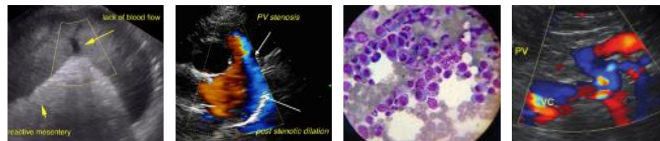
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Coco Garcia

SPECIES

Canine

BREED

Maltese

SEX

Neutered Male

AGE

6 Years

WEIGHT

7.2 Lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Warwick

INVOICE

12896

DATE

12/9/21

PRESENTING CLINICAL SIGNS

History: Brought in beginning of October - had been gone 3 weeks, and returned jaundice. Unknow hx those 3 weeks. Acting normally until 11/24 - decreased appetite, PU/PD. Started Baytril and Vit K beginning of Oct, and added Denosyl and L/D food shortly after. Has been on Baytril and Denosyl off and on since. Added prednisone end of October. Additional history: Blood work on October 6th, CBC unremarkable, except for monocytosis. ALP was 3,489, ALT 477, Tbili 7.9, Albumin 2.6, globulins 4.9. Blood work October 22nd, ALP 3,009, ALT 704, Tbili 9, globulins 4.8. Blood work on 11/10, mild anemia, hematocrit 37%, White count 21,000 with a neutrophilia monocytosis. ALP 4455, ALT 667, Tbili 4.2, globulins normal. SDMA 16

Abnormal PE/Chem/CBC/UA Results: Rads 10/8: mild rounding of caudal liver. Loss of serosal detail. Chest rads WNL. Labs abnormal and not improving.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is contracted. The wall is of appropriate thickness for the level of repletion. Luminal contents are anechoic. No cystic calculi are observed.

The prostate is not definitively visualized due to its pelvic location.

The left kidney presented normal size (4.11 cm in length); normal shape and architecture with 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.

The right kidney presented normal size (4.41 cm in length); normal shape and architecture with 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 normal size (0.31 cm at cranial pole) (0.38 cm at caudal pole) (1.48 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.

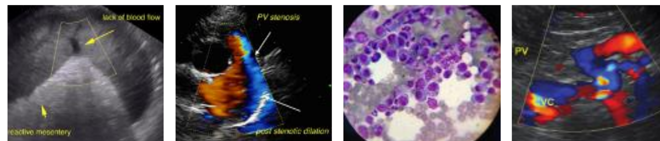
The right adrenal gland is normal size (0.36 cm at cranial pole) (0.38 cm at caudal pole) (1.67 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.86 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. The parenchyma is isoechoic relative to the spleen. Too-numerous-to-count, heterogeneous, coalescing nodules/masses are observed throughout



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the organ, some of which are cavitated. There is no visibly normal hepatic tissue. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is not definitively visualized due to the diffuse hepatic pathology.

Gastrointestinal

The gastric lumen is moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. 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 colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas

The pancreas is diffusely visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and is slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

The mesentery in the cranial abdomen is hyperechoic. Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The diffuse hepatic parenchymal changes are concerning for infiltrative neoplasia (i.e., round cell tumor, adenocarcinoma, other). A diffuse inflammatory process is also possible but considered less likely. Cranial peritonitis is present, likely secondary to hepatic pathology.

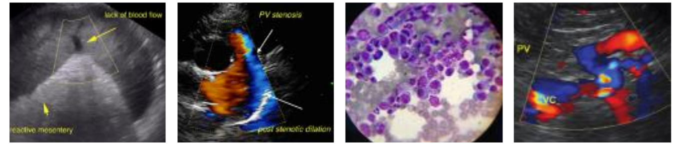
Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

- A fine needle aspirate of the liver can be considered if clotting status is appropriate. A 25-guage needle should be used. If cytologic evaluation is inconclusive, a surgical biopsy may be necessary to get a definitive diagnosis. However, given the diffuse hepatic pathology, the prognosis is considered guarded and palliative care should be considered.



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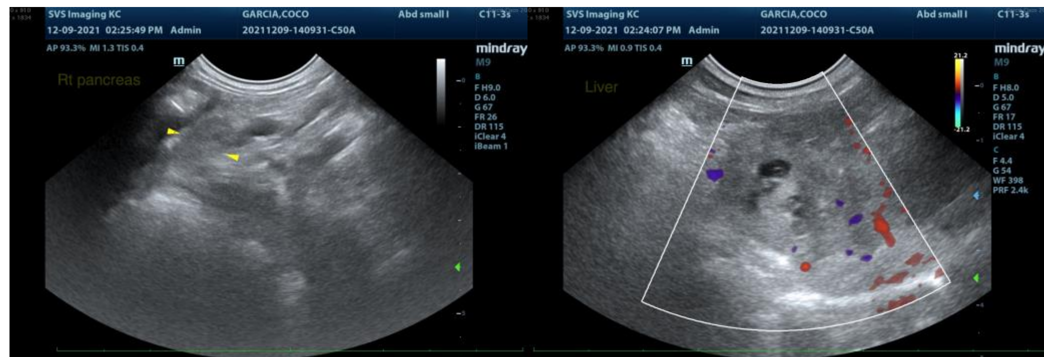

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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