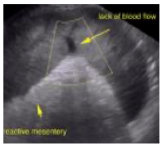
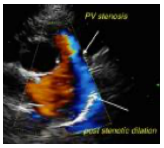
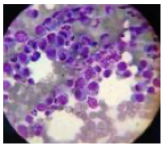
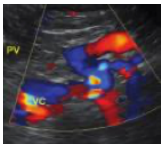
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Scooter Geiger

SPECIES
Canine

BREED
Bassett Hound

SEX
Neutered Male

AGE
8 years

WEIGHT
53 lbs

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

IMAGING PERFORMED BY
Meghan Myers VMD

HOSPITAL NAME
Hershire AH

REFERRING VET
Meghan Myers VMD

INVOICE
11958

DATE
11.3.22

PRESENTING CLINICAL SIGNS

History: Pet sent to our hospital for Emergency ultrasound. 3-day history of lethargy, decreased appetite, vomiting and melena diarrhea. Vomiting has ceased since given cerenia but other signs continue. PE: gums pale pink, grade 1/5 left murmur (historical), abdomen tense and splinting with mid/cranial abdominal palpation. Free fluid tap = non-clotting blood

Abnormal PE/Chem/CBC/UA Results: blood work done at referring vet but results not back yet.

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 region of the prostate is not visualized due to its pelvic location.

The left kidney is normal size (6.59 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. Mild pyelectasia is present (0.29 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.81 cm in length); normal shape and architecture with 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.

Adrenal Glands

The left adrenal gland is normal size (0.57 cm at cranial pole) (0.65 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 region of the right adrenal gland is evaluated. The gland is not definitively visualized. However, no obvious pathology is observed in this region.

Spleen

The spleen is normal in size (1.68 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 subjectively normal to prominent in size with an irregular peripheral margin on the left side. An approximately 6.00 cm irregular, heterogenous, slightly cavitated mass is observed on the left. There is questionable invasion of the gastric wall in the region of the fundus/lesser curvature. The mesentery effacing the serosal surface in this region is hyperechoic. The remaining parenchyma is homogenous. 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 scant amount of echogenic debris is suspended within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is moderately fluid-distended. The wall in the region of the fundus is thickened (up to 1.06 cm) and irregular with questionable retention of the normal layering pattern. 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 pancreas is partially obscured by the abdominal pathology. In the visualized portions, no obvious abnormalities are seen.

Free Abdomen
A moderate amount of free fluid is present within the abdomen. The mesentery is diffusely hyperechoic, particularly in the mid to caudal abdomen. One to two prominent medial iliac lymph nodes are visualized (the largest measuring 1.63 cm in length). The nodes are normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Left hepatic mass. Neoplasia (i.e., hemangiosarcoma, hemangioma, round cell tumor, other) is considered likely with a lower possibility of a benign process.
- The gastric wall changes could be consistent with infiltrative neoplasia (invasion from the hepatic mass) or a severe inflammatory process.
- Hemoabdomen (per history)

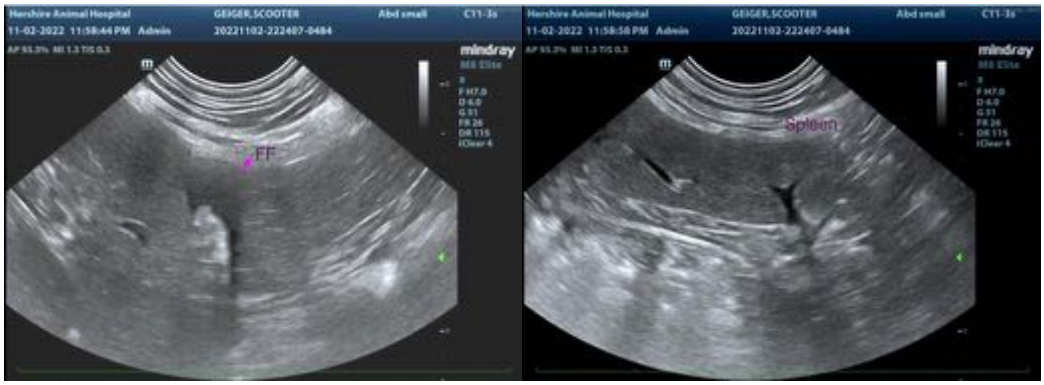
Secondary Findings

- Mild, bilateral, age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider three-view thoracic radiographs to assess for pulmonary metastatic disease.

If an aggressive approach is desired, consider referral to a board-certified surgeon to discuss hepatic mass removal with submission of the lesion for histopathology. The gastric wall should also be biopsied at the time of surgery. An abdominal CT scan would be useful in presurgical planning, particularly in terms of assessing for a gastric wall invasion. If surgery is not pursued, consider palliative care (i.e., Yunnan Baiyao, symptomatic treatment).



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