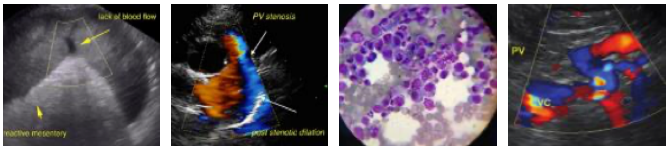
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Percy Gordon

SPECIES
Canine

BREED
Westie

SEX
Male, neutered

AGE
12 Yrs.

WEIGHT
19.6 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
12952

DATE
2/2/22

PRESENTING CLINICAL SIGNS

History: Cushing's disease, elevated liver enzymes
Abnormal PE/Chem/CBC/UA Results: PE: dental grade 3 CBC: platelet count 880 (170-400) CHEM: AST 109 (15-66), ALt 396 (12-118), alk phos 1857(5-131), chol 403 (92-324) UA: 4+ prot, 1.030, pH 6.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The wall is of appropriate thickness for the level of repletion. The mucosal surface is slightly irregular. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (0.43 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (5.76 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.56 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.78 cm at cranial pole) (0.83 cm at caudal pole) (2.37 cm in length) with a slightly irregular shape. 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 mildly enlarged (0.61 cm at cranial pole) (0.59 cm at caudal pole) (2.06 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 (0.91 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.96 cm hypoechoic nodule is observed at the lateral aspect. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen. A >8 cm irregular heterogeneous mass is observed deep left to mid-liver. The mass causes some displacement of the gallbladder as well as mild capsular expansion. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated echogenic gravity-dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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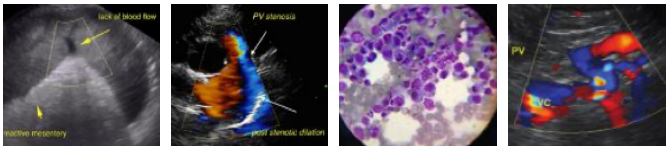

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Gastrointestinal

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 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 disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Large left to mid hepatic mass. Neoplasia (i.e., adenoma, adenocarcinoma, round cell tumor) is considered likely with a lower possibility of benign pathology (i.e., regenerative nodular hyperplasia).
- The hypoechoic splenic nodule trends toward the benign (i.e., focus of lymphoid hyperplasia or extramedullary hematopoiesis), however a neoplastic process (i.e., metastatic lesion) cannot be completely excluded.

Secondary Findings:

- Mild bilateral adrenomegaly, consistent with a previous diagnosis of Cushing's disease.
- Minor degenerative renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the hepatic mass can be considered (if clotting status is appropriate). However, it should be noted that cytologic evaluation of primary hepatic tumors is often inconclusive. Therefore, if an aggressive approach is desired, consider referral to a board-certified surgeon to discuss mass removal with submission for histopathology. An abdominal CT scan would be useful in pre-surgical planning.
- Consider a fine needle aspirate of the splenic nodule prior to surgery to assess for metastatic disease.
- Also consider a UPC, given the 4+ proteinuria.

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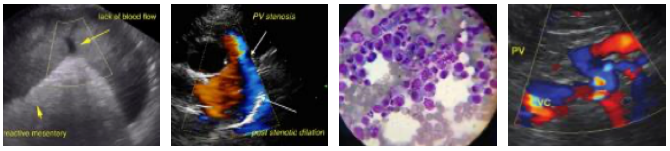

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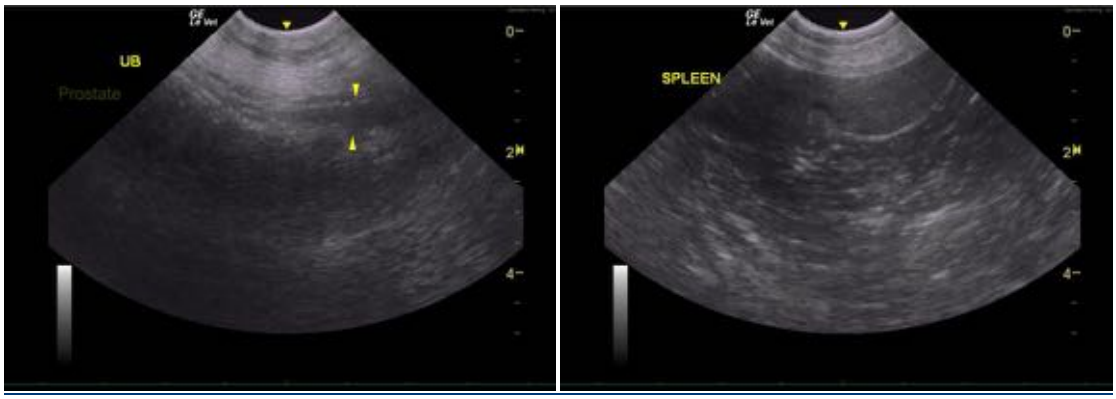

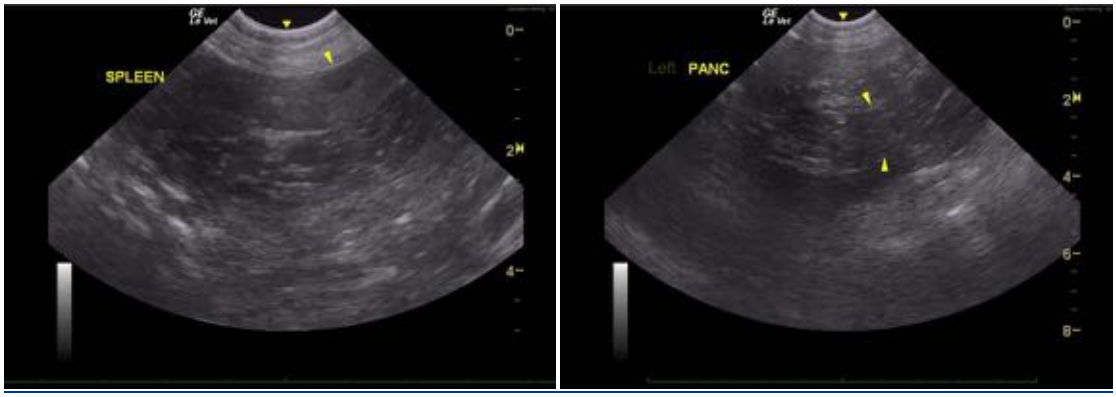

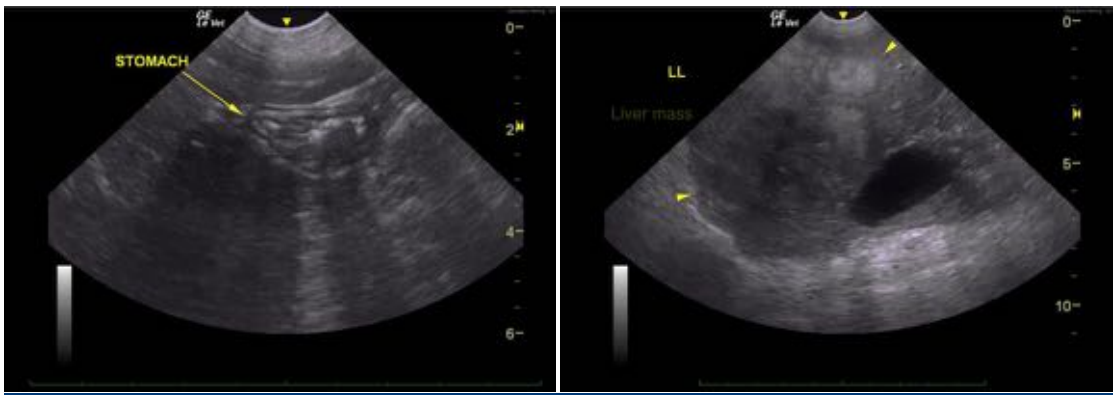

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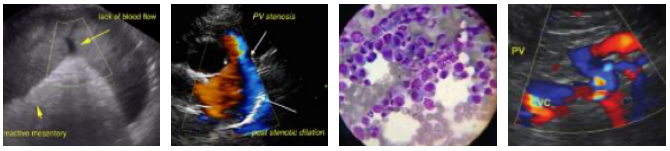

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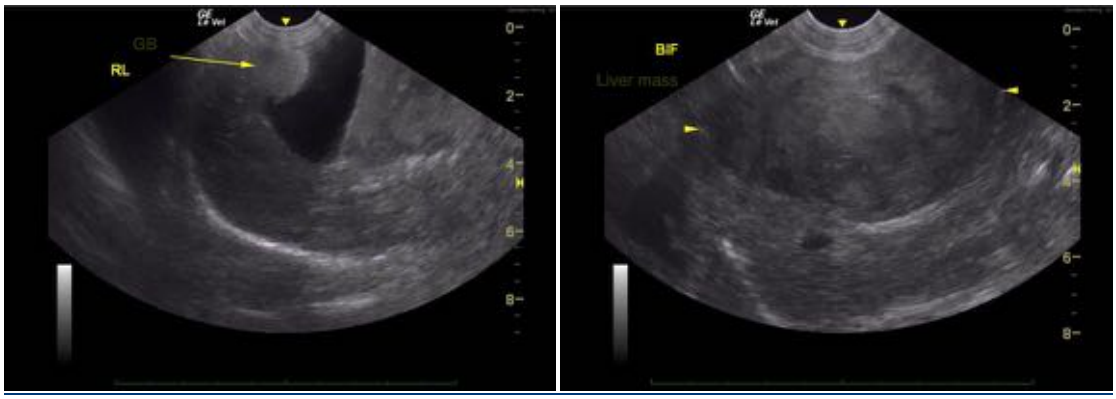

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com