

**PATIENT**

Kinta Taylor

SPECIES

Canine

BREEDAustralian Cattle
Dog**SEX**

Spayed Female

AGE

18 years

WEIGHT

30 lbs

INTERPRETED BYAndrea Nicastro,
DVM, Diplomate
ACVIM (*Small Animal
Internal Medicine*)**IMAGING
PERFORMED BY**

Jenna Walsh, CVT

HOSPITAL NAME

Edgewood AC

REFERRING VET

Dr. Kimball

INVOICE

10414

DATE

2/18/22

PRESENTING CLINICAL SIGNS

History: Distended abdomen after switching to new food. Dog has been having a lot of gas too. Abdominal mass palpated New grade 2/6 left systolic murmur Proteinuria Current Medications Telmisartan 5mg q12h

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is minimally distended with anechoic urine. The wall is diffusely thickened (up to 0.75 cm), with a slightly irregular mucosal surface. Foci of mineralization are observed within the wall in the region of the apex. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (6.27 cm in length); with a slightly irregular shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. The cortex is mildly thickened and hyperechoic. Moderate pyelectasia is present (0.44 cm in the longitudinal plane). There is no evidence of hydroureter. Renal vasculature is normal. A small amount of retroperitoneal fluid is present.

The right kidney is normal size (6.92 cm in length); with a slightly irregular shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. The cortex is mildly thickened and hyperechoic. Moderate pyelectasia is present (0.40 cm in the longitudinal plane). There is no evidence of hydroureter. Renal vasculature is normal. A small amount of retroperitoneal fluid is present.

Adrenal Glands

The left adrenal gland is enlarged (1.01 cm at cranial pole) (1.17 cm at caudal pole) (2.96 cm in length); with an irregular shape. The borders are difficult to discern due to artifact. The parenchyma is heterogenous with loss of glandular detail. There is questionable vascular invasion.

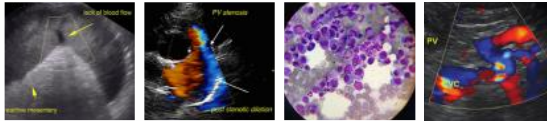
The right adrenal gland is enlarged (0.98 cm at cranial pole) (1.09 cm at caudal pole) (2.80 cm in length); with a slightly irregular shape. The parenchyma is heterogenous with loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.38 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is enlarged with irregular peripheral contours. Numerous coalescing heterogenous, varying sized nodules/masses are observed throughout the organ. An example of a mass is 3.50 cm in diameter. There is no visibly normal-appearing hepatic parenchyma. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.



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The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of gravity dependent echogenic to mineralized debris is observed within the lumen. The cystic and common bile ducts are normal.

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Gastrointestinal

The gastric lumen is not distended. The gastric wall is 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.

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Pancreas

The pancreas is largely obscured by the severe hepatomegaly. In the visualized portion, No obvious pathology is seen.

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Free Abdomen

The mesentery throughout the abdomen is hyperechoic. A small amount of free fluid is observed. The abdominal lymph nodes are normal/not visible.

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Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic parenchyma changes are most consistent with infiltrative neoplasia. Top differentials include lymphoma and adenocarcinoma. A benign process (i.e., diffuse inflammatory disease) is also possible but considered less likely.
- Peritonitis is present, likely secondary to hepatic pathology.
- Bilateral nephropathy with pyelectasia and nonobstructive nephrolithiasis
- Bilateral adrenomegaly with questionable left adrenal invasion into the caudal vena cava

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Secondary Findings

- The urinary bladder wall changes could be consistent with cystitis or may be artifactual, due to lack of full repletion. Correlation with clinical findings is recommended.
- The splenic parenchyma changes trend toward the benign, with a lower possibility of emerging neoplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

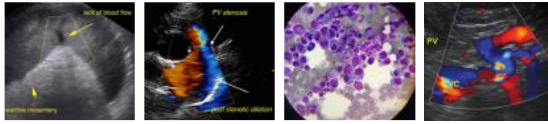
- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

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- A fine-needle aspirate of the liver can be considered if clotting status is appropriate. If cytology results are inconclusive, a surgical biopsy can be considered to get a definitive diagnosis. However, given the severity of the hepatic pathology, palliative care should be considered.

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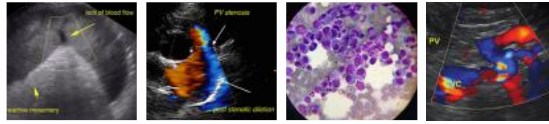
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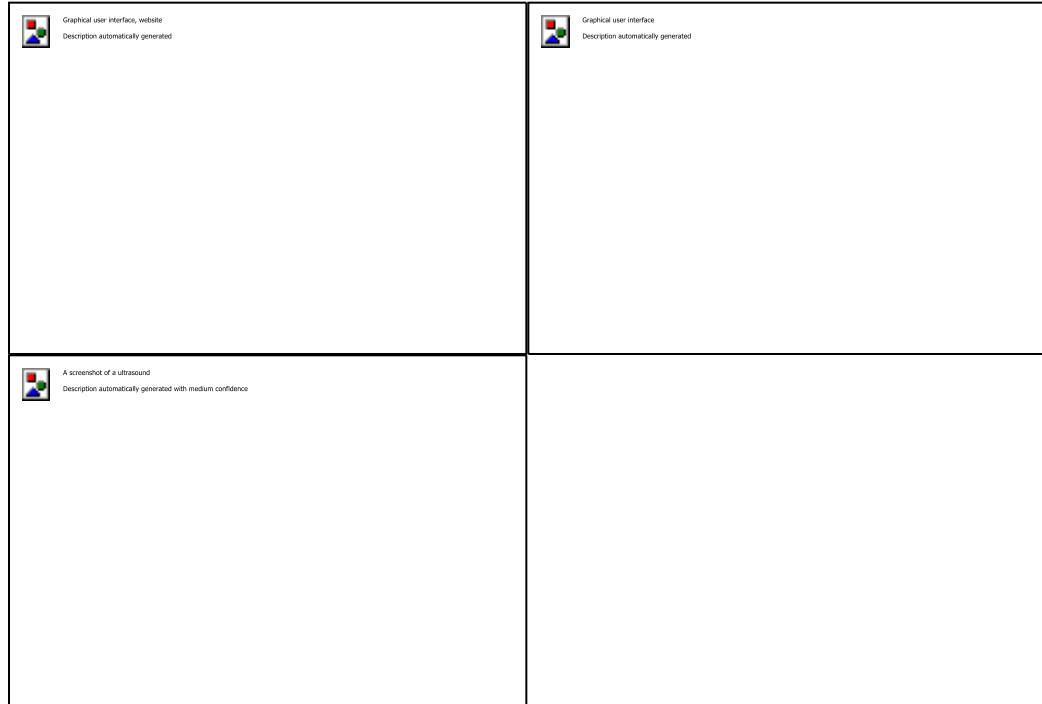
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com