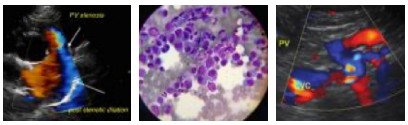
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

12/19/22

PATIENT

Scooter Hummel

SPECIES

Canine

BREED

Mixed breed

SEX

Male, neutered

AGE

4/6/2011

WEIGHT

66.4 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Essex Middle River VC

REFERRING VET

Dr. Beizavi

INVOICE

14365

PRESENTING CLINICAL SIGNS

In late may of 2022 Patient presented to AEH for lethargy and poor doing. Patient was anemic (HCT 22.7) , had WBC elevation (WBC= 24k) . An abdominal mass was seen. Cytology was inconclusive with just inflammatory cytology findings. Quick screen ultrasound showed : Scant pericardial effusion, free abdominal fluid surrounding bladder and cranial abdomen near liver. No free fluid was seen around either kidney. 14 cm heterogeneous mass noted in right cranial abdomen with several small cavitation's, another mass noted caudally extending from caudal aspect of abnormal liver caudally past the urinary bladder and into the pelvic canal, some possible association with bowel loops, the mass is hyperechoic and less granular then liver mass with a few small cavitation but is otherwise solid. Pet was treated with prednisone, Yunnan Baiyao, cerenia, gabapentin, and Denamarin. Patient's liver values resolved over the next 60 days and was resolved by late July. Patient HCT rebounded quickly but there has been a mild anemia present since. Patient lethargy improved with treatment. In July pet did have bacteriuria found on a urinalysis. Pet was treated with an clavamox. The follow up urinalysis still had rods in it so I then treated with a course of ciprofloxacin. After finishing ciprofloxacin course, pet became PU/PU and has an increased appetite. Urinalysis showed neg for bacteria and I just performed a urine culture which completed this week that was also negative for growth.

Current Medications: None current.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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.

The left kidney is normal size (7.23 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. Renal vasculature is normal.

The right kidney is normal size (6.50 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region. However, the glands are not definitively visualized due to the large mid-abdominal mass.

Spleen

The spleen is normal in size with normal curvilinear peripheral contours. The definitively visualized portion of the spleen is homogeneous in appearance. Splenic vasculature appears normal with no evidence of thrombosis. See also *Other*.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal
The stomach is not definitively visualized due to the large mid-abdominal mass. Visualized bowel segments are normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal.

Pancreas
The pancreas is largely obscured by the large mid-abdominal mass. However, in the visualized portions, no obvious abnormalities are seen.

Free Abdomen
A small amount of free fluid is observed.

Lymph Nodes
See *Other.*

Other
A >18 cm heterogeneous, slightly cavitated mass with foci of mineralization is observed in the mid-abdominal cavity. The mass displaces and/or obscures visualization of some organs.

ULTRASONOGRAPHIC FINDINGS

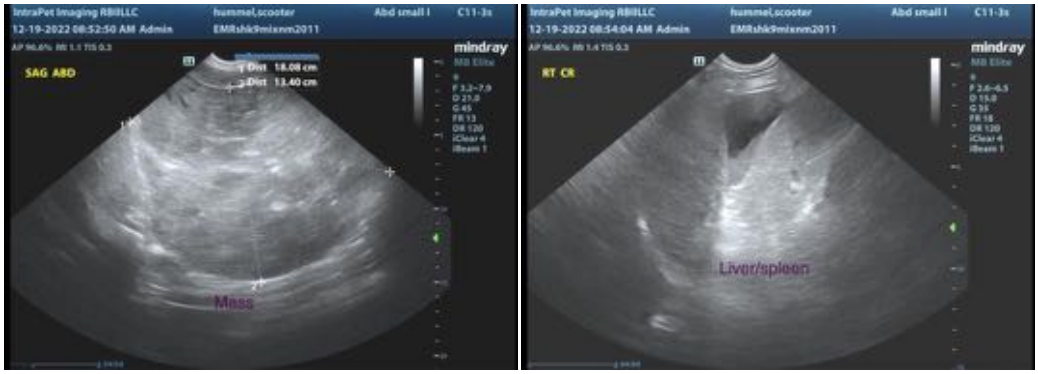
- A large mid-abdominal mass, the origin of which is unclear. The mass may be arising from spleen, mesentery, lymph nodes, pancreas, adrenals, other. Neoplasia (i.e., hemangiosarcoma, round cell neoplasia) is suspected with a low possibility of a benign process.

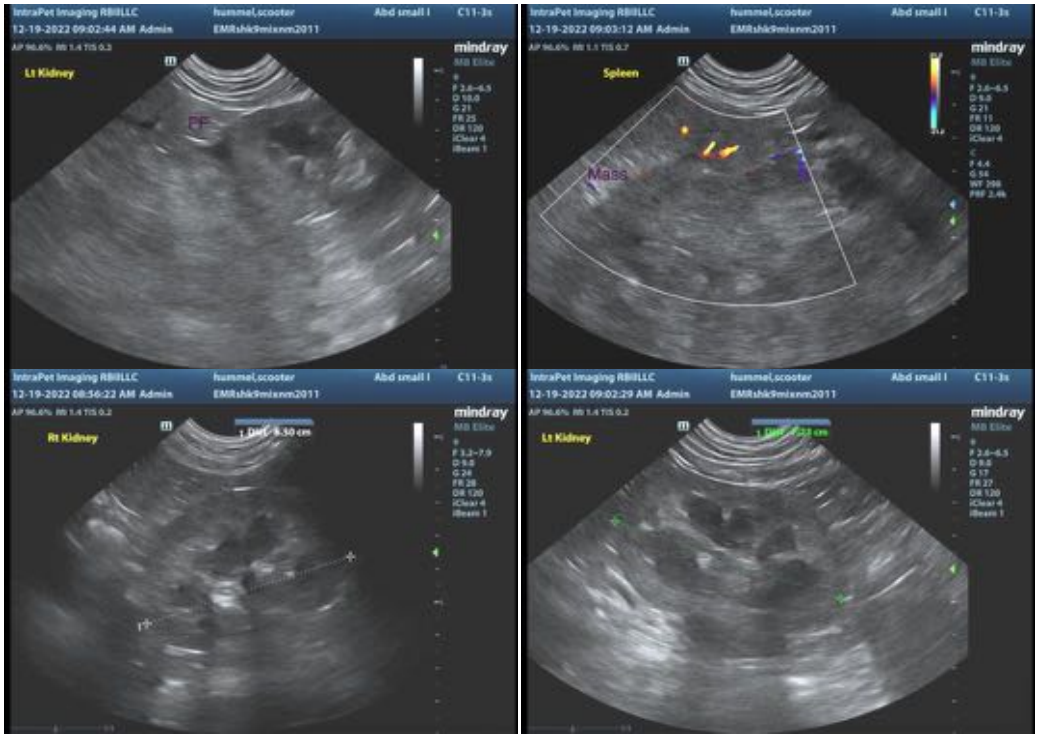
- Trace ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

- An abdominal CT scan can be considered to further characterize the mass and to help determine its origin and surgical resectability.





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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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