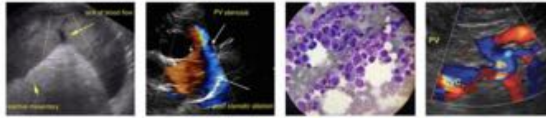


PATIENT

Mister Hayes

SPECIES

Canine

BREED

Jack Russel Terrier

SEX

Neutered Male

AGE

6/2/2009

WEIGHT

16.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Flowertown AH

REFERRING VET

Dr. Hawk

INVOICE

11948

DATE

12.28.22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Mass on medial stifle LHL. Vomiting and diarrhea. Abnormal respiratory episodes

Abnormal lab-work values: NEUT 59, Platelets 727, ALT 392, ALKP 9495, TP 8.1, and GLOB 4.0
UA had 4+ proteinuria

Current Medications: None

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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.80 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 (5.50 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. The cortex is mildly hyperechoic. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.94 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. The cortex is mildly hyperechoic. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.62 cm at cranial pole) (0.64 cm at caudal pole) with a slightly irregular shape. The parenchyma is subtly heterogenous with mild loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

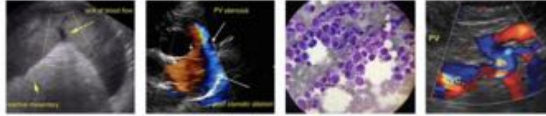
The right adrenal gland is normal size (0.71 cm at cranial pole) (0.46 cm at caudal pole) (2.29 cm in length) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.26 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 severely enlarged with irregular peripheral contours. A >13.00 cm hyperechoic to heterogenous cavitated mass is arising from the mid to right side at the caudal aspect. The mass extends into the mid to caudal abdomen. In the remainder of the liver, the parenchyma is hypoechoic relative to the spleen and slightly mottled in appearance. Hepatic vasculature tracts are of normal volume with no evidence of congestion.



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The gall bladder 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/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 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

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. The inguinal lymph nodes are enlarged (left: 1.40 x 0.88 cm) (right: 2.79 x 1.15 cm). Surrounding mesentery is hyperechoic. In addition, a 2.57 x 0.82 cm sublumbar lymph node is seen.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

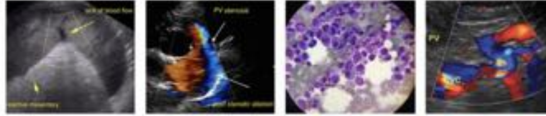
- Large hepatic mass. Neoplasia (adenoma, adenocarcinoma, pheochromocytoma, round cell tumor) is suspected, with a lower possibility of a more benign process (i.e., inflammatory).
- Sublumbar and inguinal lymphadenopathy. Differentials include emerging neoplasia versus reactive change.

Secondary Findings

- Bilateral chronic age-related renal changes
- The mild left adrenomegaly likely represents early hyperplastic change, with a lower possibility of an emerging tumor.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine needle aspirates of the hepatic mass and inguinal lymph nodes can be considered if clotting status is normal. Twenty-five gauge-needles should be used. Depending on the results of the above diagnostics, surgical debulking of the hepatic mass can be considered. An abdominal CT scan would be useful in presurgical planning. If surgery is not pursued, palliative care is recommended.



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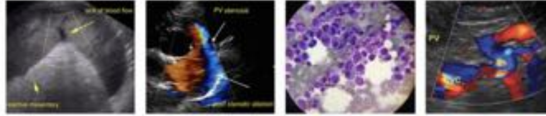
- Given the proteinuria, consider a UPC.



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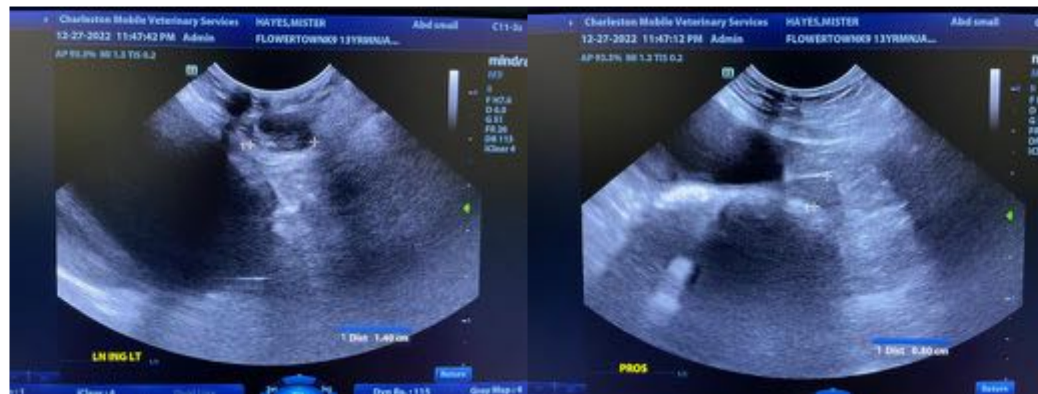

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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