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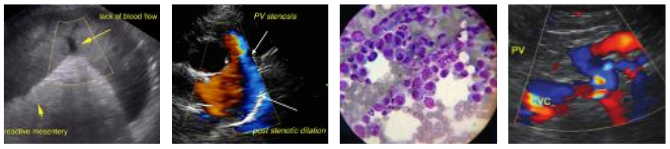

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Miranda Calcaño

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

11 mos

WEIGHT

16 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ferrer DVM

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Gabriel Ferrer

INVOICE

10406

DATE

2/17/22

PRESENTING CLINICAL SIGNS

History: Presented as an emergency as pt has been very depressed and lethargic. Presented for evaluation as pt has history of increased enzyme and decreased body weight. The liver enzymes were noticed on 2-5-22 when the patient got a dental cleaning. Since then the pt has not improved. PE QAR. Eyes: NS and immature cataract OU Missing teeth, but teeth seem clean like recent dental cleaning Shave on right forelimb from catheter and scar on left lumbar /flank region due to the previous Hit by car. No murmur Paraparysis on hindlimbs and no ambulatory Muscle atrophy on both HL

Abnormal PE/Chem/CBC/UA Results: CBC Anemic: Low RBC (3.42 M/microL) HCT (22.2%) and HGB (7.8 g/gL) Elevated retic count (198.4 K/microL) Leukocytosis (35.89K/microL) Neutrophilia (32.20 K/microL) Monocytosis (1.27 K/microL) Eosinopenia (0.02 K/microL) Chem ELevated Glucose (147 mg/dL) Elevated SDMA (51 microL/dL) Low Ca, TP and ALB Elevated ALT, ALKP, GGT Low AMYL Elevated Lipase Low TT4 (0.5 microg/dL)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is diffusely thickened (up to 0.30 cm), with a slightly irregular mucosal surface. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (4.01 cm in length) with a slightly irregular shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several mineralized foci are observed throughout the cortex. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal in size (5.52 cm in length) with a slightly irregular shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several mineralized foci are observed throughout the cortex. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is observed (0.18 cm in the transverse plane). There is no evidence of infarcts or hydroureter.

Adrenal Glands

Due to the presence of the large left cranial abdominal mass, the left adrenal gland is difficult to identify/distinguish.

The right adrenal gland is normal size (2.88 cm at cranial pole) (0.32 cm at caudal pole) (1.05 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 normal in size (0.89 cm in width at the level of the hilus) with slightly irregular peripheral contours. The parenchyma is of appropriate echogenicity and echotexture. Splenic vasculature is normal. There is no evidence of thrombosis.
(See also “Other” category).

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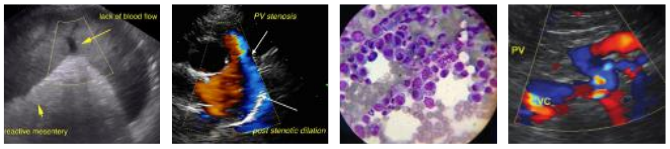

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Liver

The liver is enlarged with irregular peripheral contours. Numerous coalescing hypoechoic to heterogenous nodules/masses are observed throughout the organ, the largest measuring >4.00 cm in length. The lesions cause capsular expansion. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is mineralized. A moderate amount of echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall in the region of the fundus is thickened (up to 0,64 cm) with questionable loss of the normal layering pattern. The pyloric outflow tract is patent. 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

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic 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 few prominent colic lymph nodes are visualized, the largest measuring 0.33 cm. One to two prominent mesenteric lymph nodes are seen, the largest measuring 0.95 cm in length.

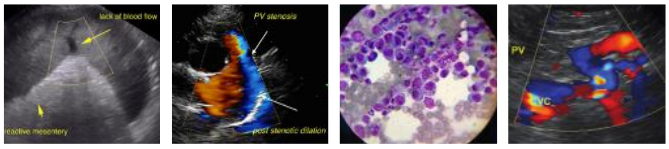
Other

A 1.19 cm irregular tumor thrombus is observed within the vena cava just cranial to the left kidney. A >4 cm irregular heterogenous mass is observed in the left cranial to midabdomen. The mass appears to be invading into the caudal vena cava, creating a tumor thrombus. The mesentery effacing the serosal surface of the mass is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The origin of the left cranial to midabdominal mass is unclear. It may be arising from the left adrenal gland, pancreas, spleen, mesentery, liver, other. Neoplasia is strongly suspected.
- The hepatic nodules/masses are most concerning for metastatic neoplasia, with a lower possibility of a benign process such as multifocal inflammatory disease.
- Cranial peritonitis is present, likely secondary to the mass and hepatic pathology.



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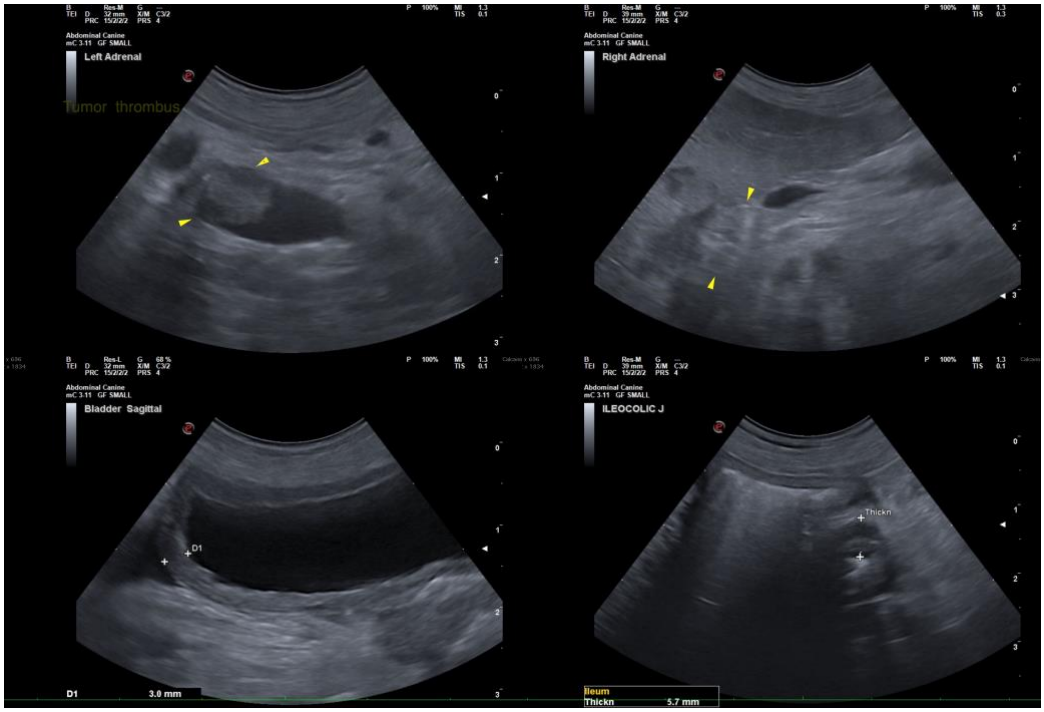
Secondary Findings

- The gastric wall changes could be consistent with infiltrative neoplasia or an inflammatory process.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The gall bladder wall mineralization (a.k.a. “porcelain” gall bladder), is most consistent with cholecystitis. However, this can be seen with biliary carcinoma in some cases.
- Bilateral age-relate renal changes with dystrophic mineralization
- The urinary bladder wall changes can be considered with cystitis or may be artifactual due to lack of full repletion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine-needle aspirates of the left cranial to midabdominal as well as the hepatic masses can be considered if clotting status is appropriate. However, given the likelihood of metastatic disease in the abdomen, palliative care should be considered.



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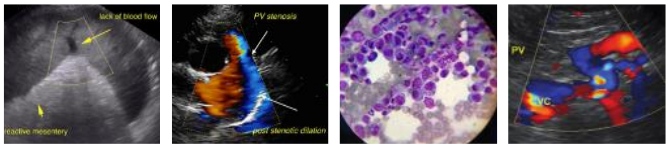

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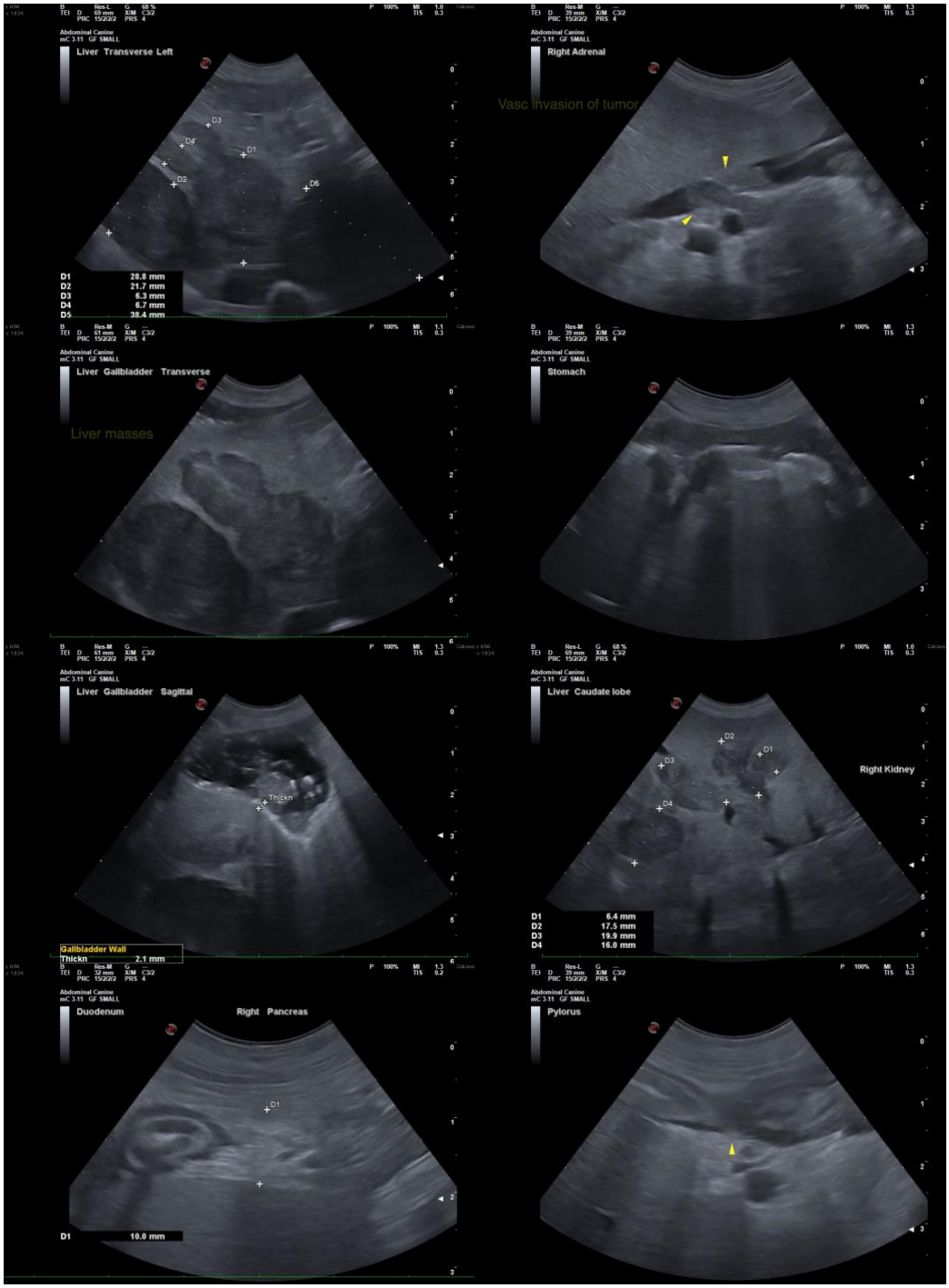

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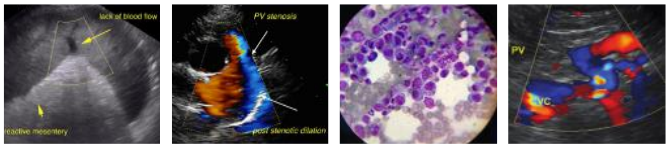

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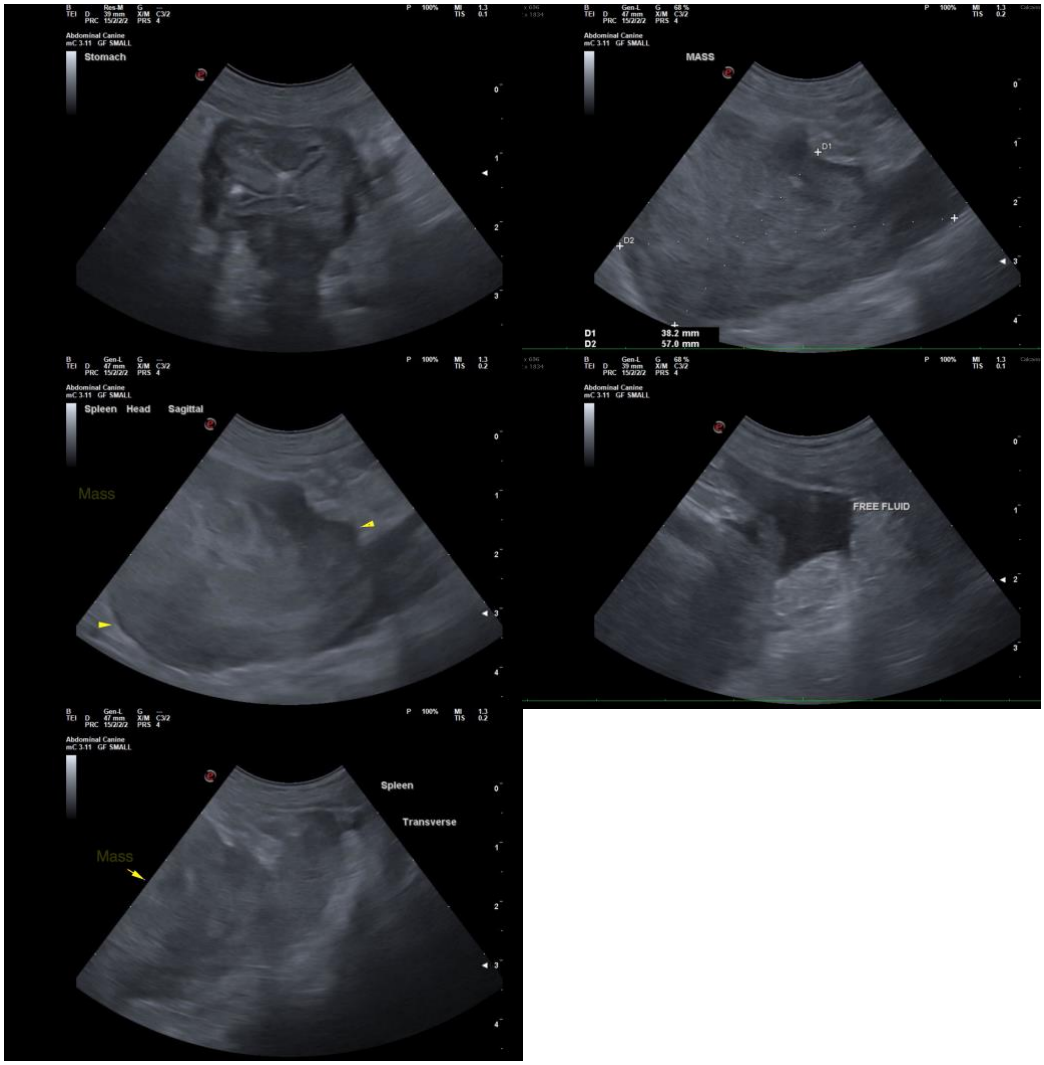

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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