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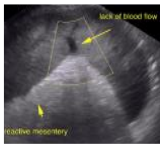
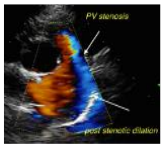
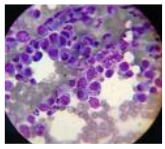
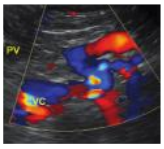

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Shylow Murrow

SPECIES

Canine

BREED

Corgi

SEX

Neutered Male

AGE

13 years

WEIGHT

33 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Potomac Mobile Veterinary Ultrasound

HOSPITAL NAME

Banfield Winchester

REFERRING VET

Dr. Jarrett

INVOICE

12862

DATE

PRESENTING CLINICAL SIGNS

History: rDVM had concern for spleen, labored breathing, distended abdomen, nodules in liver were seen on previous u/s, and concern for possible early mucocele in previous u/s.

Abnormal PE/Chem/CBC/UA Results: ALKP 584, ALT 603, CHOL 328, GGT 30, Lymphocyte 0.46. (11/17/21)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. In the region of the apex, the wall is thickened (up to 0.48 cm) with an irregular mucosal surface. The wall tapers to a normal thickness as it extends toward the urinary bladder neck. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (1.69 cm in length x 0.98 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (5.76 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (5.71 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. 1-2 cortical cysts are visualized, the largest measuring 0.57 cm in diameter. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.78 cm at cranial pole) (0.70 cm at caudal pole) (2.07 cm in length); normal shape; 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 mildly enlarged (0.57 cm at cranial pole) (0.72 cm at caudal pole) (2.35 cm in length); normal shape; 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 (1.39 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

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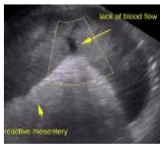
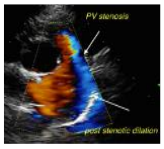
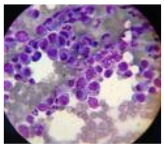
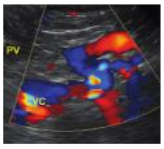

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Liver

The liver is enlarged with swollen to slightly irregular peripheral contours. A >7.00 cm isoechoic to slightly heterogeneous, mildly cavitated mass is observed deep left to mid liver. The mass extends to the level of the diaphragm. The remaining hepatic parenchyma is mottled and heterogeneous with a few small cystic areas. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is distended. The wall is normal in thickness. A moderate to large amount of echogenic to mineralized debris is observed within the lumen, most of which is partially dependent and some of which is suspended. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. A 0.71 cm x 0.84 cm focal hypoechoic mural lesion is arising from the jejunal wall. The remaining small intestine is normal is normal in thickness with a normal layering pattern and appropriate mural detail. 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

Trace free fluid is observed. A 1.77 cm left medial iliac lymph node is visualized.

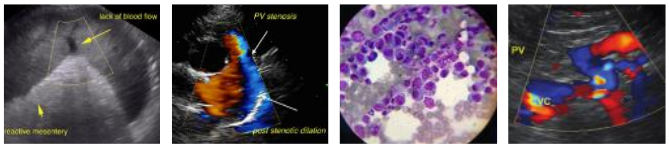
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large hepatic mass. Neoplasia (i.e., adenocarcinoma, adenoma, round cell tumor) is considered likely with low potential for benign pathology. The diffuse hepatic parenchymal changes could be consistent with benign age-related remodeling, metastatic disease or other hepatopathy.
- The trace ascites is likely secondary to hepatic pathology.
- Focal jejunal mural lesion (previously observed). Differentials include granuloma, adenoma, adenocarcinoma, other. The lesion is similar in size compared to the previous scan.

Secondary Findings

- Mild bilateral adrenomegaly
- Minor age-related renal changes



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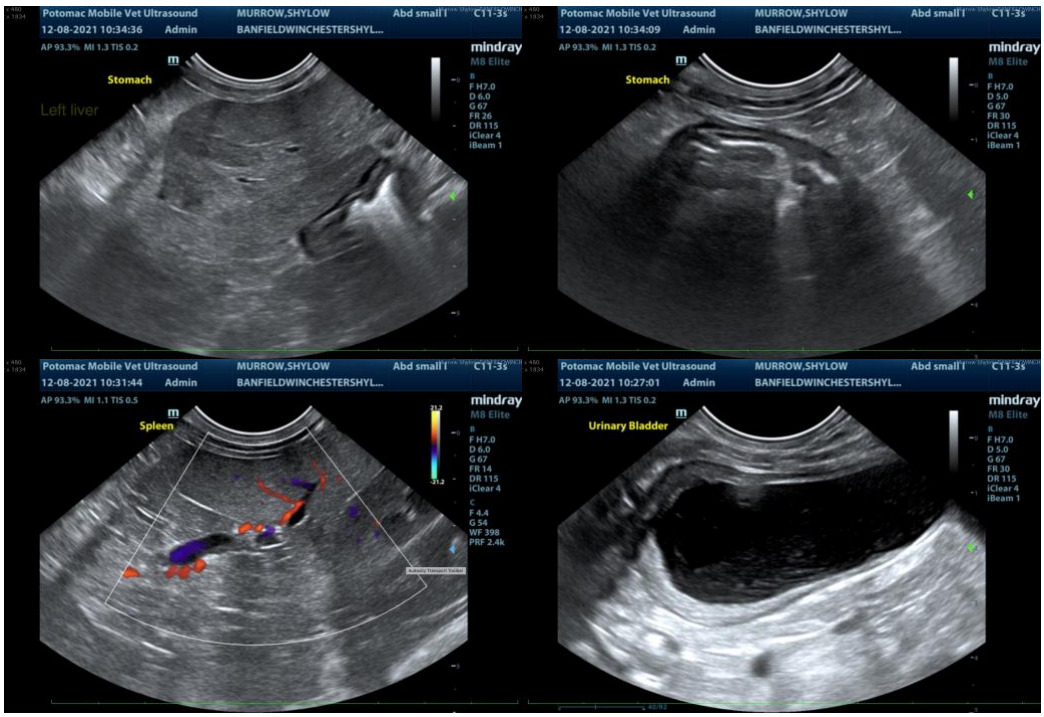
- The urinary bladder wall changes are suggestive of cystitis. Correlation with clinical findings is recommended.
- Age-related pancreatic remodeling +/- fibrosis
- Gallbladder debris/sludge. Differentials include cholestasis versus early mucocele formation, cholestasis is favored.

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 appropriate. It should be noted, however, that cytology results from primary hepatic tumors are often inconclusive. Therefore, if an aggressive approach is desired, consider referral to a board-certified surgeon to discuss mass removal or debulking. An abdominal CT scan would be useful in presurgical planning. The gallbladder should also be assessed and the jejunal mural lesion removed at the time of surgery.



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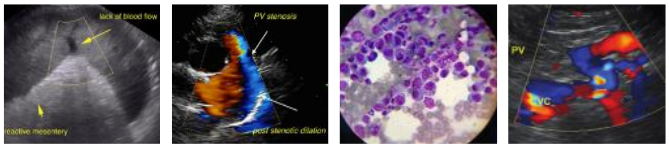

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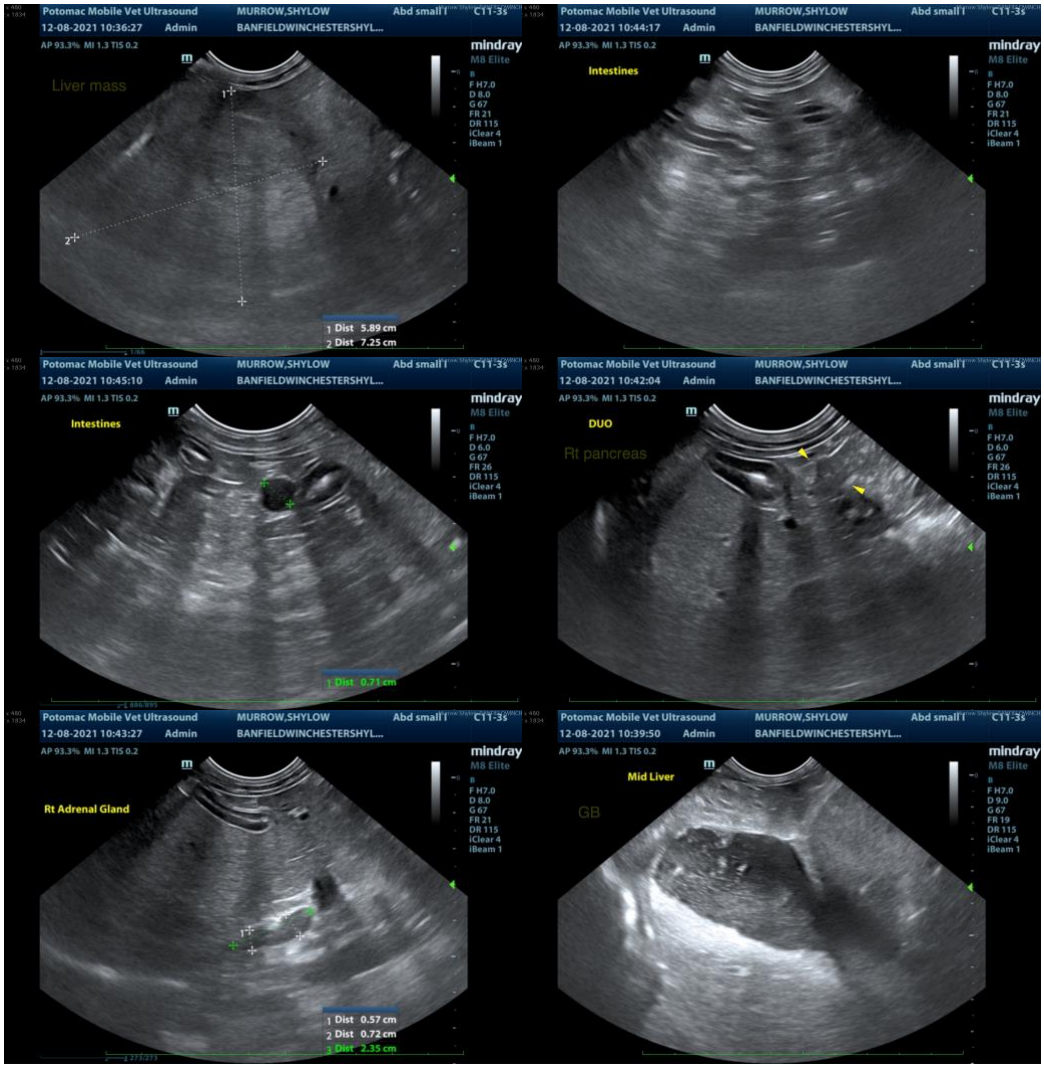

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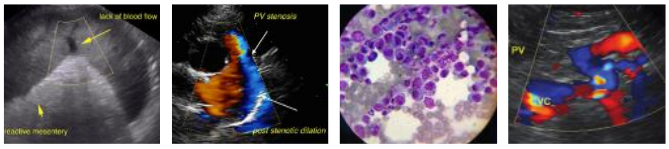

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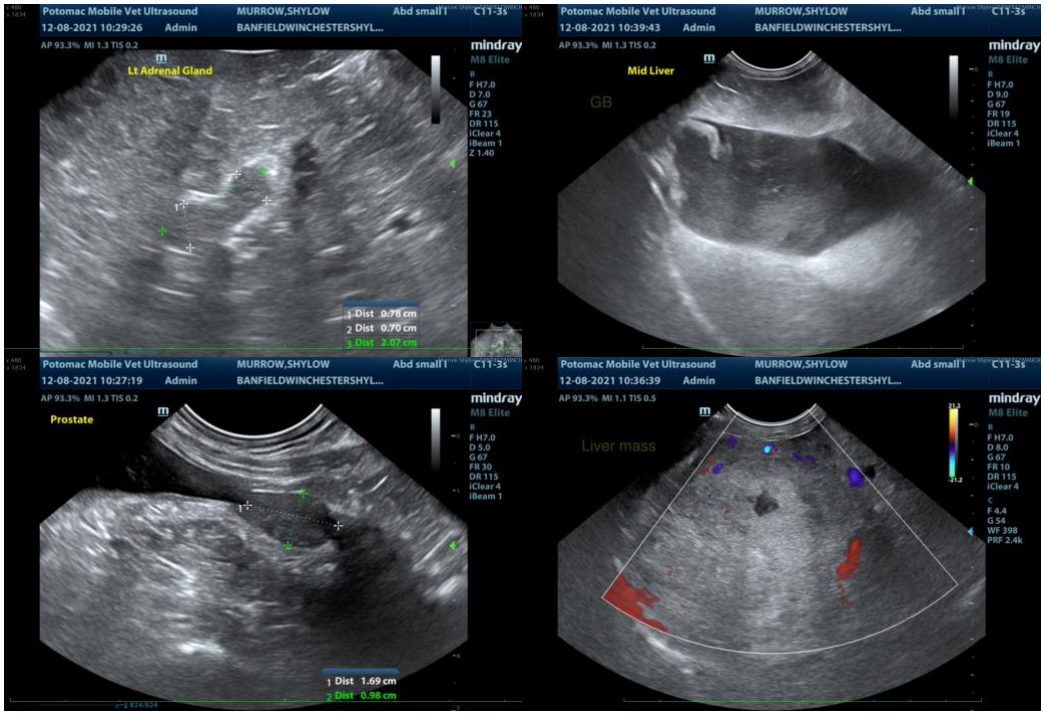

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

andrea_nicastro2@hotmail.com