

**DATE PRESENTING CLINICAL SIGNS**

12/19/22

Monitoring tumor on liver. In past has had occasional episodes of muddy gums, becomes clingy, lasts couple of hours, then resolves.

PATIENT

Jade Casey

Current Medications: Sentinel. Occasional Carprofen 100mg 1.5mg PRN.
 Lab Results: SAP 834 8/18/22.

Date of Previous IntraPet Ultrasound: 2/14/22, 4/11/22, and 8/18/22. Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Canine

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Goldendoodle

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 is normal.

SEX

Female, spayed

The left kidney is normal size (6.52 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

1/30/2012

The right kidney is normal size (7.03 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

62 lbs.

Adrenal Glands

The left adrenal gland is borderline enlarged (0.85 cm at cranial pole) (0.85 cm at caudal pole) (3.22 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 (0.67 cm at cranial pole) (0.81 cm at caudal pole) (2.72 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

Essex Middle River VC

Spleen

The spleen is normal in size (1.84 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. 1-2 small hyperechoic nodules are observed at the medial aspect. The largest measuring 0.67 cm in diameter. Splenic vasculature is normal.

REFERRING VET

Dr. Hicks

Liver

The liver is enlarged with irregular peripheral contours. An approximately 9.3 cm heterogeneous cavitated vascular mass is arising from the left side. The mass now appears to extend into the right liver, causing minor gallbladder displacement cranially. In the remainder of the liver, the parenchyma is homogeneous. In the normal portion of the liver, 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

INVOICE

14366

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 portions, no obvious abnormalities are seen.

Free Abdomen

There is no obvious evidence of free fluid. A 1.37 cm cranial abdominal lymph node is visualized.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

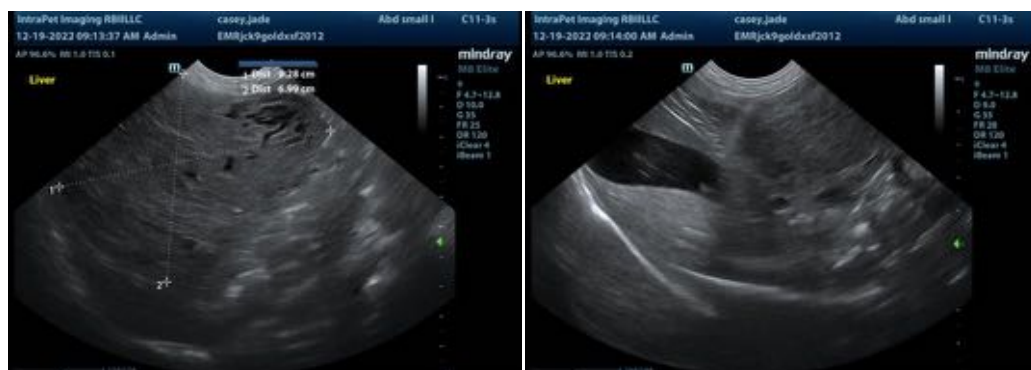
- Large left hepatic mass with some extension into the right liver. This suggests progression since the previous sonogram. Neoplasia (i.e., adenocarcinoma, adenoma, other) is suspected with a lower possibility of a non-malignant process.

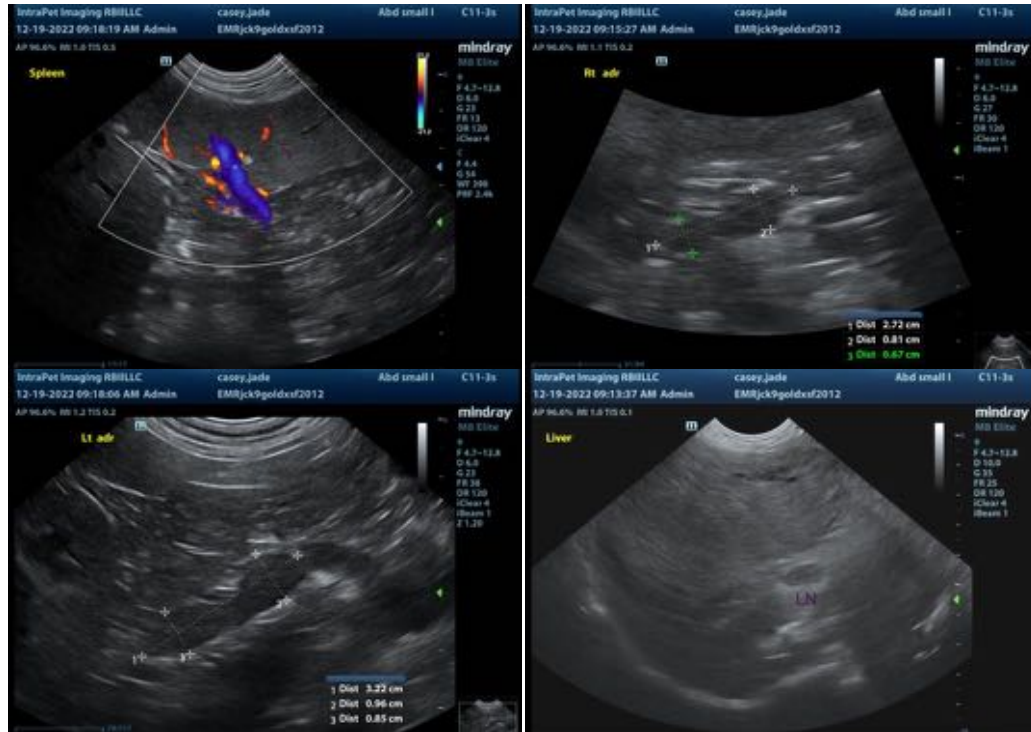
Secondary Findings:

- The prominent cranial abdominal lymph node may be reactive or may represent emerging neoplasia.
- Borderline left adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If an aggressive approach is desired, consider surgical removal or debulking of the mass. An abdominal CT scan would be useful in pre-surgical planning. Otherwise, serial sonographic monitoring (i.e., every 3 months) should be considered to assess for further progression.





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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