SonoPath
Clinical Sonography & Telecytology
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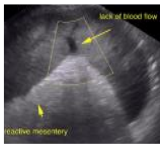
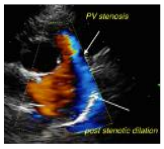
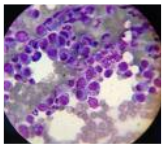
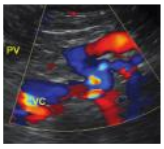





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Monti Odom

SPECIES

Canine

BREED

MBR

SEX

Neutered Male

AGE

14 years

WEIGHT

19.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ashley Fatzer

HOSPITAL NAME

Andover AH

REFERRING VET

Dr. Hummel

INVOICE

10373

DATE

1/16/22

PRESENTING CLINICAL SIGNS

History: presented with temp 104.1, vomiting, diarrhea, mild icterus

Abnormal PE/Chem/CBC/UA Results: Pe: temp 104.1 CBC: NSF CHEM: SAP 2117 (20-150), ALT 6275 UA: N/A

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 prostate is normal in size (0.88 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 (5.30 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 (6.12 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 (0.41 cm at cranial pole) (0.45 cm at caudal pole) (1.71 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.

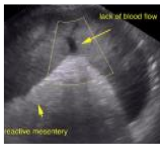
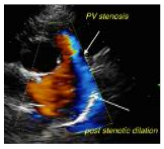
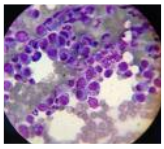
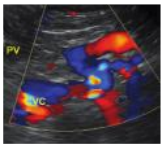
The right adrenal gland is normal size (0.65 cm at cranial pole) (0.48 cm at caudal pole) (2.04 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.17 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. A >9cm irregular heterogenous cavitated mass is arising from the caudal aspect. The mesentery effacing the serosal surface of the mass is hyperechoic. The mass causes caudal displacement of the stomach. The remaining hepatic parenchyma

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is slightly mottled in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No cholelithsare observed. 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 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 hepatic mass. In the visualized portion of the left limb, the peripheral margins are slightly irregular. The parenchyma is subtly hypoechoic relative to surrounding omental fat and mottled in appearance, with a few small hypoechoic nodules. The pancreatic duct is not overtly dilated.

Free Abdomen

A small amount of echogenic free fluid is visualized. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large caudal hepatic mass with regional peritonitis. Neoplasia (i.e., adenocarcinoma, hemangiosarcoma, round cell tumor), is considered likely with a lower possibility of benign pathology.
- The pancreatic changes are suggestive of age-relate remodeling/fibrosis. Low-grade inflammation is also possible. The pancreatic nodules could be consistent with hyperplastic change. Alternatively, metastatic disease is possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If an aggressive approach is desired, consider consultation with a board-certified to discuss mass removal or debulking. An abdominal CT scan would be useful in presurgical planning. If surgery is pursued, consider obtaining biopsies of the pancreatic nodules for further evaluation.
- If surgery is not pursued, palliative care (i.e., symptomatic) is recommended.

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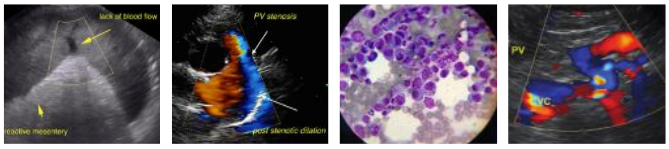

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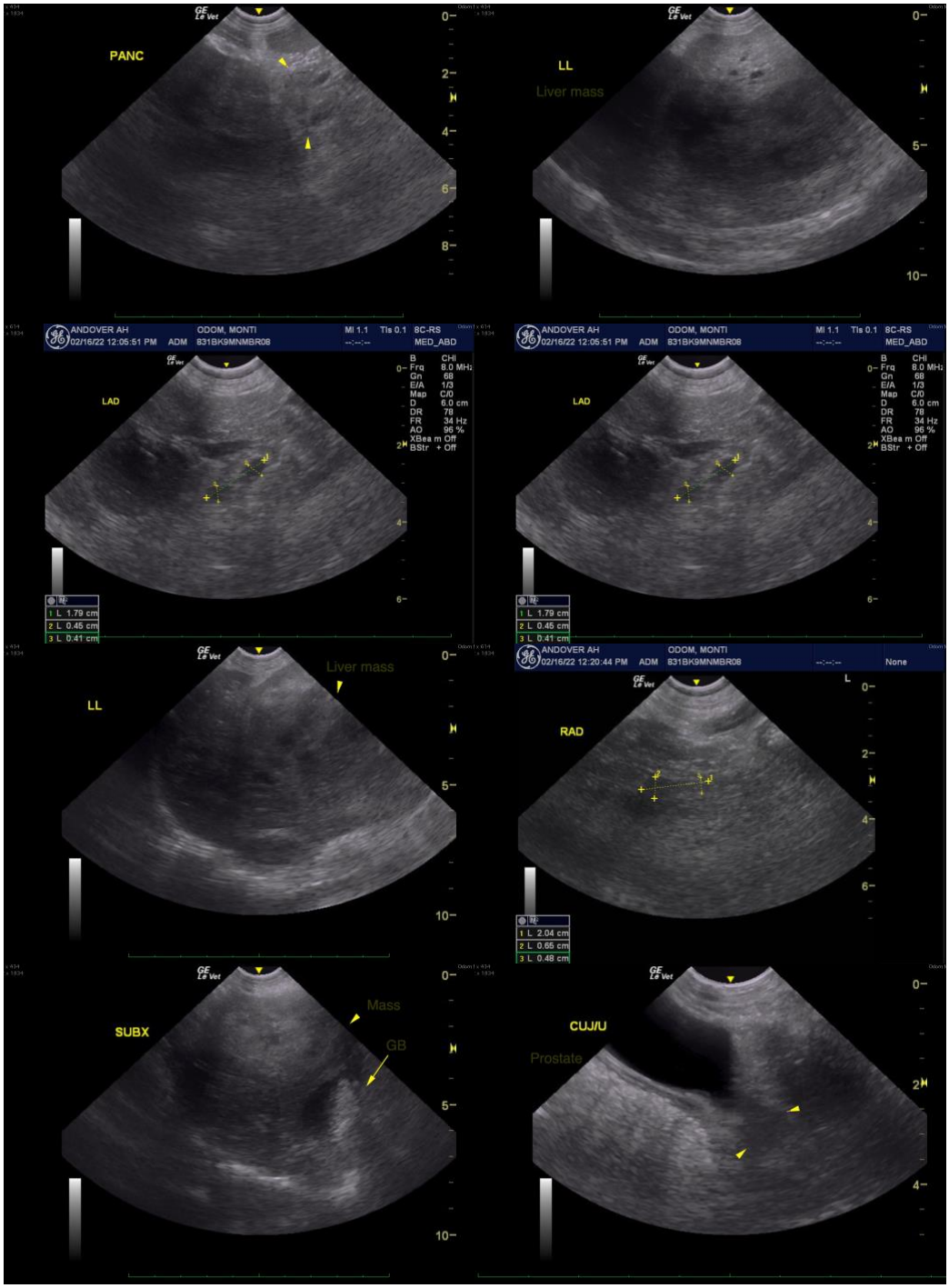

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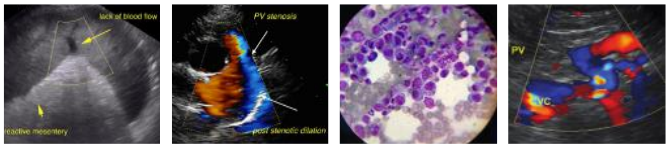

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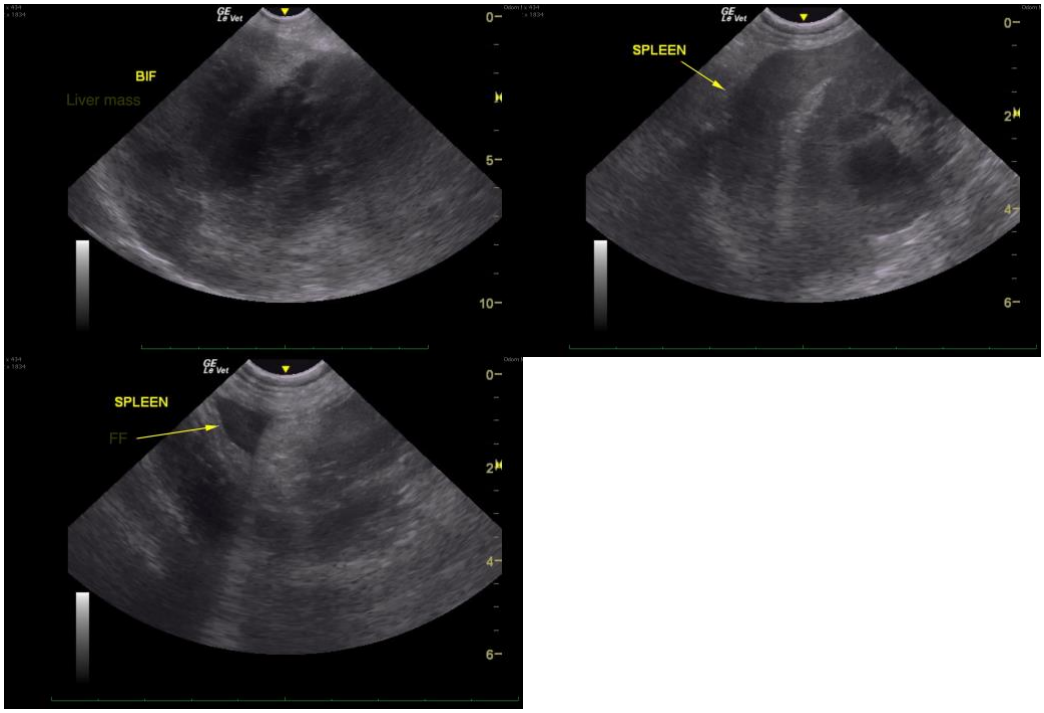

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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