

**DATE PRESENTING CLINICAL SIGNS**

12.27.22 Abdominal mass felt on palpation and seen on radiograph 12-27-2022. Episodes of disorientation seen occasionally over the last three weeks. Thrombocytosis.

PATIENT

Hercules Horsey

Current Medications: None.
 Lab Results: ALT elevated. BUN 6. ALT 606.
 Radiographs: See attached.
 Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

8/29/2011

WEIGHT

9.5 lbs

INTERPRETED BY

Andrea Nicastro, DMV,
 Diplomate DACVIM
 (Small Animal
 Internal Medicine)

HOSPITAL NAME

Animal Care Center

REFERRING VET

Dr. Keil

INVOICE

11949

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 prostate is normal in size (0.77 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (4.79 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. The cortex is hyperechoic. A few small cortical cysts are seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.68 cm in length) with a normal shape, architecture and 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.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.52 cm at cranial pole) (0.63 cm at caudal pole) (1.94 cm in length) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is borderline enlarged (0.58 cm at cranial pole) (0.55 cm at caudal pole) (1.86 cm in length) with a normal shape and 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 (0.93 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.

Liver

The liver is enlarged with irregular peripheral contours. A >8.70 cm irregular heterogenous mass is arising from the right side. In the remainder of the liver, the parenchyma is homogenous. Hepatic vasculature 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.

Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta. The gastric wall is 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. There is no evidence of an obstructive pattern.

Pancreas

The region of the pancreas is largely obscured by the large hepatic mass. In the visualized portion of the left limb, it appears slightly prominent, with minimal deviation from the normal peripheral contours. The parenchyma is subtly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

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

Other

A brief echocardiogram reveals no obvious evidence of pericardial effusion. Trace pleural effusion is suspected.

Several ring-down lesions are suspected within the thoracic cavity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large right hepatic mass. Neoplasia (i.e., adenoma, adenocarcinoma, round cell tumor) is suspected with a lower possibility of a more benign process (i.e., inflammatory lesion).
- Trace ascites, likely secondary to the hepatic mass
- The ring-down lesions in the thorax are suggestive of pulmonary parenchymal disease.
- Trace pleural effusion is suspected.

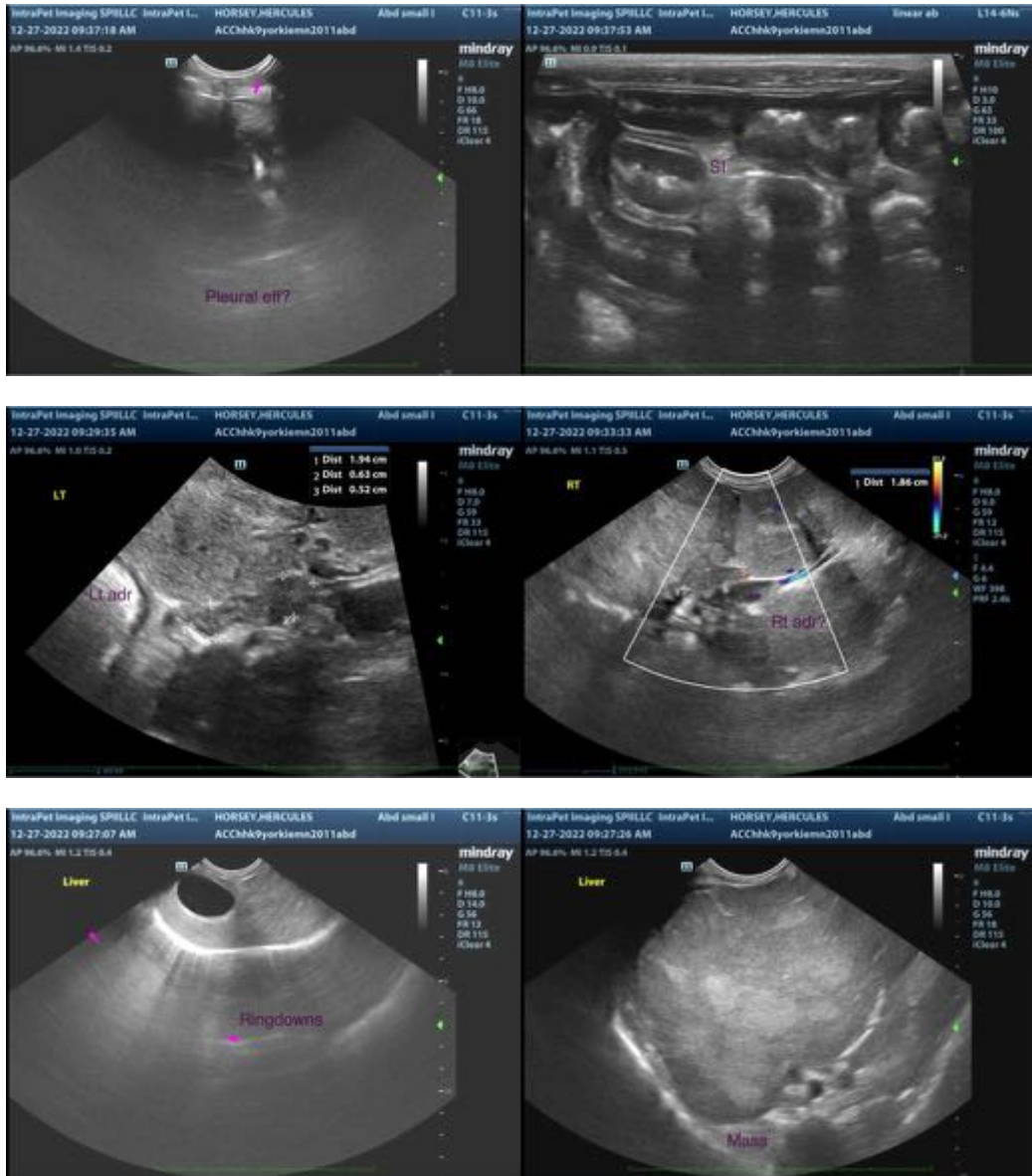
Secondary Findings

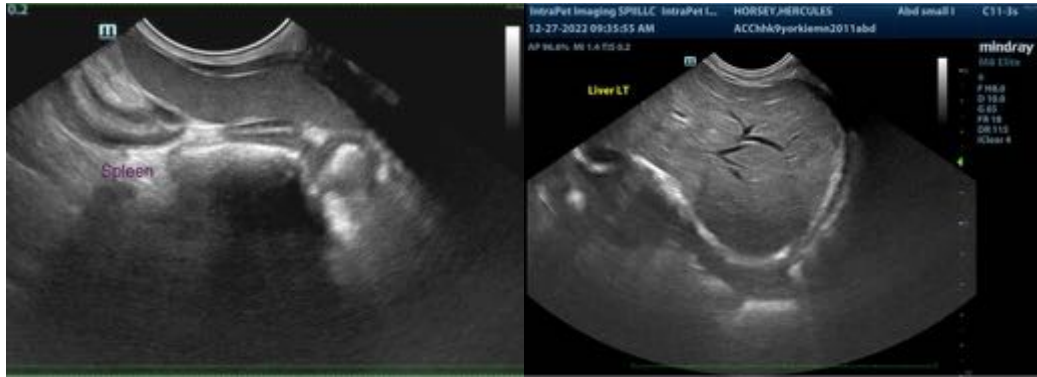
- Bilateral chronic renal changes
- Mild bilateral adrenomegaly. This may be a normal variant for this patient or may represent early hyperplastic change.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the hepatic mass can be considered (if clotting status is normal). A 25-gauge needle should be used. If cytology results are inconclusive, or if an aggressive approach is

desired, consider mass removal or debulking. An abdominal CT scan would be useful in presurgical planning.





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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com