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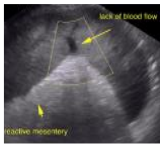
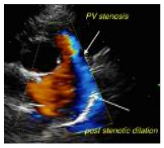
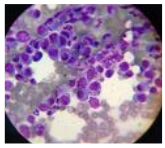
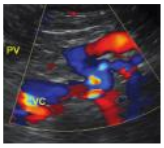

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1-800-838-4268 info@sonopath.com

PATIENT

Major Phillips

SPECIES

Canine

BREED

Husky

SEX

Neutered Male

AGE

7 years

WEIGHT

26.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Vet. Center

REFERRING VET

Dr. Moser

INVOICE

10427

DATE

2/19/22

PRESENTING CLINICAL SIGNS

History: Presented at our hospital as a Transfer from rDVM, lethargic, pale gums. Pet has had a decreased appetite and wants to stay outside. Previous Health Concerns: no Current Medications: no Appetite/When did they eat last: ate a small amt this morning

Abnormal PE/Chem/CBC/UA Results: rdvm bloodwork: Hct 31.1; Glob 11.8; MCV 53.6; MCH 20.3; Retic 153.7; Retic Glob 16.9; WBC 17.92; NEU 15.22; Mono 1.3; PLT 39; MPV 17.2; Pltcrit 0.07; ALT 220; GGT 22; tBili 2.3; AMY 1654; Lip 5354; 4DX negative Rads: lack of detail throughout abdomen, abdominal effusion

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 not visualized in its entirety due to its pelvic location. In the visualized portion, No obvious pathology is observed.

The left kidney presented normal size (6.89 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 (7.08 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 (0.37 cm at cranial pole) (0.44 cm at caudal pole) (3.34 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 (1.20 cm at cranial pole) (0.42 cm at caudal pole) (2.49 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 (1.26 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.

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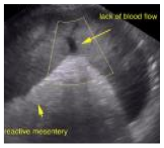
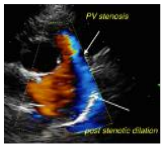
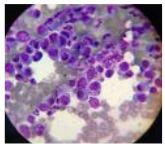
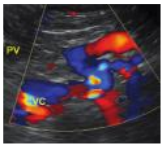

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Liver

The liver is enlarged with irregular peripheral contours and structure. Numerous varying sized coalescing heterogenous masses are observed throughout the organ, the largest measuring >6.50 cm in diameter. Only a small portion of the liver has more normal appearing parenchyma. 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 choleliths are observed. The cystic and common bile ducts are normal/not seen.

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.

Pancreas

A portion of the pancreas is obscured by the hepatic pathology. In the visualized portion, No obvious abnormalites are observed.

Free Abdomen

A moderate amount of echogenic free fluid is present. The mesentery in the cranial abdomen is hyperechoic. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Multiple hepatic masses. Neoplasia (i.e., round cell tumor), is considered likely with a lower possibility of multifocal inflammatory disease. Cranial abdominal peritonitis is present, likely secondary to hepatic pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If the patient's clotting status can be stabilized (i.e., via platelet rich plasma), fine-needle aspirates of the liver and abdominal fluid are recommended.

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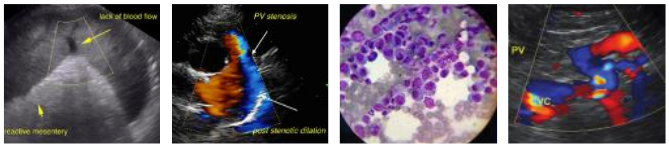

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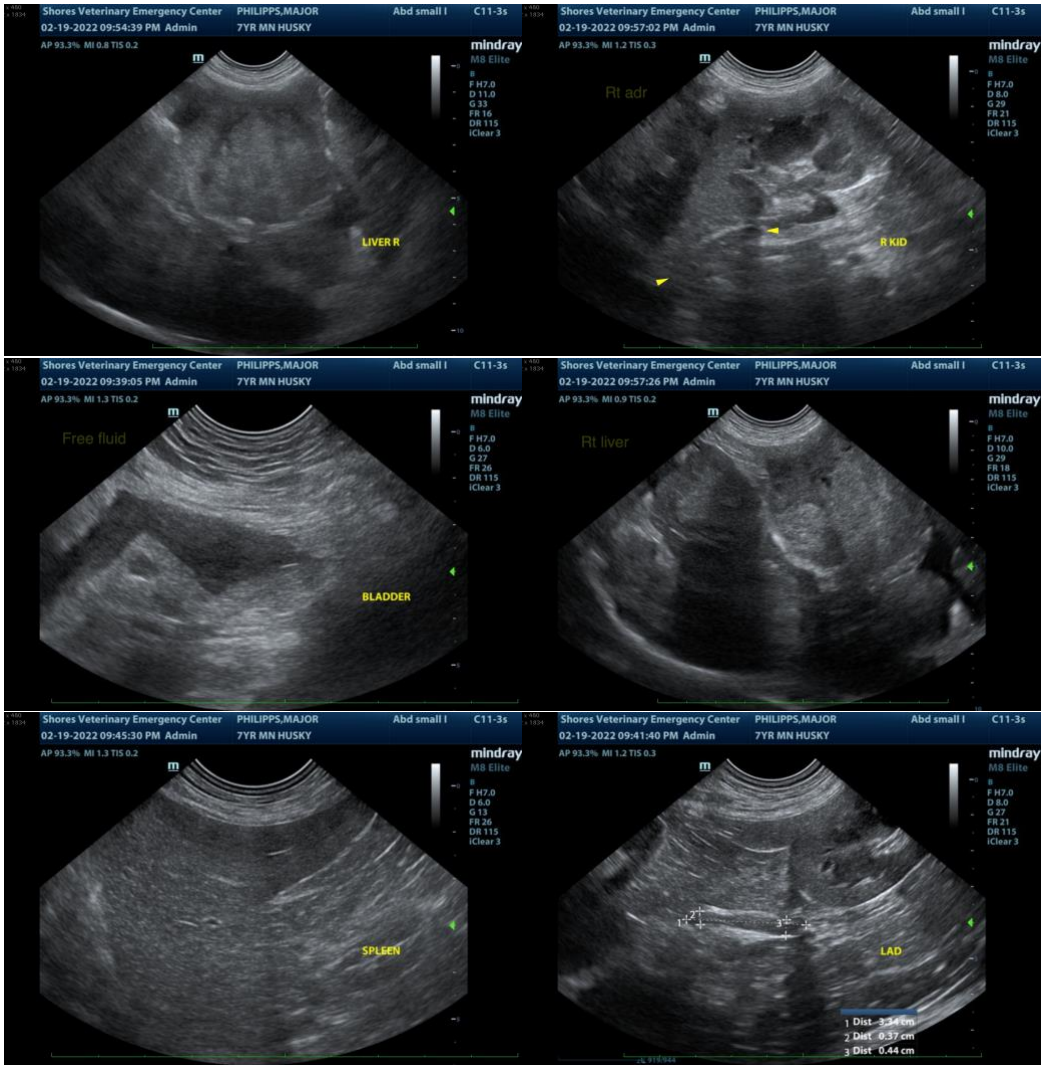

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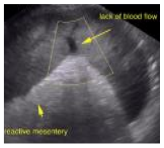
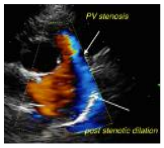
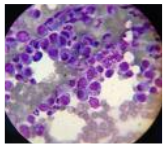
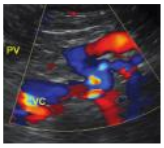

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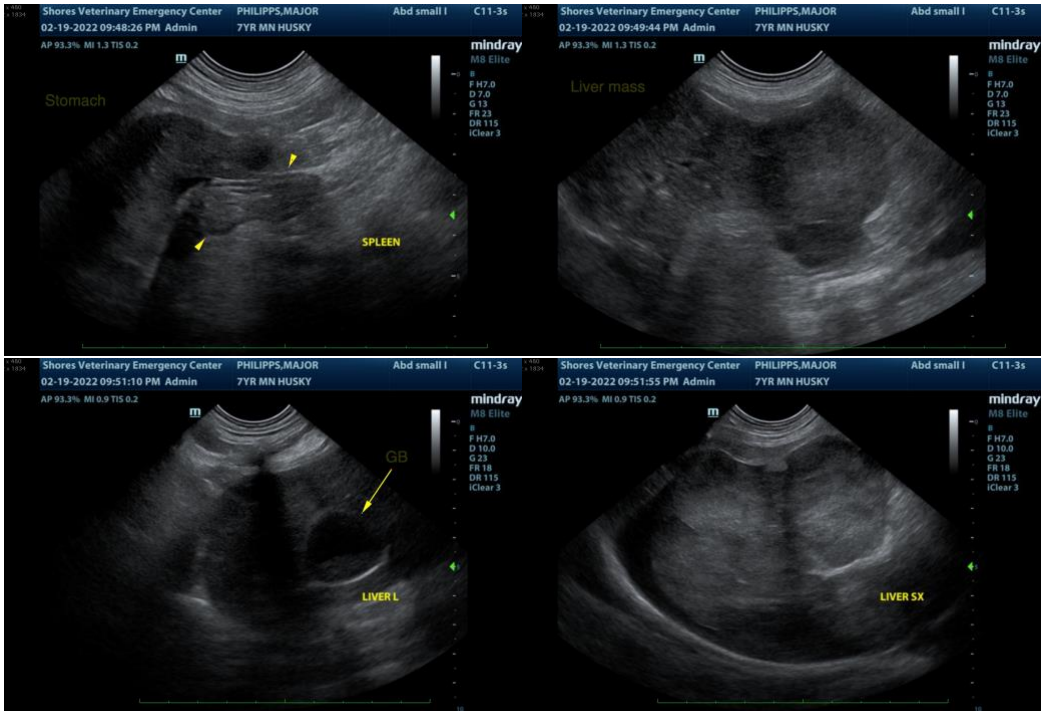

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com