAL NAME

Taylorsville VC

REFERRING VET

Dr. Bray

PRESENTING CLINICAL SIGNS

History: waiting on records from Previous Vet - check entire abdomen; check liver.

Lab Results: Attached separately.
Radiographs: Radiology report attached separately.
Date of Previous IntraPet Ultrasound: 7-22-2020.
Sedation: Not required for a full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly 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 (0.86 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (4.15 cm in length); normal shape and smooth peripheral contours. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. A few small cortical cysts are present. There is trace pyelectasia. A few small nephroliths are seen. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (4.57 cm in length); normal shape and smooth peripheral contours. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. A few small cortical cysts are present. A few small nephroliths are seen. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.45 cm at cranial pole) (0.62 cm at caudal pole) (1.64 cm in length);
with a normal shape. The parenchyma is subtly heterogenous with slight loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (0.62 cm at cranial pole) (0.65 cm at caudal pole) (1.48 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 (0.87 cm 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 rounded, swollen peripheral contours. The parenchyma is isoechoic relative to the spleen. A >7.0 cm hyperechoic to heterogeneous vascular mass is observed on the right side, adjacent to the diaphragm. The mass is causing caudal displacement of the gallbladder 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 lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated echogenic suspended sludge in a partially stellate pattern 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. There is evidence of mucosal speckling in some segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

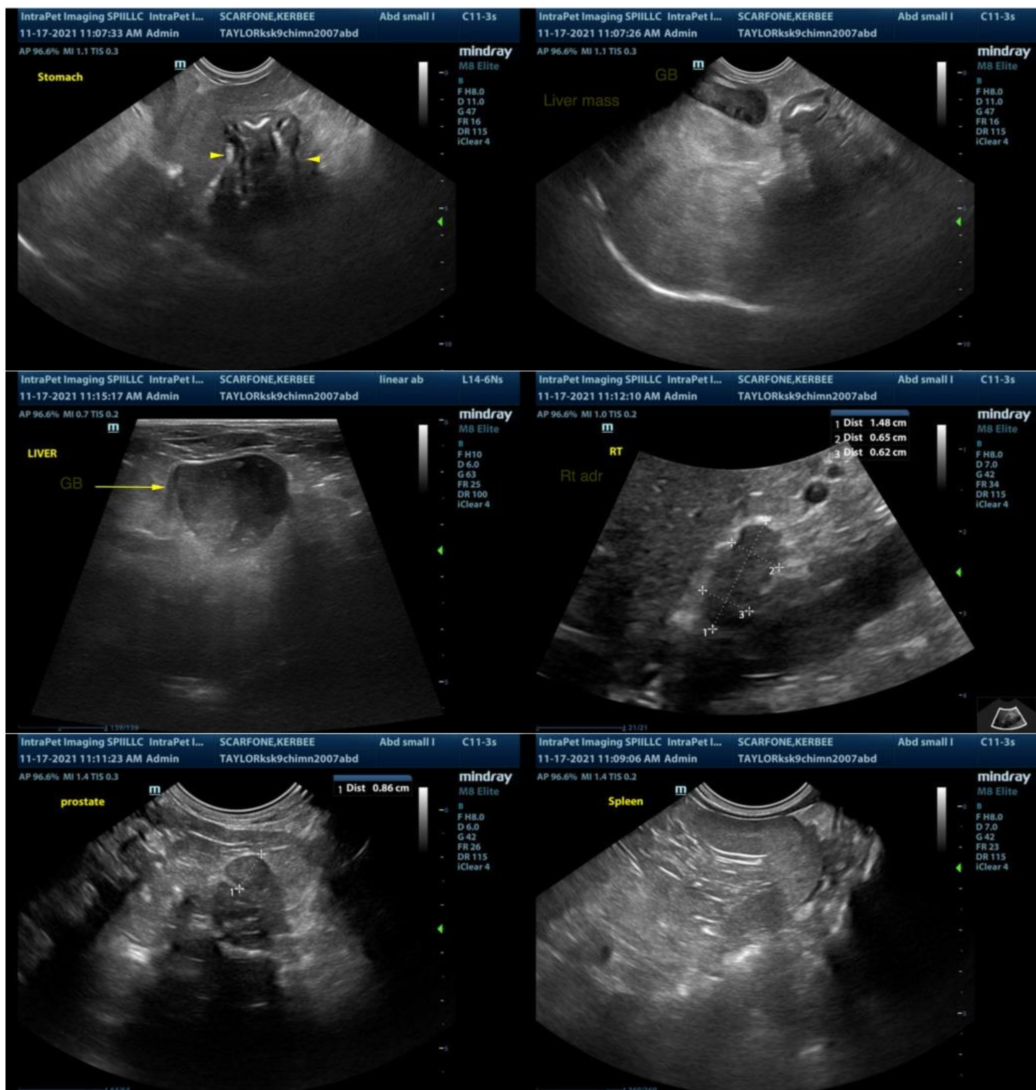
- Large right hepatic mass. Neoplasia (i.e., adenoma. adenocarcinoma, sarcoma) is considered likely with a low possibility of benign pathology. The diffuse hepatic parenchymal changes are most consistent with benign age-related pathology with a lower possibility of metastatic disease.
- The gallbladder changes are concerning for a developing mucocele.

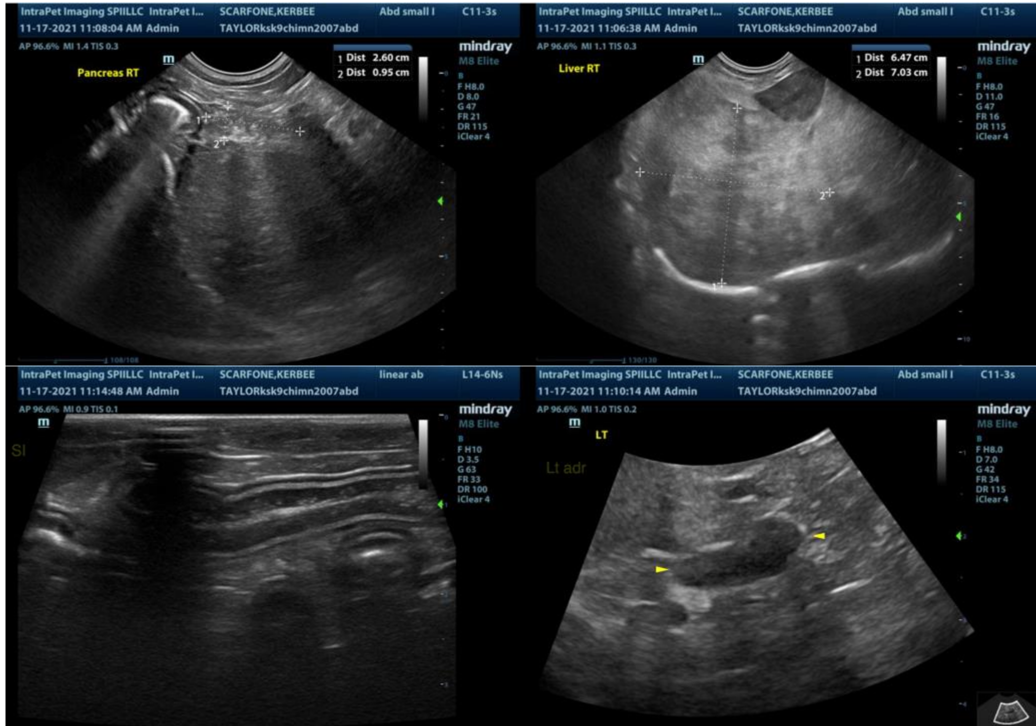
Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Bilateral adrenomegaly- previously observed
- Bilateral age-related renal pathology with non-obstructive nephrolithiasis and cortical cysts- previously observed.
- The small intestinal mucosal speckling can be associated with enteritis. However, correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If an aggressive approach is desired, consider referral to a board-certified surgeon to discuss hepatic mass removal or debulking +/- cholecystectomy. An abdominal CT scan would be useful in presurgical planning.
- If palliative care is pursued, symptomatic therapy +/- initiation of ursodiol can be considered.





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