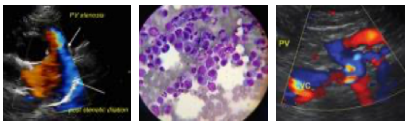
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE
11/22/22

PATIENT
Morgan Kahl

SPECIES
Canine

BREED
Shepherd mix

SEX
Female, spayed

AGE
4/19/2012

WEIGHT
58 lbs.

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

HOSPITAL NAME
Perry Hall AH

REFERRING VET
Dr. Hatzigiannakis

INVOICE
14261

PRESENTING CLINICAL SIGNS

11/18/22 presented for anorexia, lethargy, abdominal discomfort and diarrhea. Exam noted trace dehydration and splinting with abd palpation

Current Medications: 11/18 started metronidazole 250 mg 1.5 tabs po bid, cerenia 60 mg sid, omeprazole 20 mg sid, bland diet. Added Entyce 3 mg/kg on 19th.
Lab Results: 11/18/22 Labs: CBC microcytic non regenerative anemia 24%, mild thrombocytopenia. Chem: mild increase BUN. 11/19 improved anemia 32.6% with new regeneration. 11/18 aFAST: trace free fluid at bladder, otherwise no other fluid noted. Mid abdomen has many lops of
gassy bowel so evaluation somewhat difficult. No overt hypoechoic masses on liver or spleen seen (but again gas did disrupt consistent visualization).
Radiographs: thx wnl, abd suspected peritoneal effusion
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV Torb.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 left kidney is normal in size (6.03cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (6.34 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.56 cm at cranial pole) (0.59 cm at caudal pole) (2.64 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 (0.56 cm at cranial pole) (0.60 cm at caudal pole) (2.71 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 (1.55 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is slightly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

An approximately 4-4.5 cm irregular, heterogeneous, slightly cavitated vascular mass is observed on the right side. The lesion causes capsular expansion. The mesentery effacing the serosal surface of the mass is

hyperechoic. In the remainder of the liver, the parenchyma is slightly mottled in appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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 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. No obstructive disease is noted.

Pancreas

The base and 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

The mesentery in the right cranial quadrant is hyperechoic. A small to moderate amount of anechoic free fluid is present. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

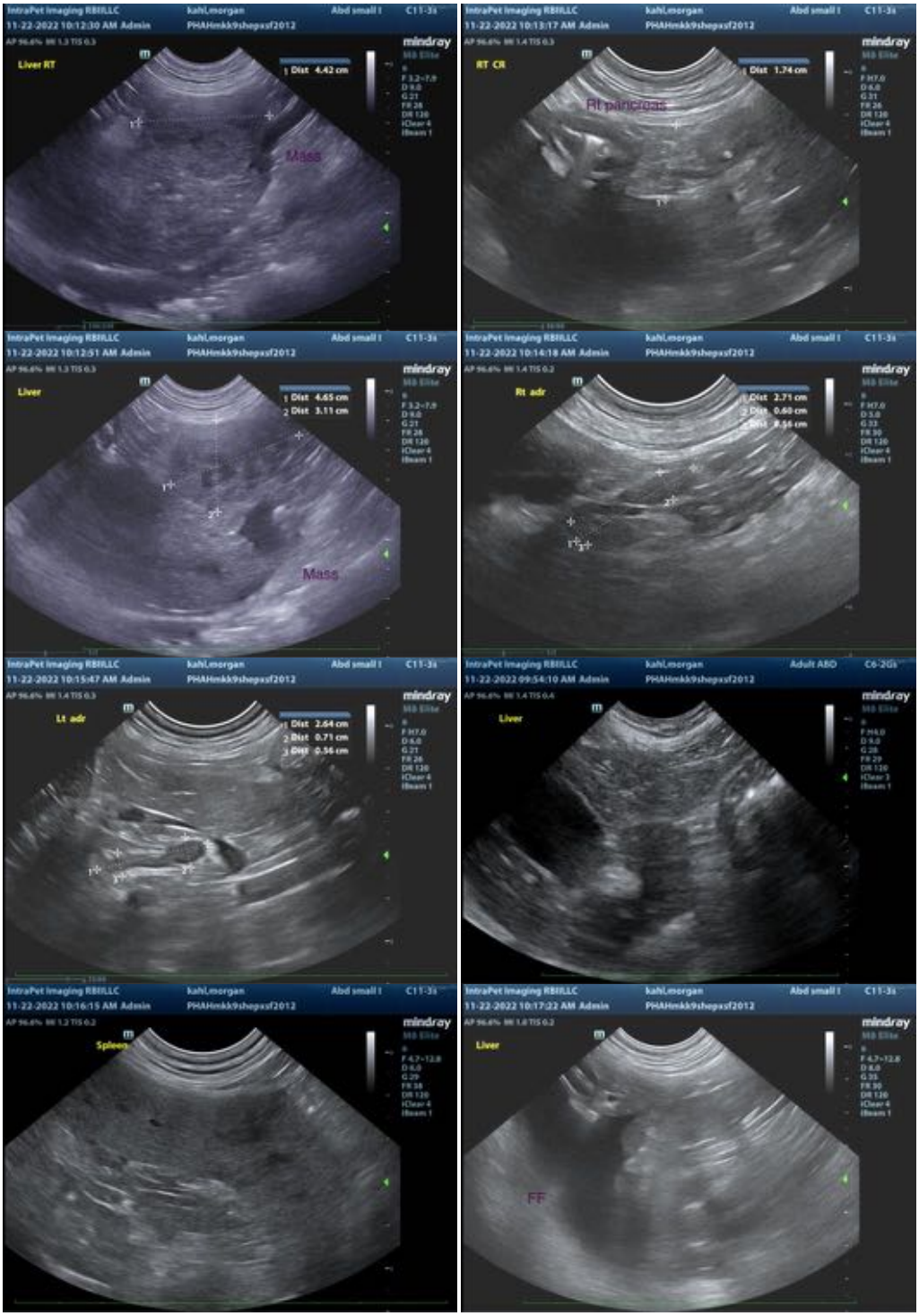
- Right hepatic mass. Top differentials include hemangiosarcoma, hemangioma with a lower possibility of a benign process (i.e., hematoma). Adjacent peritonitis is present.
- The free fluid may represent hemorrhage and/or neoplastic effusion.

Secondary Findings:

- Mild bilateral, age-related renal changes with dystrophic mineralization.
- The splenic parenchymal changes could be consistent with a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis or similar. Emerging neoplasia is also possible but considered less likely.
- Age-related pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If an aggressive approach is desired, consider hepatic mass removal with submission for histopathology +/- a fine needle aspirate of the spleen (if clotting status is appropriate). An abdominal CT scan would be useful in pre-surgical planning.



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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com