

**DATE PRESENTING CLINICAL SIGNS**

12/9/21

History: Presented since Saturday (12/5) with PU/PD, urinary accidents in house, hyporexia, seemingly painful.

PATIENT

Cooper Wisniewski

Current Medications: Started on hospitalization 11/28 IVF maintenance, Enrofloxacin 5 mg/kg IV q 24 hrs, Cerenia 1 mg/kg IV q 24 hrs, Unasyn 22 mg/kg IV q 8 hrs, Carprofen 4.4 mg/kg SQ once.

SPECIES

Lab Results: Temp 105/4 F- UA SG 1.002 pH5 urine culture pending, inactive sediment but very hyposthenuric, pt/ptt – pending, CBC- wnl, Chemistry- BUN 5 SDMA 21, ALT 195, ALP 497, GGT 12 , Bile acids pending.

Canine

BREED

Radiographs: abnormal margins of liver w/ hepatomegaly- displacing stomach.

Goldendoodle

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

11/6/18

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly 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.

WEIGHT

45 Lbs.

The prostate is normal in size (1.15 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

INTERPRETED BY

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

The left kidney presented normal size (6.39 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 hydronephrosis. Renal vasculature is normal.

The right kidney presented normal size (5.74 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 hydronephrosis. Renal vasculature is normal.

IMAGING PERFORMED BY

Andi Parkinson RDMS

Adrenal Glands

The left adrenal gland is normal size (0.53 cm at cranial pole) (0.54 cm at caudal pole) (2.33 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.

HOSPITAL NAME

Eastern AH

The right adrenal gland is normal size (0.67 cm at cranial pole) (0.68 cm at caudal pole) (2.84 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.

REFERRING VET

Dr. Haviland

Spleen

The spleen is normal in size (1.47 cm in width at the level of the hilus) with a normal capsular contour.

INVOICE

12873

There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is enlarged with irregular peripheral contours. Numerous varying sized coalescing vascular hypoechoic nodules/masses are observed throughout the organ. There is no visibly normal hepatic parenchyma. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The mesentery surrounding the liver is hyperechoic.

The gall bladder lumen is somewhat compressed by the surrounding hepatic masses. It is mildly to moderately distended. The wall is normal in thickness. A scant amount of echogenic debris is observed within the lumen. 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 small intestinal lumen is not dilated. The small intestinal wall thickness is normal (xxx cm) 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

A portion of the pancreas is obscured by the severe hepatomegaly. In the visualized portions, no obvious pathology is observed.

Free Abdomen

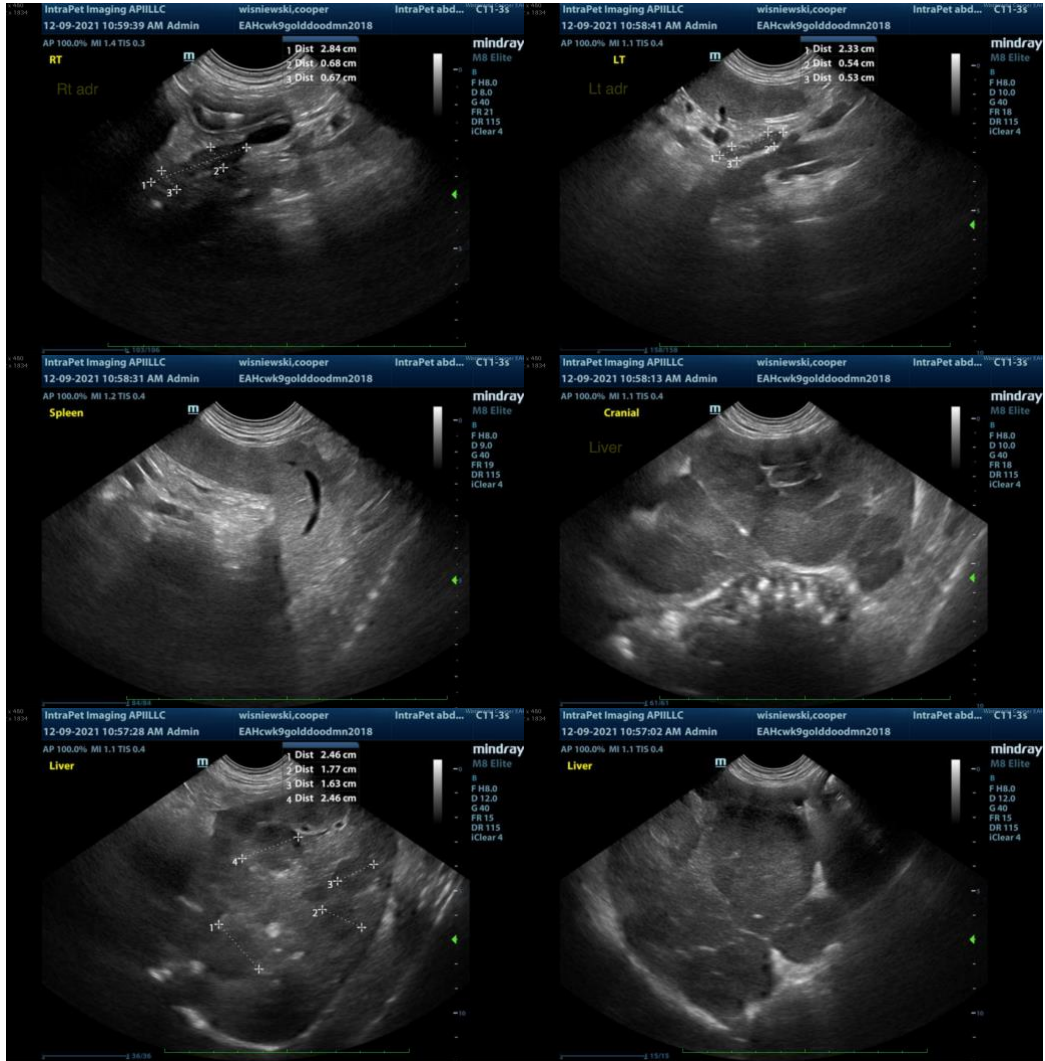
Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

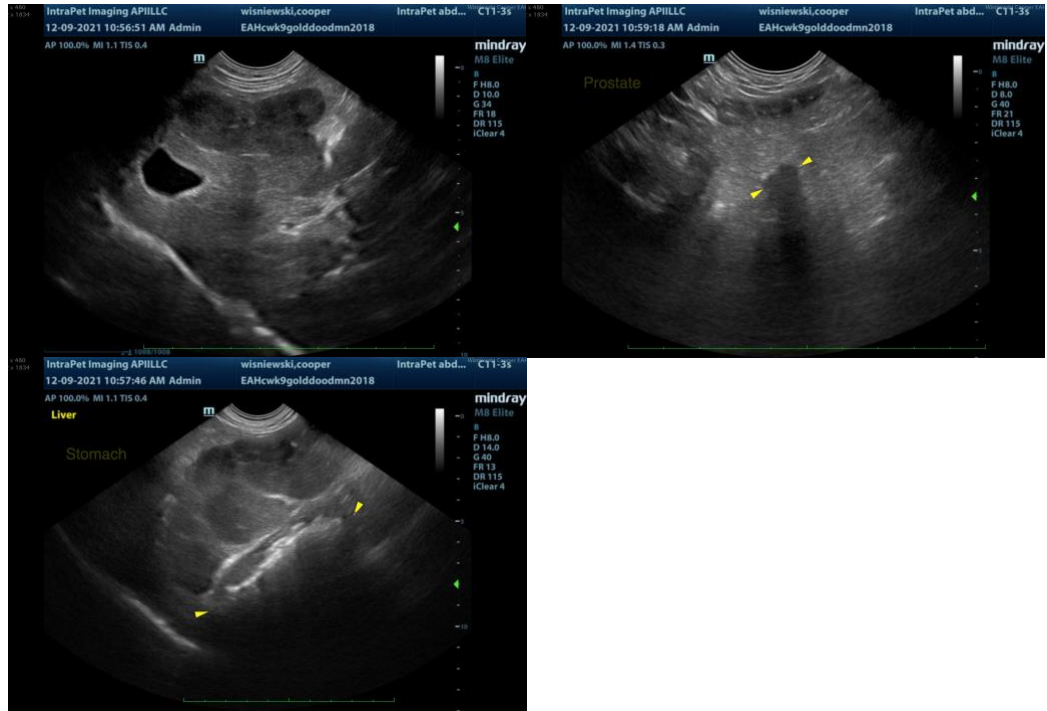
ULTRASONOGRAPHIC FINDINGS

- Diffuse hepatic masses. Top differentials include neoplasia (i.e., round cell tumor) and multifocal inflammatory process. Regional peritonitis is present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the liver is recommended if clotting status is appropriate. If cytology results are inconclusive, a liver biopsy may be necessary to get a definitive diagnosis.





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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