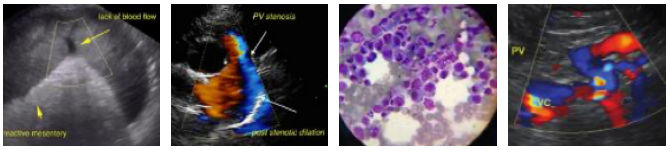
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Hurley Lewis

SPECIES
Canine

BREED
Siberian Husky

SEX
Male, neutered

AGE
12 Yrs.

WEIGHT
29 kg.

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

IMAGING PERFORMED BY
Dr. Stegemoller

HOSPITAL NAME
North Idaho AH

REFERRING VET
Dr. Neher

INVOICE
13041

DATE
2/22/22

PRESENTING CLINICAL SIGNS

History: Acute onset gastroenteritis, anorexia, abdominal pain, lethargy.
Abnormal PE/Chem/CBC/UA Results: Chem: ALP 2822, ALT 3161, ALB 6.1, GLOB 1.0 CBC: WBC 19.28, PMN 13.92, MONO 1.95 PE: abdominal splinting, mild distension FNA of abdominal mass to be performed 2/23/22.

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 definitively visualized due to its pelvic location.

The left kidney is normal size (6.93 cm in length); normal 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.90 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 normal size (0.44 cm at cranial pole) (0.64 cm at caudal pole) (2.35 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.

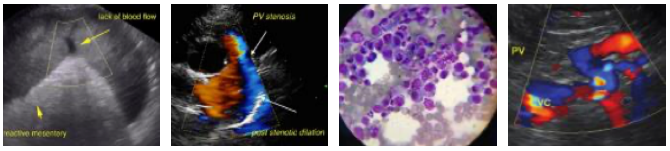
The right adrenal gland is not definitively visualized due to the presence of a large abdominal mass and patient discomfort.

Spleen

The spleen is normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal. See also *Other*.

Liver

The liver is normal to slightly prominent in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly heterogeneous in appearance with a 2.73 cm ill-defined hyperechoic nodule on the left side. Vascular and biliary tracts are of normal volume with no evidence of congestion. See also *Other*. The gall bladder lumen is moderately distended. The



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wall is thin and smooth. Luminal contents are anechoic. 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. In the visible small intestinal loops, the lumen is not dilated. The walls are normal in thickness with a normal layering pattern. No obstructive disease is noted.

Pancreas

The pancreas is largely obscured by the presence of the large abdominal mass. In the visualized portion (right limb) no obvious pathology is seen.

Free Abdomen

A moderate amount of echogenic free fluid is present.

Lymph Nodes

See *Other*.

Other

A >13 cm irregular lobulated heterogeneous slightly cavitated mass is observed in the mid-abdominal cavity. The mesentery effacing the serosal surface of the mass is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

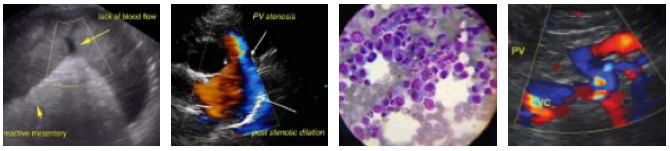
- Large mid-abdominal mass, the origin of which is unclear. It may be arising from mesentery, lymph node, spleen, liver, pancreas, other. Regional peritonitis is present.

Secondary Findings:

- The diffuse hepatic parenchymal changes are non-specific and likely secondary to a benign age-related process. However, metastatic disease cannot be completely excluded.
- Minor age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If an aggressive approach is desired, consider consultation with a board-certified surgeon to discuss mass removal or debulking. An abdominal CT scan would be useful in pre-surgical planning. A fine needle aspirate of the mass can be considered prior to surgery if clotting status is appropriate and if cavitated areas are avoided. However, if cytology results are



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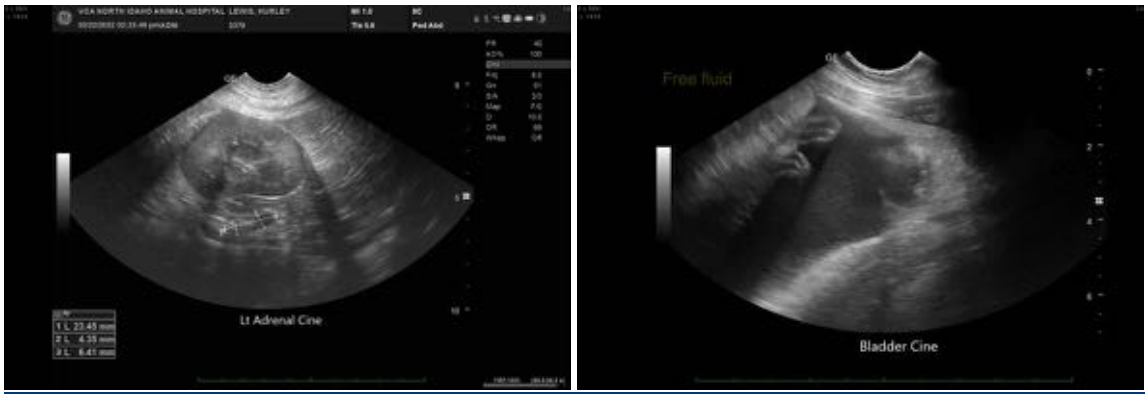
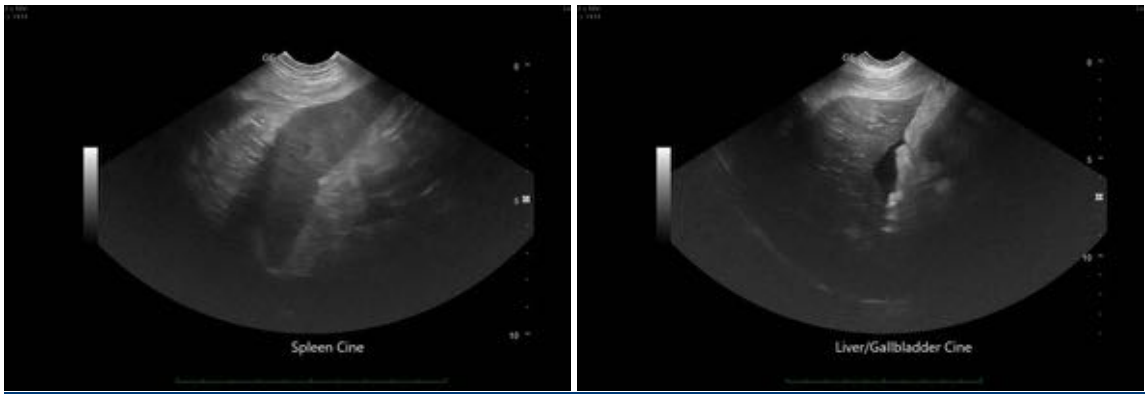
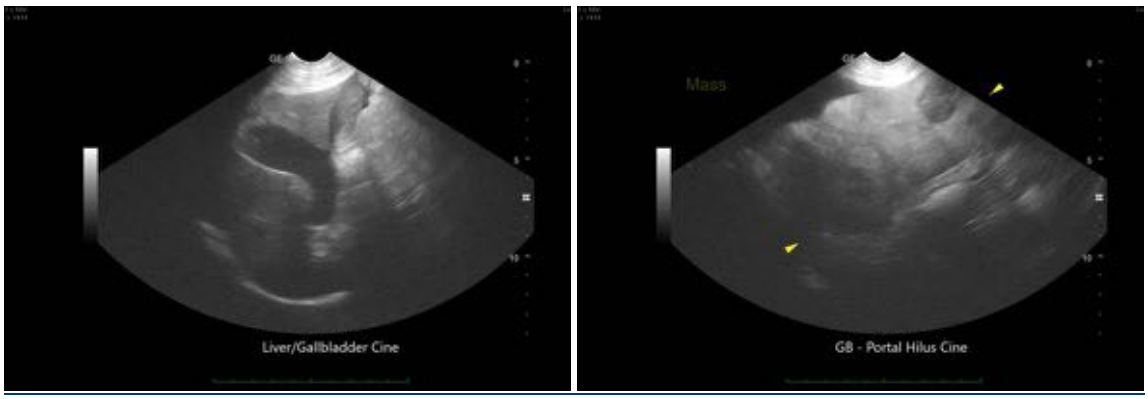
inconclusive, surgery may be necessary to get a definitive diagnosis. If surgery is not to be pursued, palliative care is recommended.







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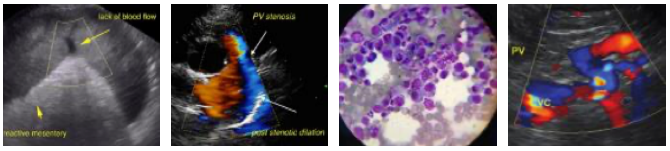

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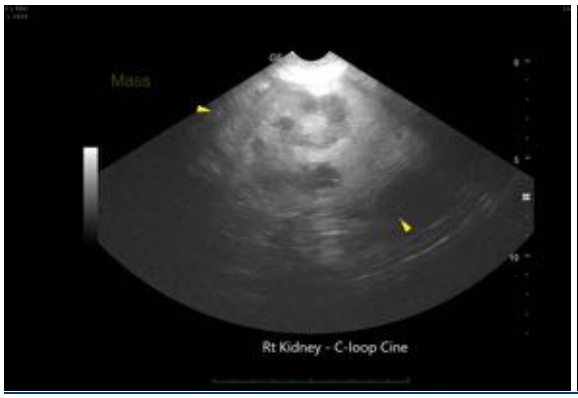

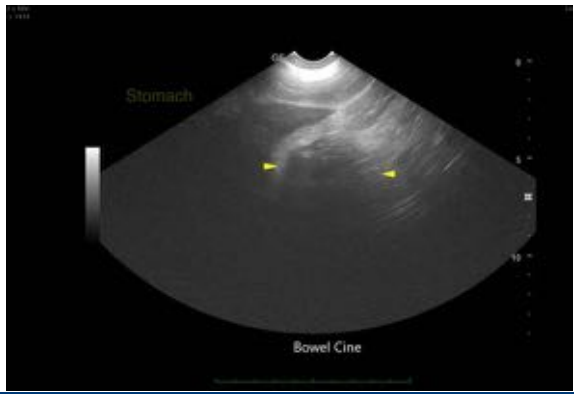

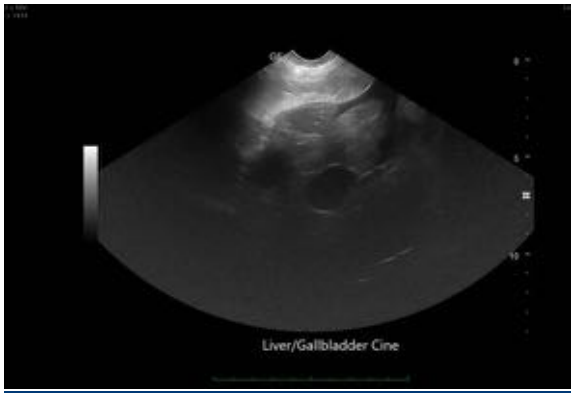

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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