

PATIENT

Delta Blue Martin

SPECIES

Canine

BREED

Husky Mix

SEX

Spayed Female

AGE

5/1/11

WEIGHT

62.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Sun Dog Cat Moon

REFERRING VET

Dr. Pruitt/Clayton

INVOICE

10353

DATE

2/14/22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Acute onset of weight loss and weakness pelvic limbs. Weight loss of 1.5 lbs in 1 week. Difficulty getting up at home. Historic proteinuria, worsening. Concern for abdominal mass vs. organomegaly on exam 2/14.

ABNORMAL Labwork Values:

2/14/21: hyperproteinemia; hyperglobulinemia; ALT 219, ALP 784, hyperbilirubinemia (total bilirubin - 0.4), hyperphosphatemia, hypoglycemia
ehrlichia positive on snap test

2/1/21:SDMA wnl Urine protein/cr - 6.5, 2+ hematuria, 3+ protein
6/2021: hx of ALP elevation 354

Current Medications: CBD oil

No Fine Needle Aspirates. Client did not approve sedation nor FNA.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 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.

The left kidney is normal in size (7.53 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (7.99 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.65 cm at cranial pole) (0.62 cm at caudal pole) (2.51 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 (0.89 cm at cranial pole) (0.43 cm at caudal pole) (2.24 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 subjectively prominent in size (3.28 cm in width at the level of the hilus) with slightly swollen peripheral contours. The parenchyma is slightly mottled in appearance. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.



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Liver

The liver is enlarged with irregular peripheral. The parenchyma is hypoechoic relative to the spleen. A >14 cm irregular heterogenous mass with some cavitated areas is observed deep left- to mid-liver. The mesentery effacing the mass is hyperechoic. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

Gall Bladder

The gall bladder is distended. The wall is normal in thickness. A moderate to large amount of mostly gravity dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are not seen.

See also "Other" category.

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 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 large liver mass. In the visualized portions, no obvious pathology is seen.

Free Abdomen

A small amount of free fluid is present. Two prominent medial ileac lymph nodes are visualized, one measuring 1.81 cm in length, the other measuring 1.53 cm in length.

Other

A 7 cm fluid-filled structure with suspended echogenic debris is also observed in the region of the liver/cranial abdomen.

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large hepatic mass, deep-left to mid-liver. Neoplasia (i.e., adenocarcinoma, hemangiosarcoma, round-cell tumor) is considered likely with a lower possibility of benign pathology.
- The fluid-filled structure in the cranial abdomen may be an extension of the gall bladder or may represent a cystic lesion, or less likely, abscess.
- The splenomegaly could be consistent with extramedullary hematopoiesis, lymphoid hyperplasia, splenitis or infiltrative neoplasia



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Secondary Findings

- Bilateral age-related renal changes with dystrophic mineralization
- The medial ileac lymphadenopathy could be consistent with lymphoid hyperplasia, reactive lymphadenitis or infiltrative neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If an aggressive approach is desired, consider referral to a board-certified surgeon to discuss liver mass removal or debulking. An abdominal CT scan would be useful in presurgical planning. If surgery is not pursued, palliative care is recommended.

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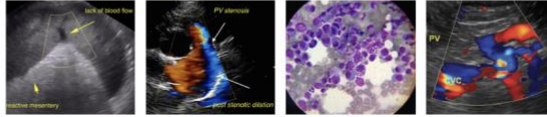
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com



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