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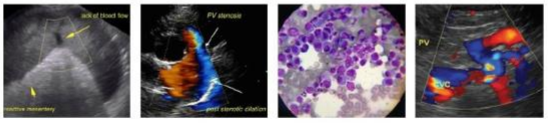


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Joey Hanley

SPECIES

Canine

BREED

Mastiff Mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

70 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Loetitia Saint-Jacques, RVT

REFERRING VET

Dr. Sarah Kalivoda

INVOICE

12809

DATE

12/2/21

PRESENTING CLINICAL SIGNS

History: Lost weight - 10/2020 weight 89.5 pounds and now is 70.8 poun ds 2. Pendulous abdomen (suspected Cushing's disease) however earlier this year ACTH stim showed no indication of disease. 3. Overall health / cancer check - evaluate kidneys / liver. Previous ultrasound (see results) showed liver nodules and a cyst near the bladder. Relevant Medical History and Physical Exam findings: Decreased appetite and weight loss (significant loss over the past year). Arthritis throughout which he receives regular acupuncture / chiropractic care every 2 weeks for. Recent Diagnostics: Relevant Labratory Results / Abnormalities: SDMA 16 (0-14) Calcium 11.9 (8.4-11.8); Ionized Ca+ 1.19 (1.25-1.5) ALT 519 (18-121) ALP 1,562 (5-160) Cholesterol 350 (131-345) Lipase 359 (0-250) UA: UPC 3.4; USG 1012; pH 5.5 otherwise normal. Other comprehensive blood panel wnl including thyroid. Systolic Blood Pressure: 158 as of 7/2021 and 170 previously. Current medications (include full name, dosage and frequency): NutriCal topper to help with weight Gabapentin 300mg - 1/2 capsule PO SID to BID Xiao Yao San 3/4 teaspoon PO SID to BID Client: Kathleen Hanley Patient: Joey Sex: Neutered Male Date: 11/30/2021 DOB: 11/24/2009 Species: Canine Phone: (775) 847-7636 Age: 12 Yrs. 0 Mos. Breed: Mastiff Mix Denamarin SP Canine Renal 110gr Benazapril 1.5 tabs PO BID Corydalis (natural anti-inflammatory): 2 tabs PO BID Relevant Radiograph Findings(email radiographs if available): N/A

Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall, overall, is normal in thickness with a smooth mucosal surface. However, at the ventral aspect of the cystourethral junction, a 1.47 cm x 1.02 cm smooth, well-circumscribed hypoechoic lesion is visualized. Luminal contents are otherwise anechoic with no evidence of cystic calculi. The region of the trigone and the visible portion of the proximal urethra are normal.

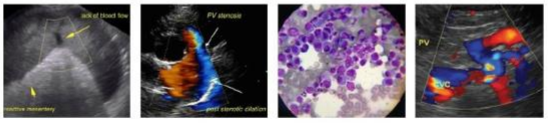
The prostate is not definitively visualized due to its pelvic location.

The left kidney presented normal size (7.42 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. is normal.

The right kidney presented normal size (7.29 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.

Adrenal Glands

The left adrenal gland is normal size (0.75 cm at cranial pole) (0.84 cm at caudal pole) (2.32 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.



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The right adrenal gland is normal size (1.38 cm at cranial pole) (0.85 cm at caudal pole) (3.16 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.

Spleen

The spleen is normal in size (2.56 cm 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.

Liver

The liver is enlarged with irregular peripheral contours. A >9.0 cm irregular heterogeneous mass is arising from the caudal aspect of the mid to right liver. A >7.0 cm oval shaped, well-defined hypoechoic to heterogeneous area is observed within the mass. The remaining hepatic parenchyma is isoechoic relative to the spleen and heterogeneous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is of normal contours and contains some gravity dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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 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 or overt infiltrative disease is noted.

Pancreas

A portion of the pancreas is obscured by the large hepatic mass, In the visualized portion, no obvious pathology is seen.

Free Abdomen

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

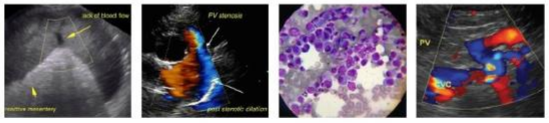
Other

A brief echocardiogram (no charge) reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large hepatic mass. Neoplasia (i.e., carcinoma, round cell tumor) is suspected with a lower possibility of benign pathology. The >7.0 cm hypoechoic to heterogeneous lesion within the



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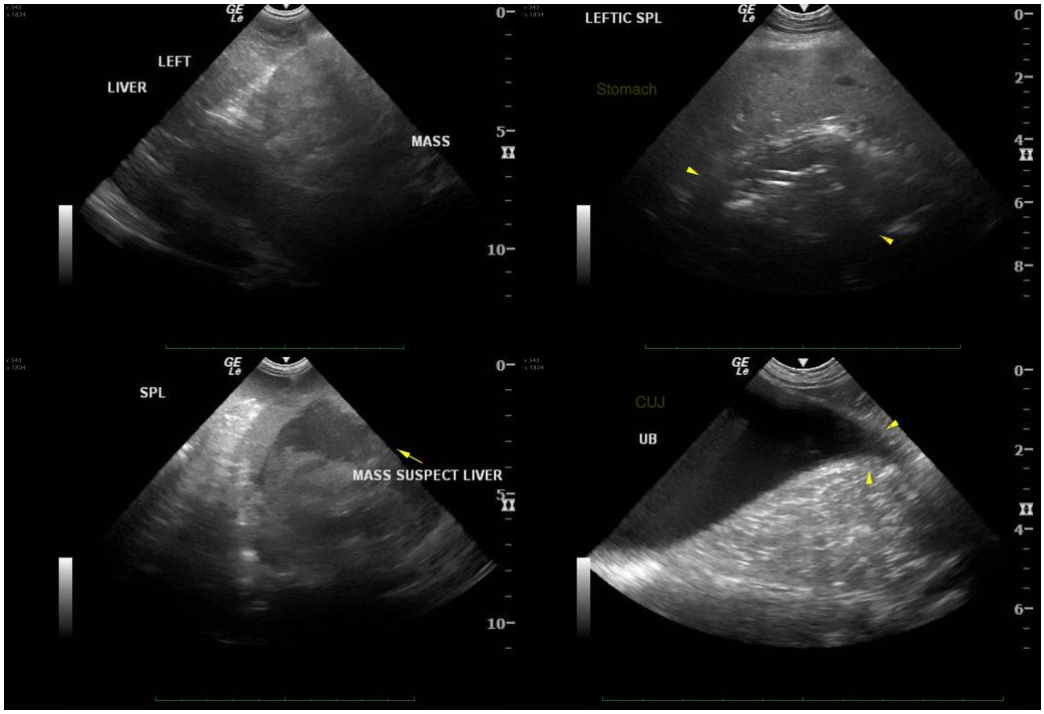
mass may represent an area of abscessation or necrosis. The size of the mass is difficult to compare to the previous sonogram, as it can't be measured beyond 9 cm due to the limitations of the viewing field. The hypoechoic lesion within the mass, however, was not previously reported.

Secondary Findings

- Gallbladder debris, non-mucocele
- The urinary bladder wall lesion at the ventral cystourethral junction is similar in size to the previous scan. This lesion may represent an inflammatory focus, granuloma, tumor (less likely), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a consultation with a board-certified surgeon to discuss mass debulking or removal. Given the size of the mass, it is unclear whether surgery is a viable option. An abdominal CT scan would be useful in presurgical planning. Given the history and sonographic changes, the prognosis for this patient is considered guarded.



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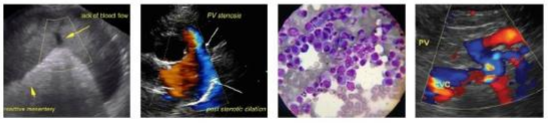

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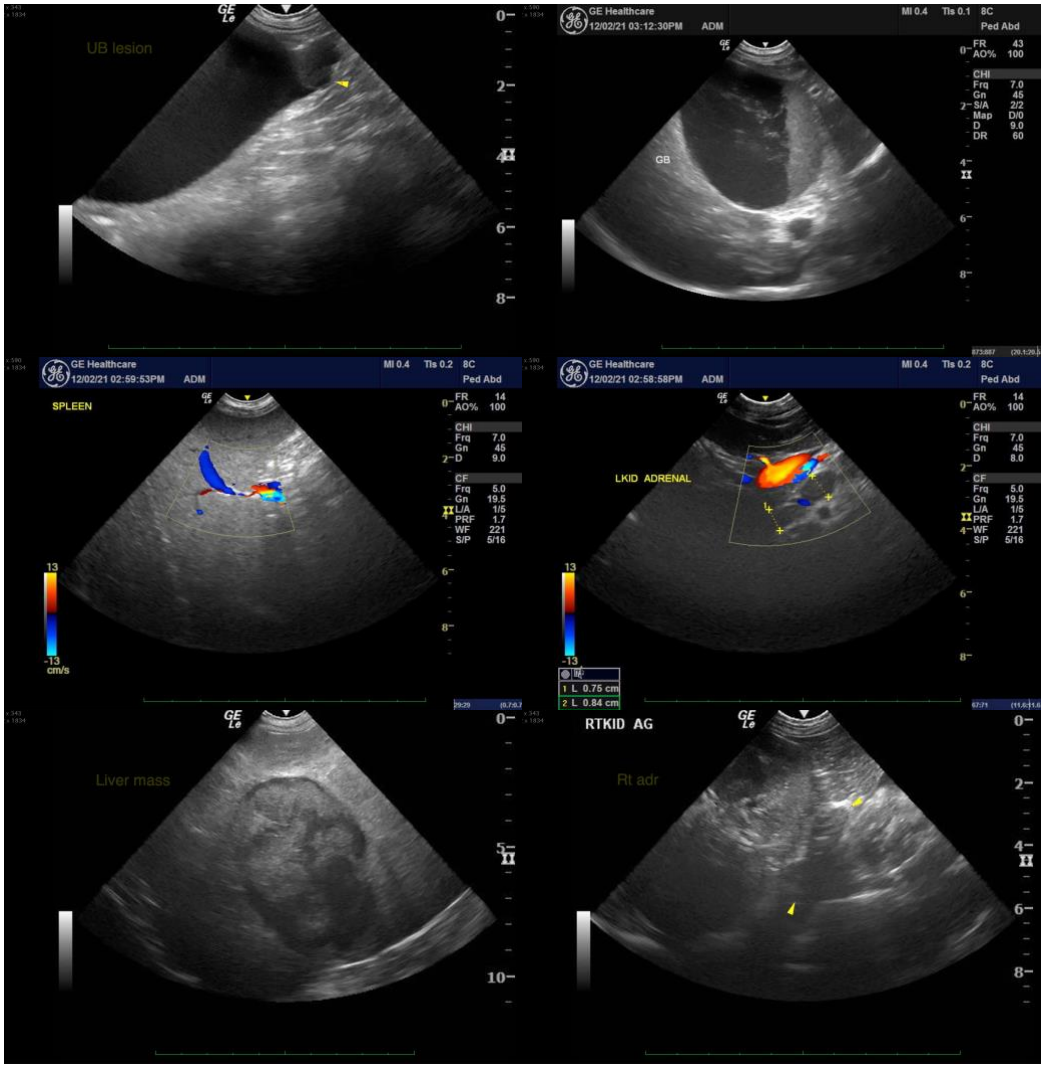

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

andrea_nicastro2@hotmail.com