



PATIENT PRESENTING CLINICAL SIGNS

Lizzie Postell History: Lethargic for a few days. Very weak today. Unable to walk. Elevated liver enzymes. Skin disease

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed.

BREED Boykin
The left kidney presented normal size (6.75 cm in length); with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

SEX Spayed Female
AGE 12 Years
The right kidney presented normal size (6.56 cm in length); with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT Adrenal Glands

N/A
The left adrenal gland is mildly enlarged (0.51 cm at cranial pole) (0.72 cm at caudal pole) (2.27 cm in length); with a slightly irregular shape. A 0.42 cm x 0.41 cm hyperechoic nodule is observed at the caudal pole. Glandular echogenicity and detail at the cranial pole are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

Andrea Nicastro, DVM,
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(Small Animal Internal
Medicine)

The right adrenal gland is normal size (0.90 cm at cranial pole) (0.48 cm at caudal pole) (1.41 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.

IMAGING PERFORMED BY

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Spleen

The spleen is overall normal in size (1.42 cm in width at the level of the hilus) with irregular peripheral contours. A 1.64 cm x 1.13 cm, isoechoic to slightly heterogeneous nodule/mass is observed at the caudal aspect. The lesion causes mild capsular expansion and has a small ill-defined cavitated area. The remaining parenchyma is slightly mottled in appearance. Splenic vasculature is normal with no evidence of thrombosis.

HOSPITAL NAME

Sea Island VH

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Liver

The liver is enlarged with irregular peripheral contours. Numerous varying sized coalescing heterogeneous masses are observed throughout the organ, the largest measuring >8.0 cm. Some of the masses contain small cavitated areas. There is minimal normal appearing hepatic parenchyma. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.



PATIENT

Lizzie Postell

The gall bladder is moderately distended. The wall is normal in thickness and is diffusely hyperechoic to mineralized. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

SPECIES

Canine

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.

BREED

Boykin

SEX

Spayed Female

Pancreas

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated. *See Other category

AGE

12 Years

Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible. The mesentery surrounding the liver is hyperechoic.

WEIGHT

N/A

Other

A 3.78 cm x 2.51 cm, irregular heterogeneous mass is observed in the cranial abdomen adjacent to the caudal aspect of the liver and the lesser curvature of the stomach. Surrounding mesentery is hyperechoic.

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Numerous hepatic masses. Diffuse neoplasia (i.e., adenocarcinoma, round cell tumor) is considered likely with a low possibility of a multifocal inflammatory process. Regional peritonitis is present. The mass adjacent to the caudal aspect of the liver may be an extension of a hepatic mass or may represent a mass within the body of the pancreas or mesentery.
- The splenic changes could be consistent with metastatic disease or a benign process (i.e., lymphoid hyperplasia or extramedullary hematopoiesis).
- Mineralized (aka-porcelain) gallbladder. This finding is most consistent with cholecystitis. However, it has been associated with biliary carcinoma in some instances.

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Secondary Findings

- Bilateral degenerative renal changes with dystrophic mineralization



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- Mild left adrenomegaly. The left adrenal nodule trends toward the benign (i.e., nodular hyperplasia) with a lower possibility of emerging neoplasia.

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Hepatic tissue sampling (i.e., surgical biopsy) would be necessary to get a definitive diagnosis. However, given the diffuse pathology, the prognosis for this patient is considered guarded and palliative care is recommended.

BREED

Boykin

SEX

Spayed Female

AGE

12 Years

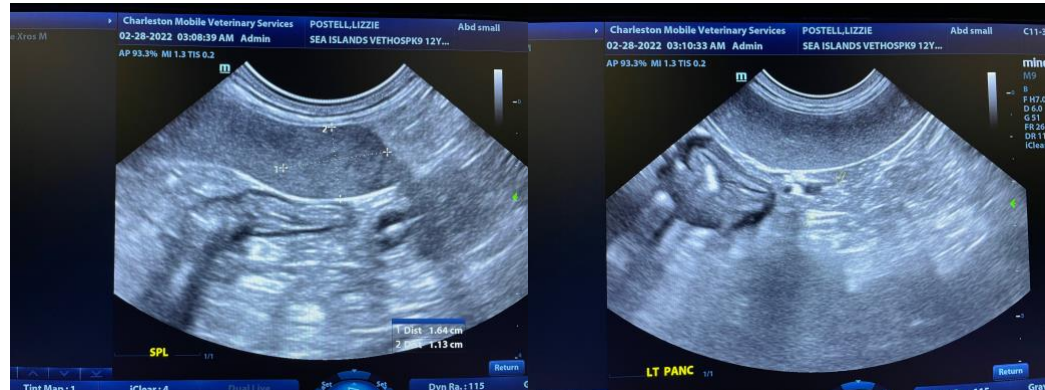
WEIGHT

N/A



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SPECIES

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AGE

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WEIGHT

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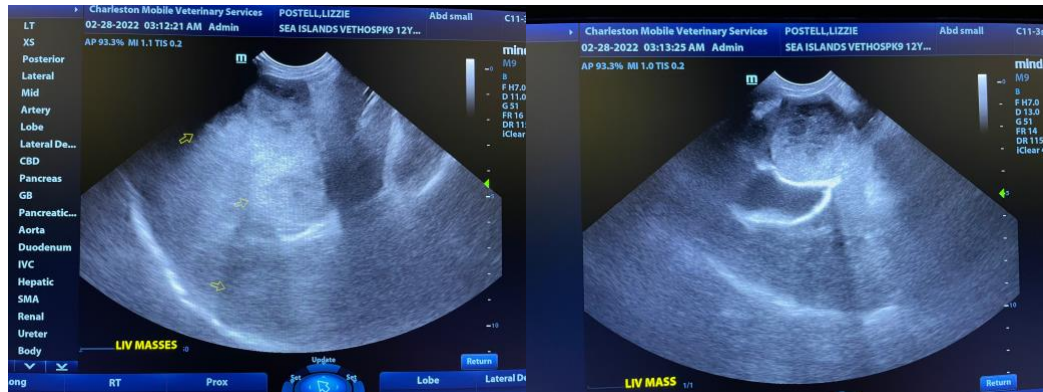
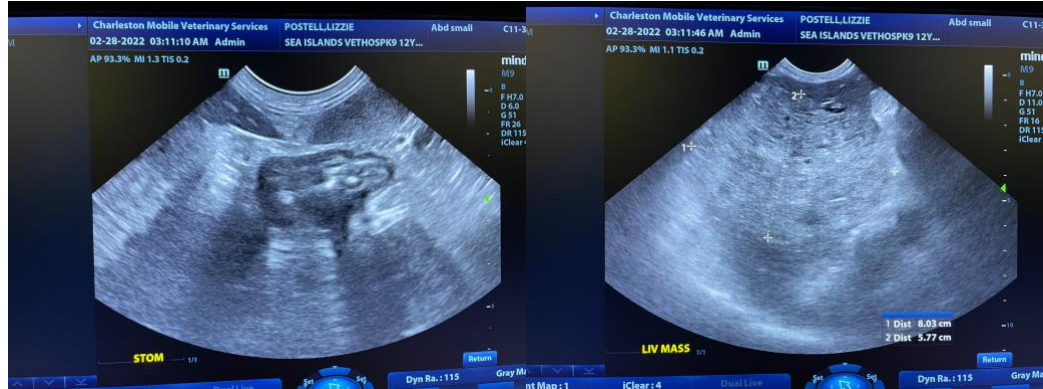
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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