



PATIENT PRESENTING CLINICAL SIGNS

Daisy Sans History: Recent history of vomiting, lethargy and decreased appetite. Medical history: recurrent UTI-resistant infection, hypertension(controlled)Heart murmur, gallbladder mucocele, enlarged L adrenal gland, Canine Cognitive Dysfunction, partial gallbladder mucocele(improved), osteoarthritis, cough (possible bronchitis vs. airway collapse), proteinurina,obesity, fractured left maxillary molar, amaurosis OD and retinal degeneration OU, osteoarthritis. Ceremune gland hyperplasia, dermal mass near right pinnae.

SPECIES

Canine

BREED

Beagle Mix

Abnormal PE/Chem/CBC/UA Results: Left adrenal gland was previously cranial pole 11, caudal pole 17. Right adrenal measures 3.4 mm in width. Increased ALT 340, increased ALP 316, increase lipase 5537, increased amylase 2446

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX *Urinary System*

Spayed Female

The urinary bladder is mildly distended. The wall is of approximately thickness for the level or repletion. The mucosal surface is slightly irregular. Luminal contents are anechoic. No cystic calculi are observed. the region of the trigone is normal.

AGE

15 years

The left kidney is normal size (4.99 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A 0.49 cm cortical cyst is observed at the lateral aspect. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

31 lbs

The right kidney is normal size (6.24 cm in length) with an irregular shape. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A cortical infarct is suspected at the caudolateral aspect. A few small cortical cysts are seen. Mild pyelectasia is present (0.28 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is enlarged (0.46 cm at cranial pole) (2.24 cm at caudal pole) with an irregular shape. The parenchyma is heterogenous. Surrounding vasculature appears normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

IMAGING PERFORMED BY

Dr. Sheldon

Spleen

The spleen is normal in size (1.25 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

Advanced PetCare of
Oakland

Liver

The liver is enlarged with irregular peripheral contours. A >10.00 cm heterogenous mass, with cavitated areas, is arising from the caudal aspect on the left side. In addition, a 5.50 cm hyperechoic to heterogenous mass is observed deep on the right side, adjacent to the diaphragm. In the remainder of the liver, the parenchyma is isoechoic relative to the spleen. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

REFERRING VET

Dr. Sheldon

INVOICE

11938

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic, partially dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

DATE

12.27.22

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. There is no evidence of an obstructive pattern.

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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

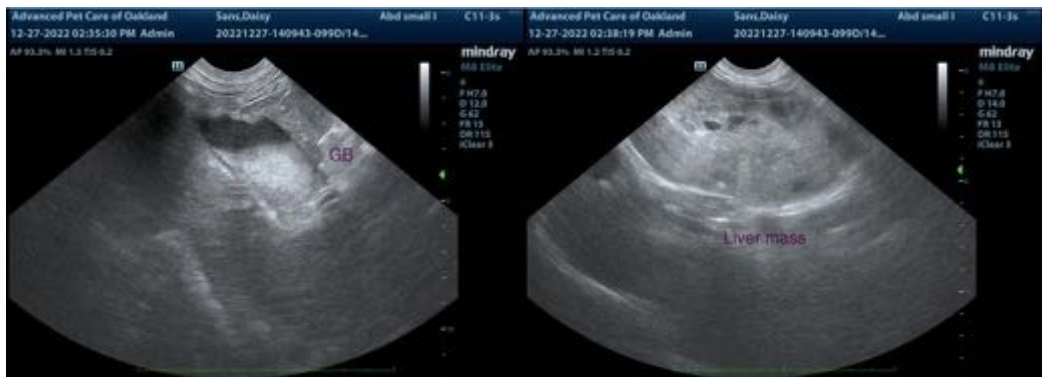
- Hepatic masses. Neoplasia (i.e., adenocarcinoma, round cell tumor) is considered likely with a lower possibility of a multifocal inflammatory process.

Secondary Findings

- Bilateral chronic age-related renal changes with pyelectasia and a right cortical infarct.
- The left adrenomegaly could be consistent with benign nodular hyperplasia or an emerging tumor.
- The gall bladder sludge is suggestive of an emerging mucocele.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine needle aspirate of the larger hepatic mass (if clotting status is normal). A 25-gauge needle should be used, and care should be taken to avoid any cavitated areas. If cytology results are inconclusive, biopsies may be necessary to get a definitive diagnosis. However, the client should be warned of the possibility of multifocal neoplasia in the liver, prior to invasive diagnostics.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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