**DATE PRESENTING CLINICAL SIGNS**

12/13/21

History: Splenectomy 4/21 diagnosed with spindle cell tumor. Additionally had cutaneous mast cell tumor. Currently decreased appetite, weight loss, lethargy.

PATIENT

Frosty Chambers

Current Medications: Cerenia inj 12/10/21, Entyce 21 mg sid started 12/10/21.

Lab Results: WBC 25,000; HCT 33; low albumin.

Radiographs: abnormal opacities cranial abdomen, stomach pushed cranially, chest clear of mets.

Date of Previous IntraPet Ultrasound: 3-21-2021.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Canine

BREED

Bichon

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.

SEX

Male, neutered

The prostate is normal in size (0.65 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

10/21/2008

The left kidney is normal in size (4.99 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present (0.21 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter.

WEIGHT

16 lbs.

The right kidney is normal in size (4.88 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.57 cm at cranial pole) (0.49 cm at caudal pole) (1.52 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.

IMAGING PERFORMED BY

Andi Parkinson RDMS

The right adrenal gland is normal size (0.36 cm at cranial pole) (0.63 cm at caudal pole) (1.52 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.

HOSPITAL NAME

Honeygo AH

Spleen

Splenectomized April 2021. No obvious abnormalities are observed in the region of the splenic fossa.

REFERRING VET

Dr. Mullenex

Liver

The liver is subjectively prominent in size with irregular peripheral contours. 2-3 heterogeneous masses are observed within the parenchyma. At least one of the masses appears cavitated. The lesions appear to cause capsular expansion. In addition, a few small hypoechoic nodules are visualized. Hepatic vascular 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 small amount of aggregated echogenic partially

INVOICE

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dependent to suspended 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. No obstructive disease is noted.

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

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

Other

A 1.37 x 1.21 cm well-circumscribed hypoechoic to slightly heterogeneous nodule is observed just caudal to the liver. Surrounding mesentery is hyperechoic.

A 3.52 x 1.89 cm irregular heterogeneous mass is observed in the cranial abdomen adjacent to the portal vein (in the region of the portal hilus).

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

Multiple hepatic masses/nodules. Metastatic neoplasia is suspected with low potential for benign pathology (i.e., multifocal inflammatory disease). The cranial abdominal nodule and mass are also concerning for metastatic disease.

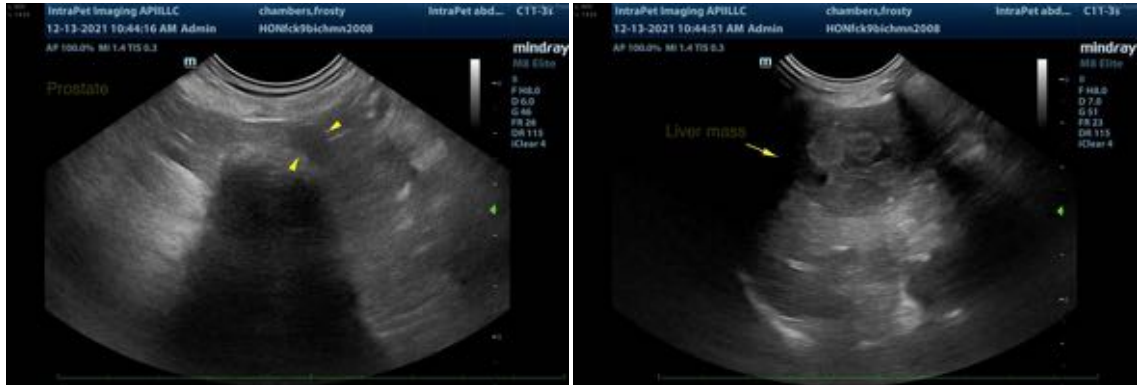
Secondary Findings:

- Bilateral age-related renal changes with dystrophic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cytology or histopathology would be necessary to confirm metastatic disease. However, given the patient's history of neoplasia and the multiple masses seen sonographically today, palliative care should be considered, as the prognosis is guarded.





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.

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