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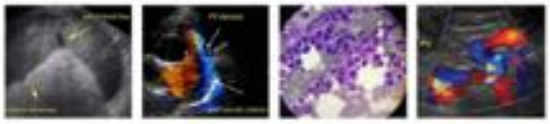


IMAGING PERFORMED BY
pawsonography@gmail.com 530-706-8340

PATIENT

Clarence Beada

SPECIES

Canine

BREED

GSH Cross

SEX

Neutered Male

AGE

9 years

WEIGHT

77 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT LVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr Amber Murphy

INVOICE

11904

DATE

11.24.22

PRESENTING CLINICAL SIGNS

History: adopted from SFs 2 years ago. Has not been to a vet since. Not UTD on vaccines or HWP. Today presented for 2 days of vomiting bile and having diarrhea. Unknown diet. Owner is disabled Physical exam findings: mild dental calculus, multiple suspected lipomas all over chest and trunk, tense abdominal palpation, rectal shows yellow mucoid stool In house BW performed only which showed BUN 36, Cr 1.7 (mild increase), no urine sample yet, platelets 10% on machine, I am seeing atleast 50,000 on a blood smear, full panel with HWT pending to the lab Radiographic Findings Abdominal peritoneal detail is mildly diminished with wispy densities within abdominal fat consistent with mild ascites/peritoneal disease. There is also concern for detail loss with enlargement to the retroperitoneum, with mass-effect possible in the right renal region. The stomach appears contracted and empty except for mild gas. There is mild gastric wall thickening. The small bowel appears empty with small diameter. The colon contains mild gas and small volume non-formed granular content distally. Radiopaque G.I. foreign material is not identified. Hepatic and splenic character is normal. In the visible thorax, there is hypovolemic cardiovascular character. Conclusion Concern for mild ascites/peritoneal disease and also retroperitoneal enlargement with mass-effect, possibly in the region of the right kidney. Highly recommend abdominal ultrasound as additional diagnostics. Screening thoracic radiographs also suggested, with hypovolemic cardiovascular character likely. Concurrently there is a mild gastritis and colitis bowel pattern with impending soft/diarrhea character feces likely. Radiographic Findings Images of the thorax. The cardiovascular structures appear to be small. Pulmonary inflation is adequate without evidence of pulmonary infiltrates. Pleural effusion is not present. Cranial mediastinal character is normal. Conclusion There is evidence of hypovolemia. Thoracic mass lesions and pulmonary nodules are not identified Reason for Ultrasound: Possible ascites, retroperitoneal mass, other

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

The prostate is normal in size (1.81 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (6.66 cm in length); normal 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, infarcts or hydroureter.

The right kidney is upper limits of normal in size (8.12 cm in length); with a normal shape and smooth peripheral contours. Severe hydronephrosis is present (2.92 cm in the longitudinal plane). The cortex is slightly thin with minimal loss of corticomedullary distinction. There is no obvious evidence of nephroliths. Proximal hydroureter is present (up to 1.16 cm in diameter).

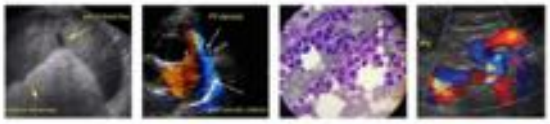
Adrenal Glands

The left adrenal gland is normal size (0.93 cm at cranial pole) (0.84 cm at caudal pole); 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 not definitively visualized due to a mass effect in this region.

Spleen

The spleen is normal in size (2.46 cm in width at the level of the hilus) with a normal capsular



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contour. There is appropriate echogenicity and echotexture. A few, small, hyperechoic nodules are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder is moderately distended. The wall is normal to moderately thickened (up to 0.37 cm), hyperechoic and irregular. A small to moderate amount of aggregated, echogenic, partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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. 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

A moderate amount of anechoic free fluid is present. A 2.70 cm lymph node is observed at the aortic trifurcation. The nodule is normal in shape and echogenicity.

Other

Just medial to the right kidney, an 8.00 cm, irregular, heterogenous, cavitated mass is present. Surrounding mesentery is hyperechoic.

A brief echocardiogram was performed. There is questionable pericardial effusion.

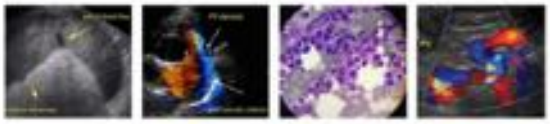
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large, right, midabdominal mass, the origin of which is unclear. It may be arising from the right adrenal gland, right kidney, mesentery, lymph node, pancreas, other. Neoplasia (i.e., hemangiosarcoma, round cell tumor, carcinoma) is suspected, with a low possibility of a benign process. Adjacent peritonitis is present. The mass appears to be obstructing the right ureter, resulting in right hydronephrosis.
- Ascites – likely secondary to the abdominal mass

Secondary Findings

- The gall bladder wall changes are suggestive of cholecystitis.
- The hyperechoic splenic nodules likely represent a benign process (i.e., myelolipomas).



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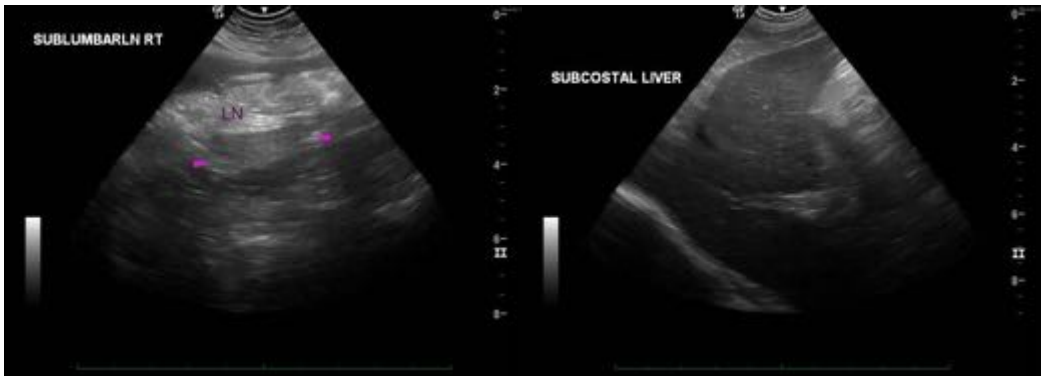
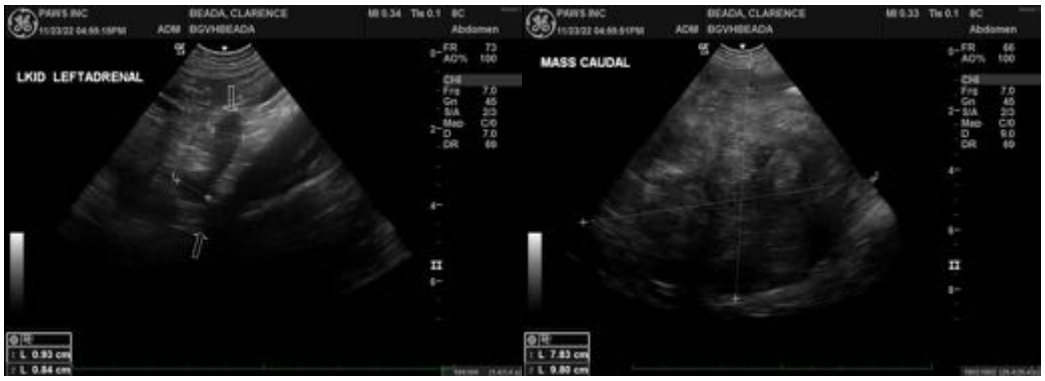
- The prominent caudal abdominal lymph nodes may be secondary to reactive change or infiltrative neoplasia.
- Possible pericardial effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Also consider a full echocardiogram to assess for pericardial effusion and a right atrial/auricular mass.
- If an aggressive approach is desired, consider referral to a board-certified surgeon to discuss mass removal. An abdominal CT scan would be useful in presurgical planning.
- If a more conservative approach is desired, palliative care is recommended.





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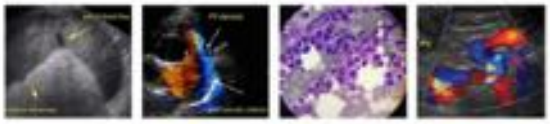

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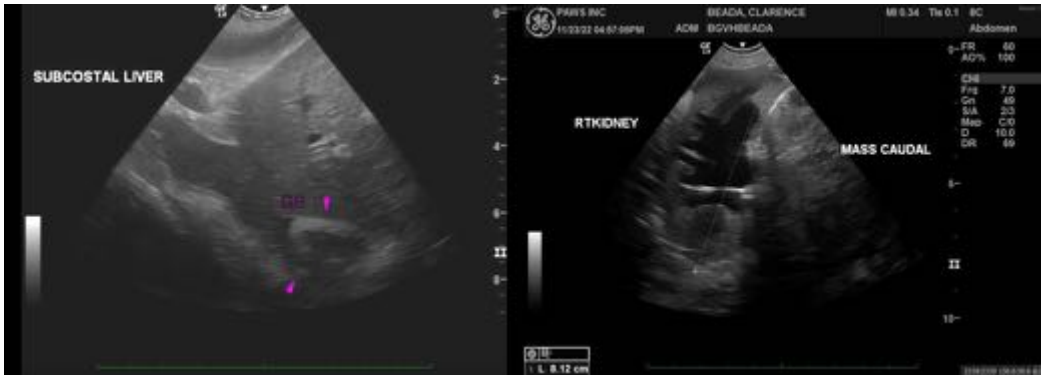

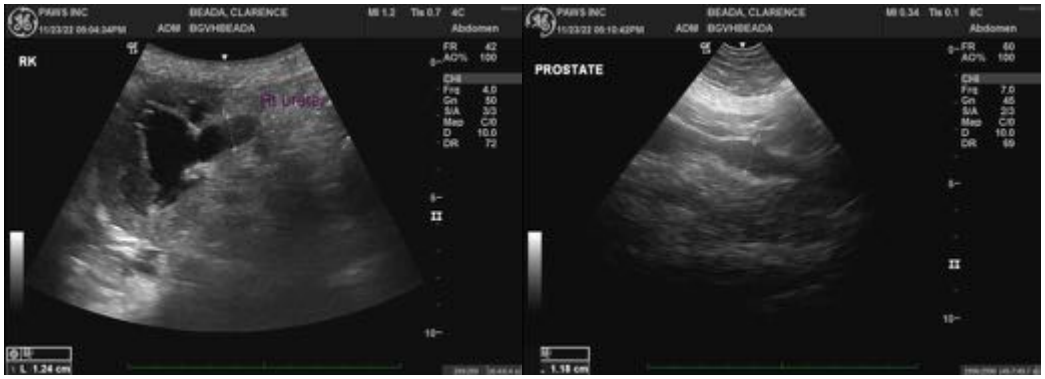

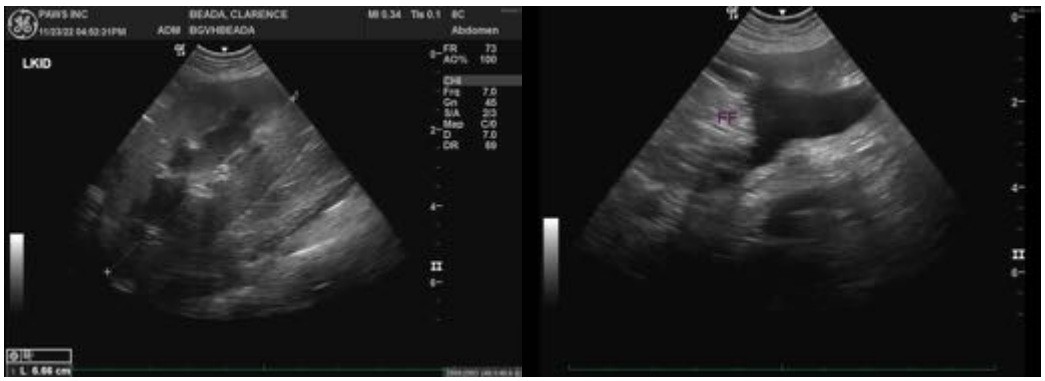

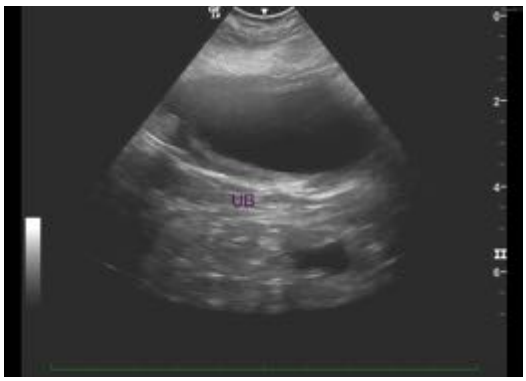

The information and recommendations provided are based on the images presented by the referring

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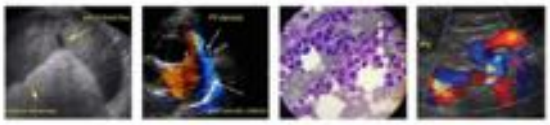

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veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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