



PATIENT

Daisy Lutsky

PRESENTING CLINICAL SIGNS

History: Pre-anesthetic bw for dermal mass removal revealed elevated liver enzymes. No current meds.

Abnormal PE/Chem/CBC/UA Results: ALT 236, ALP 2,809. PLT 564

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Golden Retriever

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

Female, spayed

The left kidney is normal size (6.04 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 hydronephrosis. Renal vasculature is normal.

AGE

10 Yrs.

The right kidney is normal size (6.89 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

97 lbs.

Adrenal Glands

The left adrenal gland is normal size (0.80 cm at cranial pole) (0.61 cm at caudal pole) (2.47 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.

INTERPRETED BY

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

The right adrenal gland is normal size (1.12 cm at cranial pole) (0.72 cm at caudal pole) (3.24 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

Shari Reffi CVT

Spleen

The spleen is normal in size (1.34 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.

HOSPITAL NAME

Tranquility VC

Liver

The liver is subjectively enlarged with slightly irregular peripheral contours. The parenchyma is isoechoic relative to the spleen. A >11 cm well circumscribed isoechoic to slightly heterogeneous mass with irregular hyperechoic areas is observed deep left to mid-liver. The mass causes capsular expansion. The remaining parenchyma is slightly mottled 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

REFERRING VET

Dr. Jones

INVOICE

12709

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

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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.

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Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

BREED

Golden Retriever

Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

SEX

Female, spayed

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

AGE

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Large deep left to mid-hepatic mass. Neoplasia (i.e., adenoma, adenocarcinoma, round cell tumor) is considered likely with a lower possibility of benign pathology.
- The trace ascites is likely secondary to the hepatic lesion.

Secondary Findings:

- Minor age-related renal and pancreatic remodeling.

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Medicine*)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the liver mass can be considered (if clotting status is appropriate). It should be noted however that cytology results from primary hepatic tumors are often inconclusive. Therefore, if an aggressive approach is desired, consider referral to a board certified veterinary surgeon to discuss mass removal or debulking. An abdominal CT scan would be useful in pre-surgical planning.

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REFERRING VET

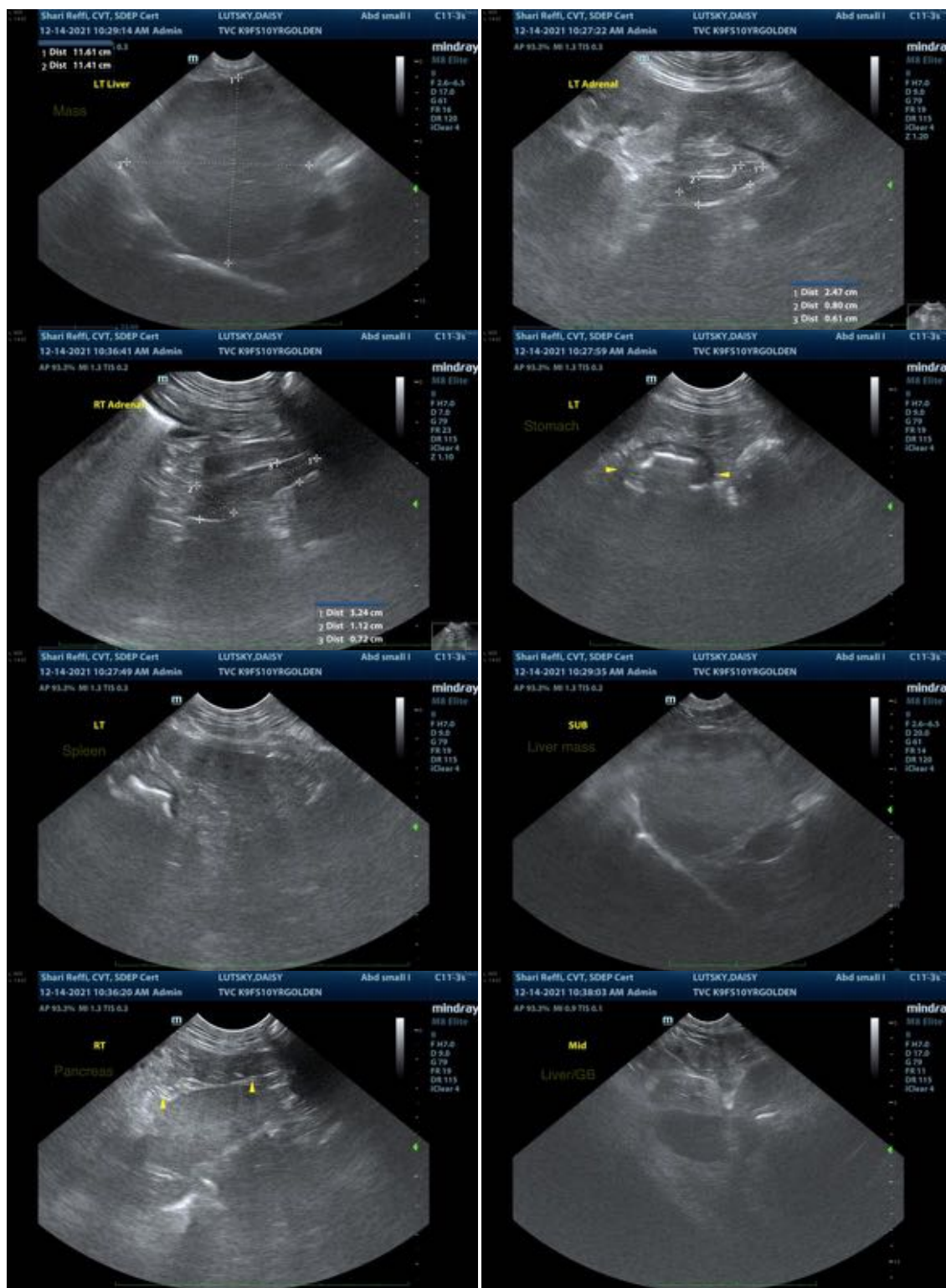
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the



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image/video clips provided.

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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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