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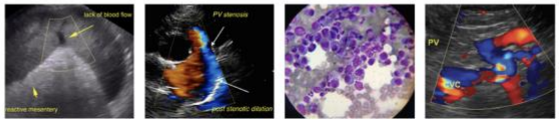

Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Charlie Marhoefer

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

10/24/2012

WEIGHT

96.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Sun Dog Cat Moon

REFERRING VET

Dr. Pruitt

INVOICE

10436

DATE

2/21/22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Painful, distended abdomen. Loss of appetite starting 3-4 weeks ago.
ABNORMAL Labwork Values: Globulin high (3.9) Platelet high (470) Monocytes high (1331) pH high (8.0)
Current Medication: Heartgard, Nexgard
Fine Needle Aspirates: Client did not approve sedation nor FNA

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderate distended. The wall is thickened (up to 0.56 cm), with a slightly irregular mucosal surface. A small amount of suspended echogenic debris is observed within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (1.20 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is enlarged (9.90 cm in length), with an irregular shape. Numerous varying sized hypoechoic nodules/masses are observed throughout the organ, causing distortion of the normal renal architecture. There is a poor normal corticomedullary distinction. Mild pyelectasia is present (0.48 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter. Surrounding mesentery is hyperechoic.

The right kidney is enlarged (10.1 cm in length), with an irregular shape. Numerous varying sized hypoechoic nodules/masses are observed throughout the organ, causing distortion of the normal renal architecture. There is a poor normal corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter. Surrounding mesentery is hyperechoic.

Adrenal Glands

The left adrenal gland is normal size (0.64 cm at cranial pole) (0.62 cm at caudal pole) (3.18 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 (1.34 cm at cranial pole) (0.70 cm at caudal pole) (3.10 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 enlarged with irregular peripheral contours. Numerous varying size hypoechoic nodules/masses (the largest measuring 2.12 cm in diameter), are observed throughout the organ. Several of the lesions cause capsular expansion. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with slightly irregular peripheral contours and structure. A >5 cm irregular heterogenous mass is observed, within the parenchyma. In addition, at least 2 smaller hypoechoic nodules are seen. The remaining parenchyma is slightly mottled in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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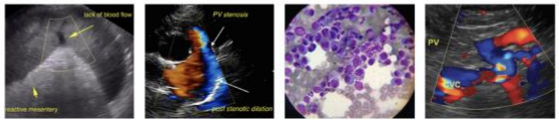

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The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended debris is observed within the lumen. The cystic and common bile ducts are normal.

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

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic 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. Several severely enlarged irregular hypoechoic to slightly heterogenous lymph nodes are observed at the aortic trifurcation, the largest measuring 5.72 cm in length. Surrounding mesentery is hyperechoic. Several cranial abdominal lymph nodes are also seen, mainly in the right cranial quadrant.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The masses in both kidneys, spleen and liver, as well as severe abdominal lymphadenopathy are most consistent with neoplasia (i.e., round cell tumor) with a lower possibility of a severe multifocal inflammatory process. Peritonitis is present, likely secondary to multi-organ pathology.

Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The urinary bladder wall changes are most consistent with cystitis but may be somewhat artifactual due to lack of full repletion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Baseline lab work, including a CBC Chemistry panel, urinalysis and T4 are recommended.

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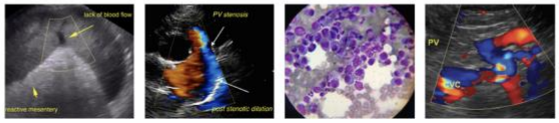

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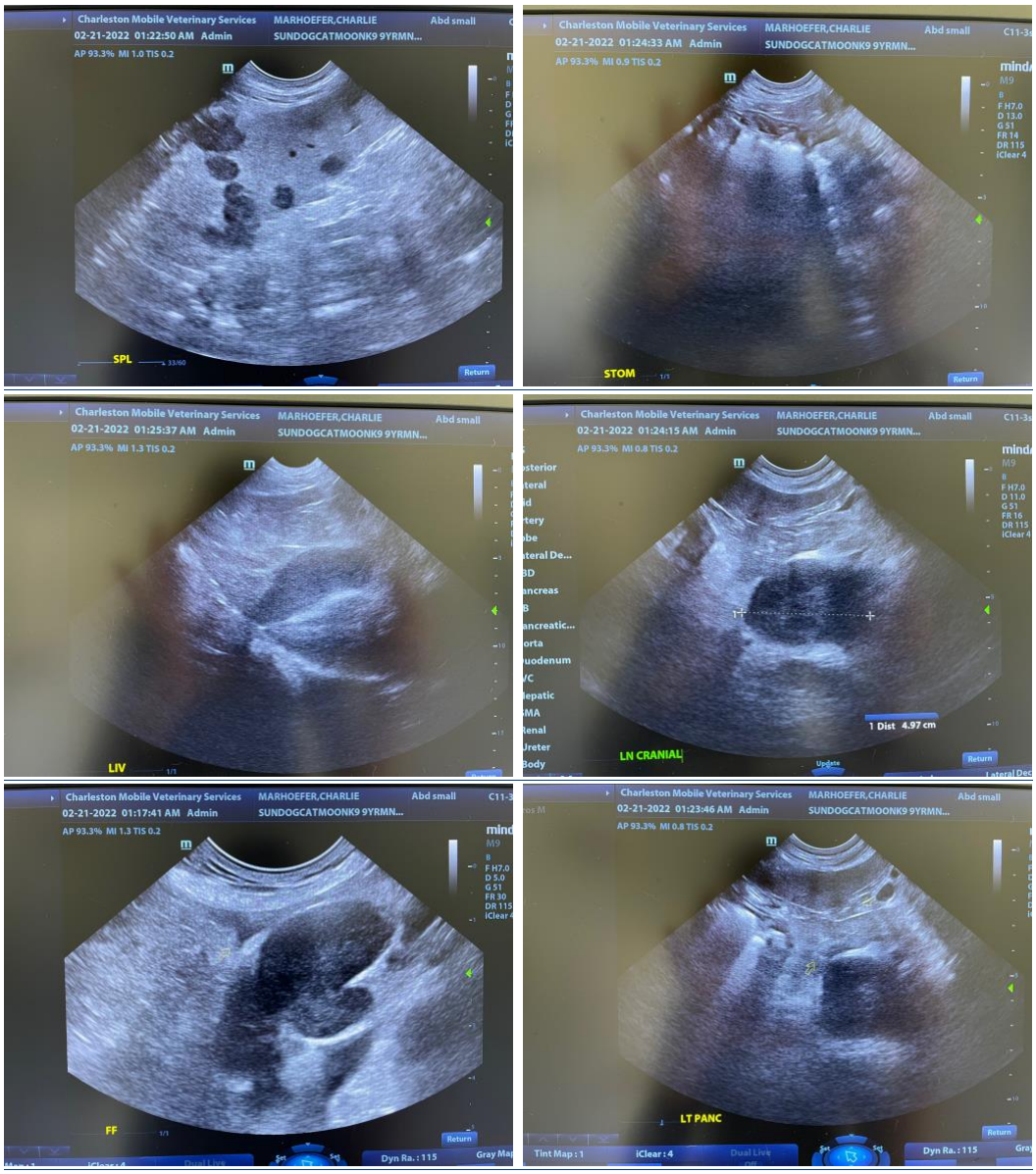
- Consider fine-needle aspirates of the abdominal lymph nodes +/- kidney, spleen, and liver masses, if clotting status is appropriate. A 25-gauge needle should be used. If cytology results are inconclusive, surgical biopsies can be considered. However, given the multiorgan pathology, the prognosis for this patient is considered guarded and palliative care should be considered.



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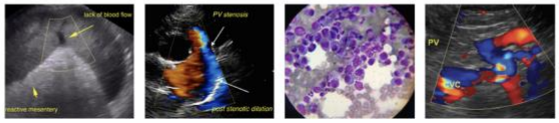

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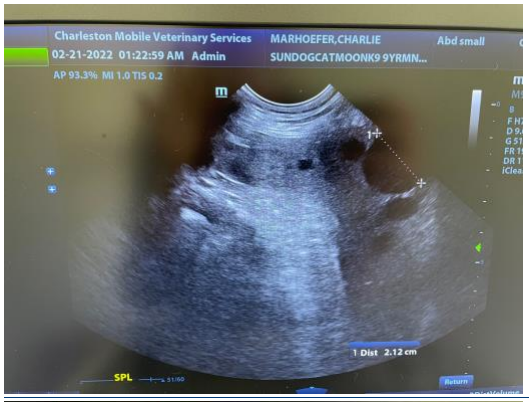

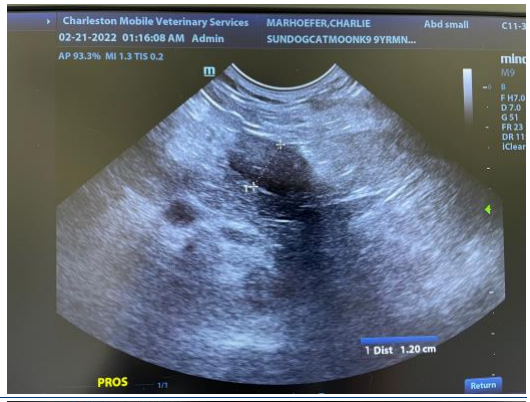

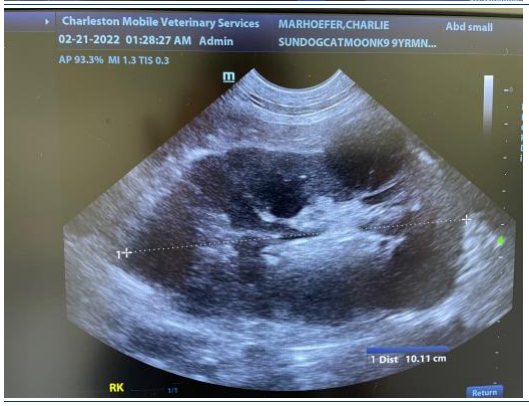

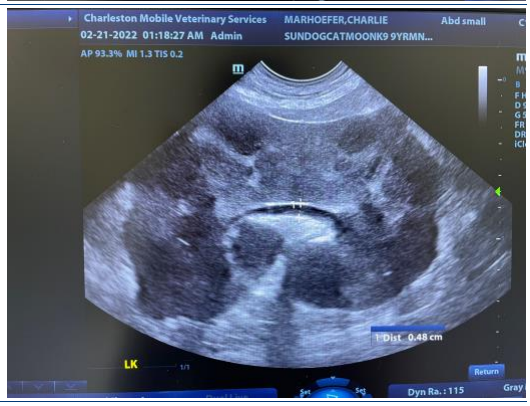

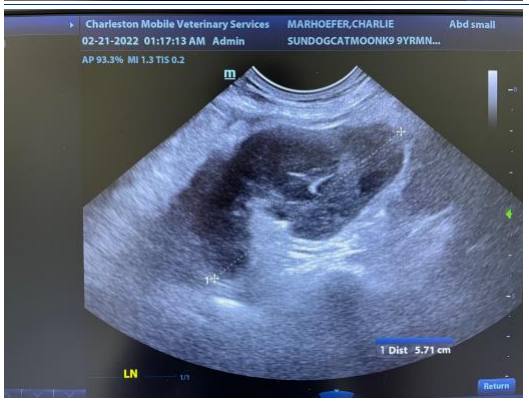

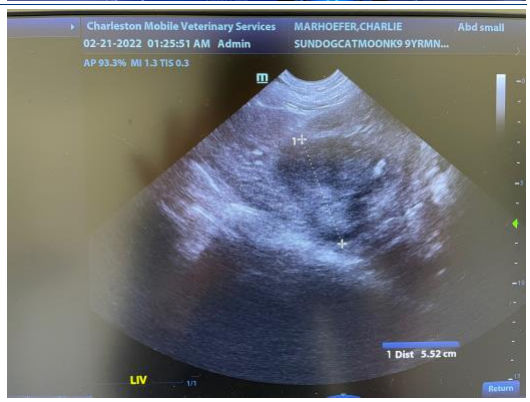

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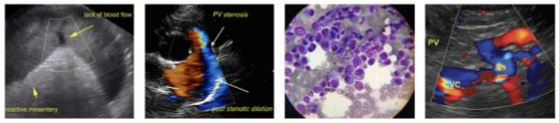

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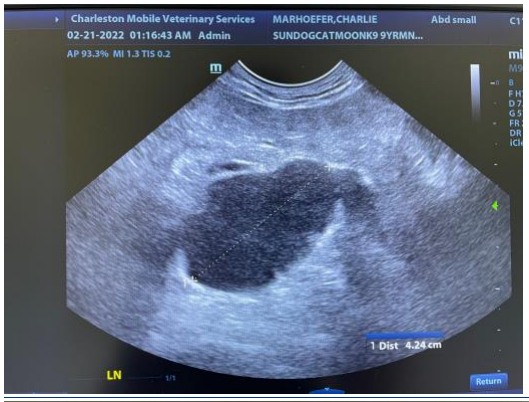

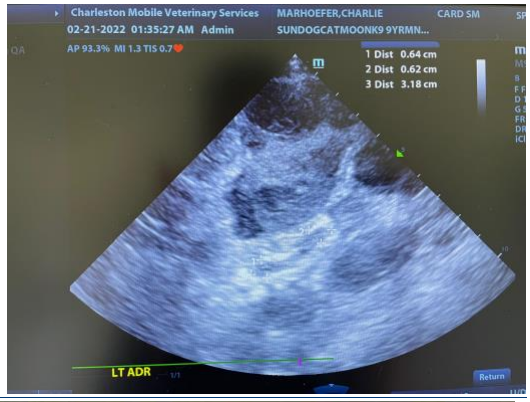

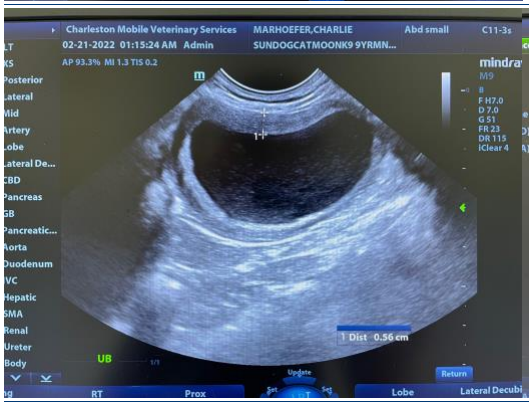

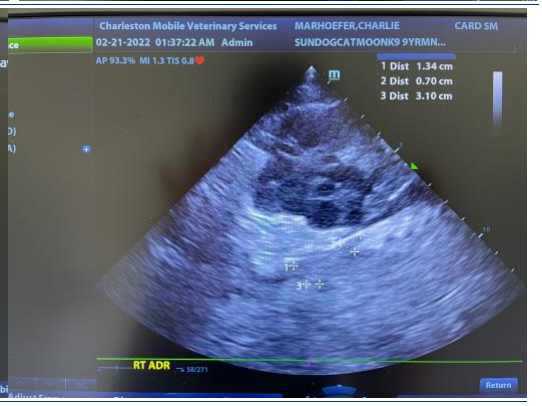

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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