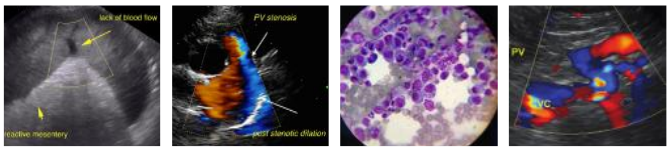
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Sammy Palermo

SPECIES
Canine

BREED
Pug Mix

SEX
Spayed Female

AGE
13 Years

WEIGHT
52 Lbs.

INTERPRETED BY
Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY
Dr. Scott

HOSPITAL NAME
Ho Ho Kus Veterinary Hospital

REFERRING VET
Dr. Scott

INVOICE
10027

DATE
12/10/21

PRESENTING CLINICAL SIGNS

History: Up and down app, panting sometimes at night, not himself, gags sometimes when drinking water drinks a lot but always has
Abnormal PE/Chem/CBC/UA Results: BW last year showed ALP 2000, USG 1.019-- pending repeat BW today chest rads- no mets seen

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 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 size (6.48 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (7.47 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.93 cm at cranial pole) (1.44 cm at caudal pole). with an irregular shape. A 0.49 cm hyperechoic nodule us observed at the cranial aspect. The parenchyma in the caudal aspect is slightly heterogenous with some loss of glandular detail. Surrounding vasculature appears normal.

The right adrenal gland is not definitively visualized.

Spleen

The spleen is normal in size (1.26 cm in width at the level of the hilus) with slight rounding/capsular expansion at the caudal aspect. There is appropriate echogenicity and echotexture. The parenchyma is homogenous. No distinct focal lesions are observed. Splenic vasculature is normal.

Liver

A >11 cm heterogenous cavitated mass appears to be arising from the caudal aspect of the liver. The mesentery effacing the serosal surface in this region is hyperechoic. The remaining hepatic parenchyma is heterogenous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is compressed by the large cranial abdominal mass. The gall bladder is of normal contours. A small amount of gravity-dependent echogenic debris is observed within the lumen. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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 or overt infiltrative disease is noted.

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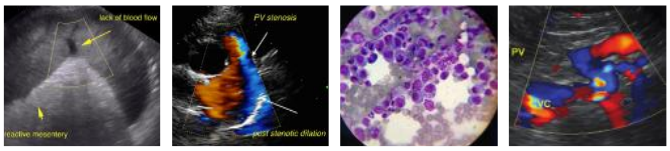

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Pancreas
The right limb of the pancreas is enlarged (approximately 3 cm), irregular and hypoechoic to heterogenous in appearance, with questionable mass effect. The pancreatic duct is not overtly dilated.

Free Abdomen
The mesentery in the cranial abdomen is hyperechoic. Trace free fluid is observed. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large cranial abdominal mass, suspected to be of hepatic origin. However, a different origin (i.e., pancreatic, mesentery), cannot be completely excluded. Neoplasia (i.e., adenocarcinoma, round cell tumor sarcoma), is suspected. Regional peritonitis is present.
- The rounding/expansion of the caudal aspect trends toward the benign (i.e., area of hyperplasia or extramedullary hematopoiesis). However, emerging neoplasia cannot be excluded.
- The pancreatic changes in the right limb could be consistent with pancreatitis or infiltrative neoplasia.

Secondary Findings

- Left adrenomegoly (right adrenal gland not visualized)
- Minor age-related renal changes

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 mass removal or debulking. An abdominal CT scan would be useful in presurgical planning. The pancreas should also be assessed at the time of surgery and biopsies obtained, if indicated.
- If a conservative approach is desired, palliative care is recommended.

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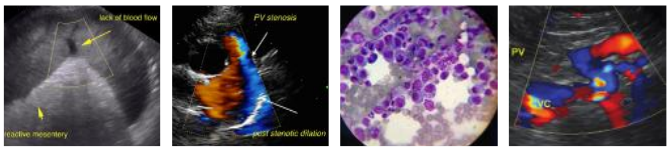

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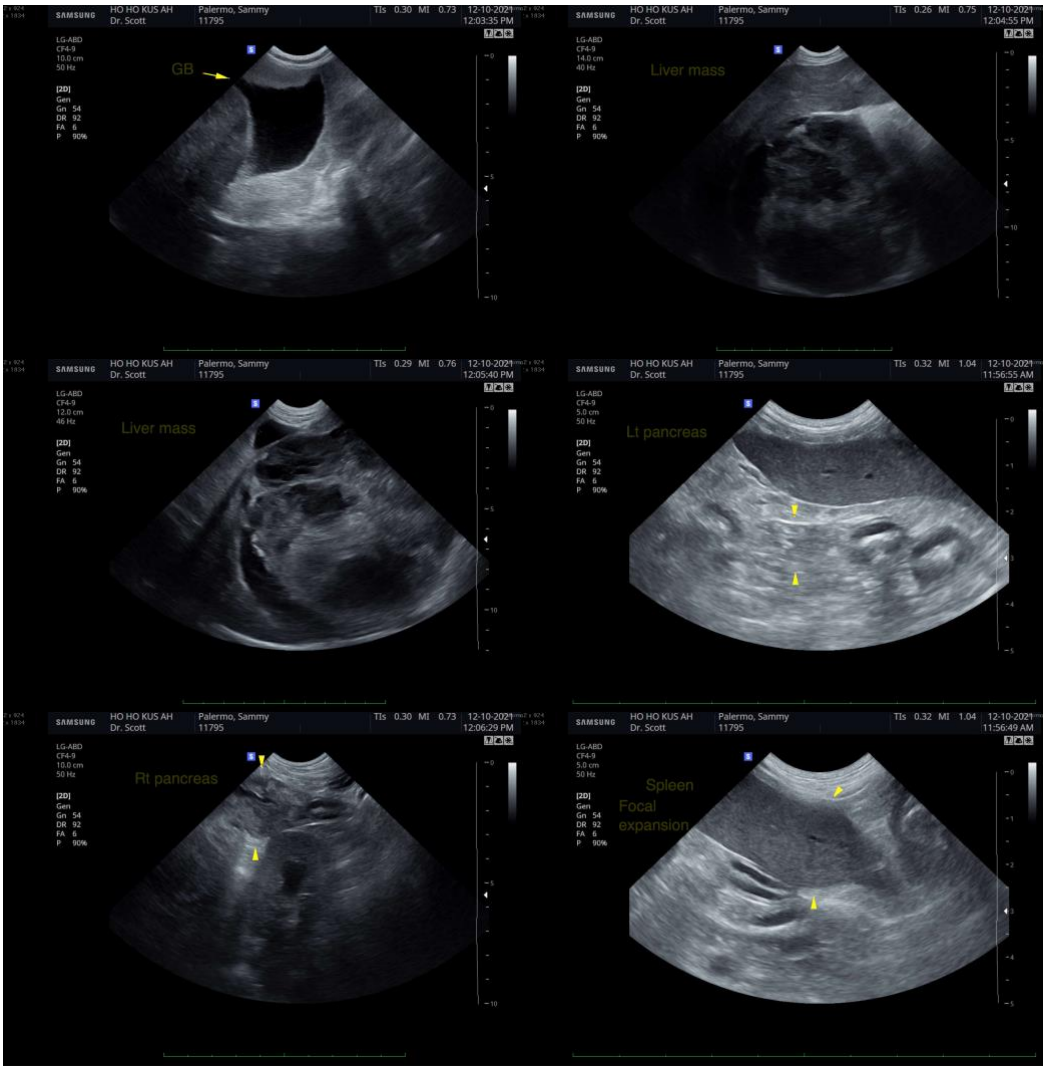

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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