

**DATE PRESENTING CLINICAL SIGNS**

12.29.22 Chronic weight loss. History of cutaneous mast cell tumor - multifocally distributed

PATIENT

Current Medications: 10mg prednisone SID, Nutrical and high calorie recovery canned diet daily for added weight gain

Gunner Rankin

SPECIES

Lab Results: CBC/Chem27/T4/UA on 11/18/22: Albumin 2.4, BUN 7 ; UA/T4/CBC/UPC - unremarkable
 Radiographs: Chest 11/22/22- unremarkable, mild bronchiointerstitial lung pattern generalized

Canine

Date of Previous IntraPet Ultrasound: 4/21/22. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Imaging Performed By: Stephanie Warga RDCS, RVT.

Pitbull

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX****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.

Neutered Male

AGE

The prostate is normal in size (1.41 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

6/6/2016

WEIGHT

The left kidney is normal size (7.42 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 hydronephrosis. Renal vasculature is normal.

58 lbs

INTERPRETED BY

The right kidney is normal size (7.27 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 hydronephrosis. Renal vasculature is normal.

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

Adrenal Glands

The left adrenal gland is normal size (0.46 cm at cranial pole) (0.55 cm at caudal pole) (2.43 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.

HOSPITAL NAME

Noah's Ark Vet &
 Boarding Resort

The right adrenal gland is normal size (0.55 cm at cranial pole) (0.56 cm at caudal pole) (3.30 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.

REFERRING VET

Dr. Ashley

Spleen

The spleen is normal in size (2.42 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.

INVOICE

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Liver

The liver is enlarged with irregular peripheral contours. Numerous hypoechoic to slightly heterogenous masses are observed throughout the organ. One of the larger masses measures 4.80 cm in diameter. There

is minimal normal-appearing hepatic parenchyma. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is mildly distended. The wall is normal in thickness. A small amount of aggregated, echogenic, suspended sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly 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

A portion of the pancreas is obscured by the hepatomegaly. In the visualized portions, no obvious abnormalities are seen.

Free Abdomen

A moderate amount of free fluid is present.

Lymph nodes

(See "Other" category).

Other

A 6.64 cm hypoechoic mass is observed in the cranial to midabdomen.

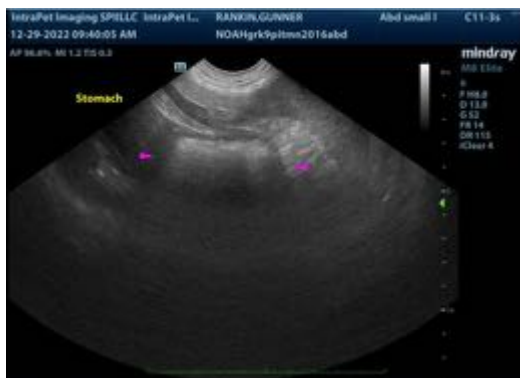
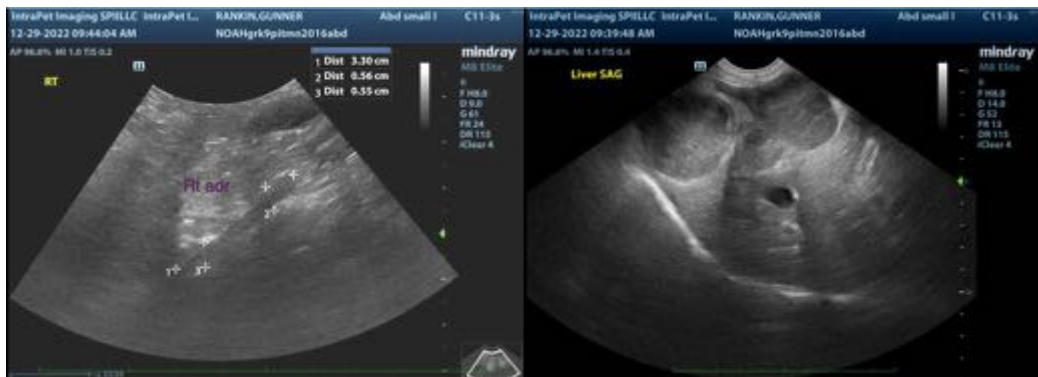
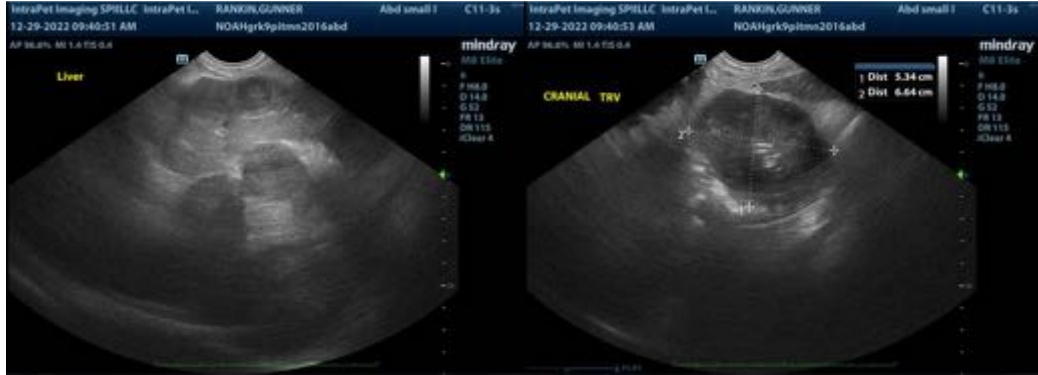
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Diffuse hepatic masses. Neoplasia (i.e., round cell tumor) is suspected, with a lower possibility of a multifocal inflammatory process.
- The origin of the mass in the cranial to midabdomen is unclear. It may be arising from lymph node, mesentery, liver, pancreas, other. Again, neoplasia is suspected.
- The ascites is likely secondary to hepatic pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fine needle aspirate of the hepatic masses can be considered (if clotting status is appropriate). Twenty-five gauge-needles should be used.
- Consider consultation with a board-certified oncologist for further diagnosis/treatment recommendations.



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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