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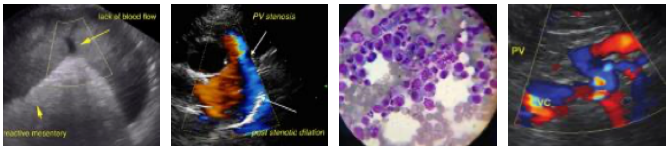


PATIENT
Khloe Garcia Hernandez

SPECIES
Canine

BREED
Siberian Husky

SEX
Female, intact

AGE
9 Yrs.

WEIGHT
50.4 lbs.

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

IMAGING PERFORMED BY
Dr. Ferrer

HOSPITAL NAME
Paseos VC

REFERRING VET
Dr. Llado

INVOICE
14199

DATE
11/9/22

PRESENTING CLINICAL SIGNS

History: Presented as a referral for an abdominal ultrasound to evaluate a possible mass. The patient has a history of diarrhea. At the time of evaluation, a possible mass effect was noted on the radiograph. Pt also had vomiting. Ha regular head cycle then 2 weeks later bled again. Suspect hepatic and splenic involvement of neoplasia.
Abnormal PE/Chem/CBC/UA Results: PE: Uncomfortable on abdominal palpation. The following abnormal results: WBC 25.03 , NEU 20.55, ALP 336U/L, ALT 797U/L, TBIL 0.7mg/dL, TP 8.7g/dL, GLOB 5.3g/dL.

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. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (6.57 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Mild to moderate pyelectasia is present (0.52 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (7.22 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 to moderate pyelectasia is present (0.48 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is slightly flattened (0.49 cm at cranial pole) (0.43 cm at caudal pole) (2.59 cm in length) with smooth curvilinear peripheral contours. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

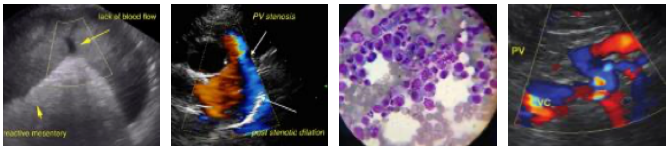
The right adrenal gland is normal size (0.80 cm at cranial pole) (0.49 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (2.00 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 enlarged with irregular peripheral contours. A >6 cm heterogeneous, slightly cavitated mass appears to be arising from the caudal aspect. The mass causes capsular expansion. The remaining parenchyma is mildly heterogeneous 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. At least 3 hyperechoic to mineralized aggregations of mineralized sand vs distinct choleliths are observed within the lumen. The cystic and common bile ducts are normal/not seen.



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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

A portion of the pancreas is obscured by the large hepatic mass. In the visualized portion of the right limb, the parenchyma is mildly hyperechoic and mottled in appearance. The pancreatic duct is not overtly dilated.

Free Abdomen

There is no evidence of free fluid. Medial iliac lymph nodes are visualized, the largest measuring 1.93 cm in length.

Other

The uterine lumen is diffusely dilated (up to 1.7 cm). In some portions, gravity-dependent echogenic debris is observed within the lumen. The uterine wall is normal in thickness.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

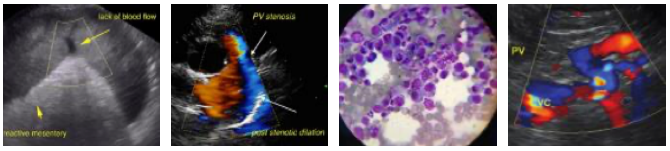
- Large cranial abdominal mass, suspected to be of hepatic origin. Neoplasia (i.e., adenocarcinoma, adenoma, hemangiosarcoma, other) is suspected with a lower possibility of a benign process.
- The uterine changes are most consistent with pyometra. However, mucometra or hydrometra cannot be completely excluded.

Secondary Findings:

- Suspected choleliths- incidental.
- Minor bilateral, age-related renal changes.
- The bilateral pyelectasia may be secondary to age-related remodeling, pyelonephritis, or some combination thereof.
- The slightly flattened left adrenal gland is likely a normal variant for this patient. However, early atrophy (i.e., secondary to hypoadrenocorticism) cannot be completely excluded. Correlation with the patient's clinical history is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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



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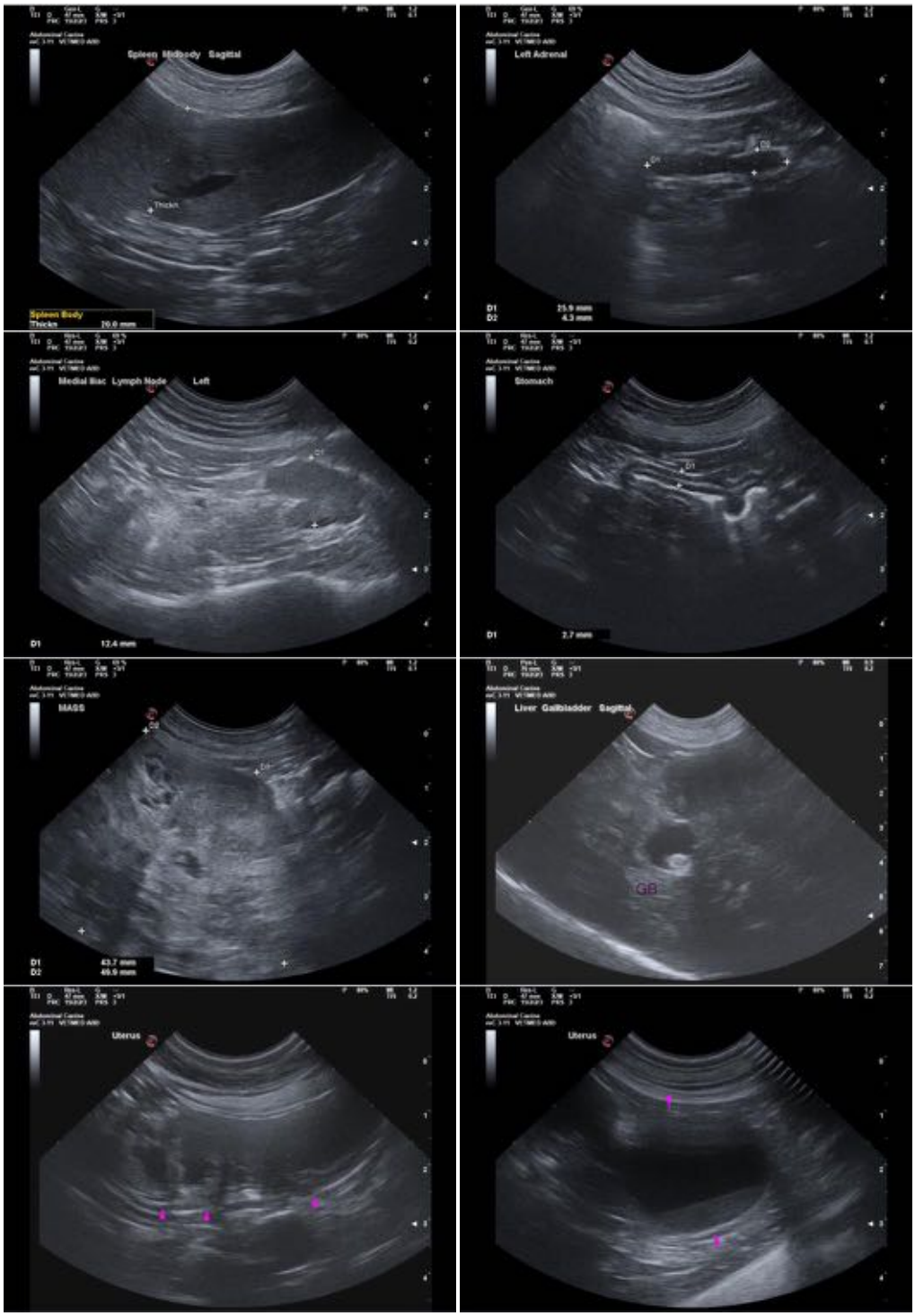
- If there is no evidence of pulmonary metastatic disease, consider hepatic mass removal or debulking with submission for histopathology along with an ovariohysterectomy. An abdominal CT scan would be useful in pre-surgical planning.



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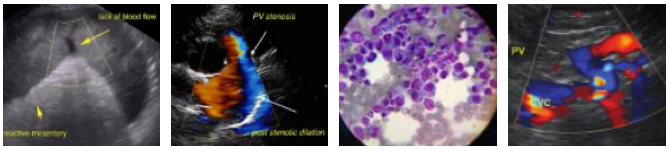

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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