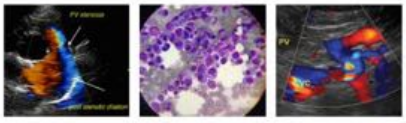




**PATIENT**

Luna Warstler 55624

**SPECIES**

Canine

**BREED**

Retriever Mix

**SEX**

Spayed Female

**AGE**

9 years

**WEIGHT**

61.1 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

Madison Vet Spec
Dr. Daggett

**INVOICE**

11974

**DATE**

12.29.22

## PRESENTING CLINICAL SIGNS

History: Luna presented today for onset of a seizure and abdominal mass. Today, Luna had a seizure. Otherwise, she has been ADR/lethargic over the past 1-2 weeks. Appetite is normal. No vomiting or diarrhea reported.

Abnormal PE/Chem/CBC/UA Results: Hypoglycemia on glucometer at pDVM. CBC/Chemistry performed at pDVM was within normal limits. Radiographs revealed a large mineralized cranioventral abdominal mass.

## 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 trigone and the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (8.18 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (8.65 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

### *Adrenal Glands*

The left adrenal gland is normal size (0.58 cm at cranial pole) (0.68 cm at caudal pole) 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 normal size (0.81 cm at cranial pole) (0.72 cm at caudal pole) 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*

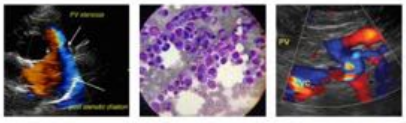
The spleen is prominent in size (2.58 cm in width at the level of the hilus) with normal curvilinear periphera contours. The parenchyma is diffusely mottled in appearance. No distinct focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

### *Liver*

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hyperechoic relative to the spleen. Numerous, varying-sized hypoechoic nodules are oberved throughout the organ. 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*





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The stomach is cranially displaced by the cranial to midabdominal mass. The lumen contains a small amount of ingesta. 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 segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

***Pancreas***
(See "Other" category).

***Free Abdomen***
There is no obvious evidence of free fluid. A 1.30 rounded to slightly irregular, somewhat cystic mesenteric lymph node is visualized.

***Other***
A >12.00 cm irregular hypoechoic to heterogenous mass with numerous ill-defined mineralized foci is observed in the cranial abdomen, just caudal to the stomach.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- The origin of the cranial abdominal mass is unclear. It may be arising from pancreas, mesentery, lymph node, bowel, other. A neoplastic process (i.e., carcinoma), other is suspected, with a lower possibility of a large focal inflammatory process or granuloma.
- The diffuse hepatic nodules are concerning for metastatic disease. However, multifocal inflammatory foci or benign regenerative nodules cannot be excluded.

### Secondary Findings

- The splenic parenchymal changes are nonspecific and may be secondary to splenitis, lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation, or infiltrative neoplasia.
- The bilateral renal changes are most consistent with chronic interstitial nephritis.
- The prominent mesenteric lymph node may represent reactive change or infiltrative neoplasia.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine needle aspirates of the cranial abdominal mass and hepatic nodules (if clotting status is appropriate). Twenty-five gauge-needles should be used.
- Also consider an abdominal CT scan to further characterize the origin and extent of the cranial abdominal mass. Alternatively, an exploratory surgery with excisional biopsy of the mass and liver biopsies can be considered. However, the client must be warned of the potential for metastatic disease prior to surgery.

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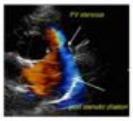
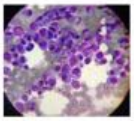
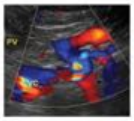

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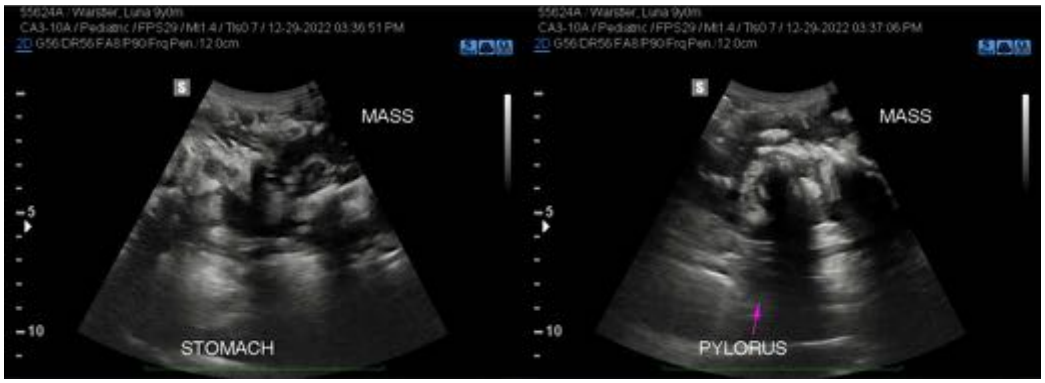


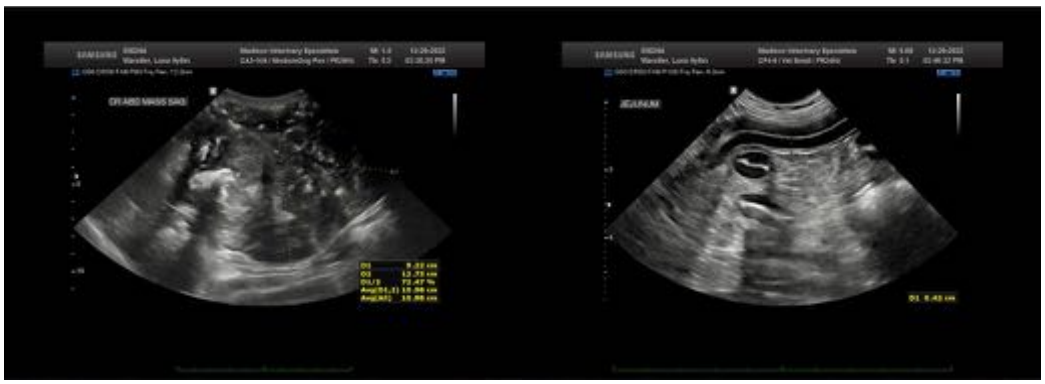

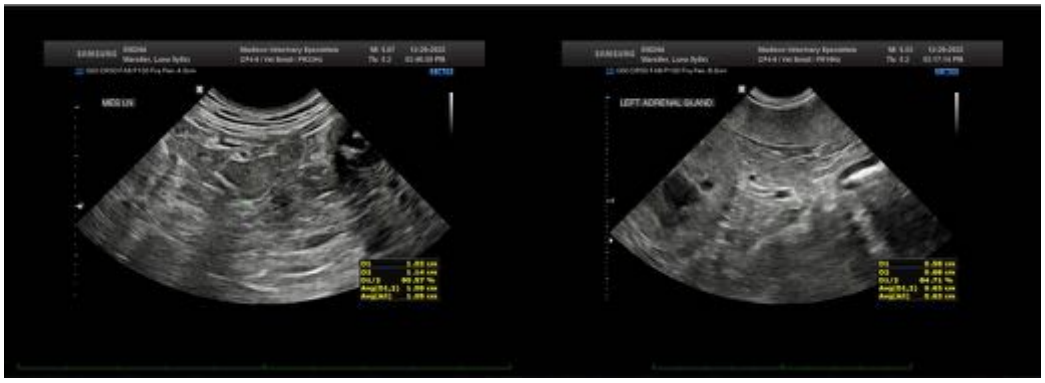

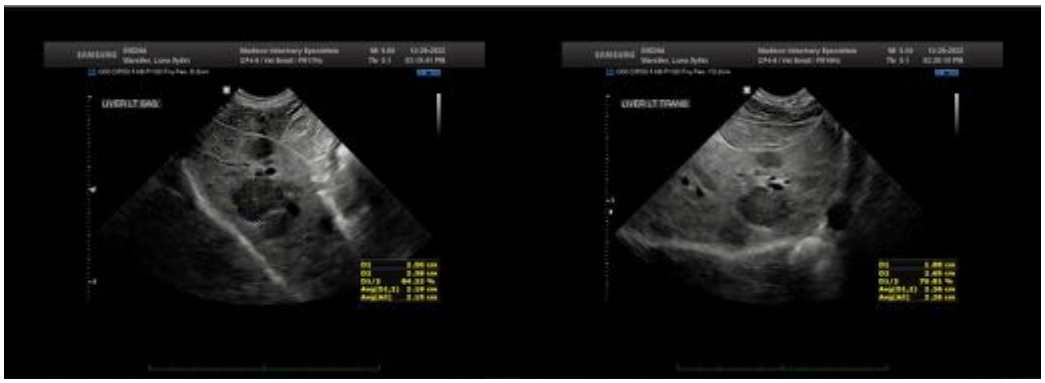

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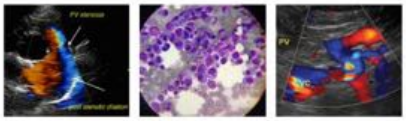

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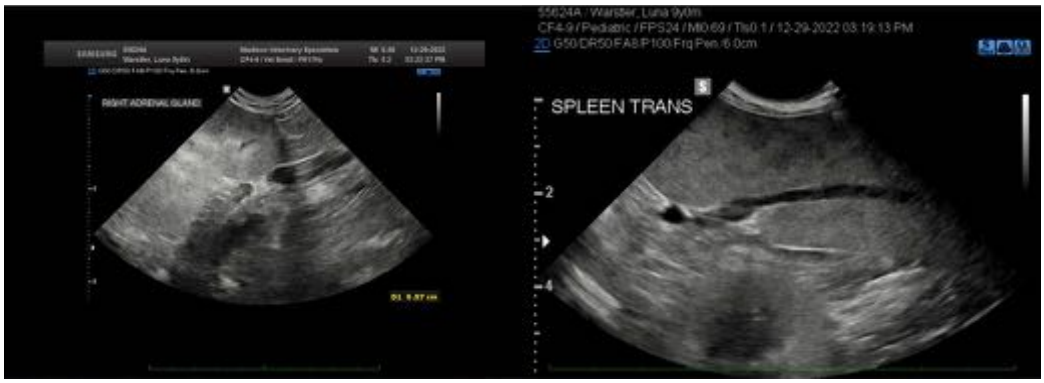


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)
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