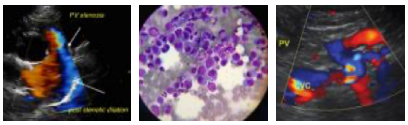
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

2/7/22

PATIENT

Queen Jester

SPECIES

Canine

BREED

Beagle Mix

SEX

Female, spayed

AGE

3/1/2012

WEIGHT

58 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Parkville AH

REFERRING VET

Dr. Mangini

INVOICE

12964

PRESENTING CLINICAL SIGNS

History: Presented in October for weight loss but blood was declined then. Returned for bloodwork that was recommended on 1/26/22 and noted ~8 lb lost since October. Total weight loss between April 2021 to present is about 13 lbs loss.
Icterus.

Current Medications: Cytopoint inj 1/26/22.
Lab Results: Bloodwork 1/26/22: mildly elevated CPL, SDMA, ALT, ALP and large increase in BILI. Owner reports wt loss and icterus. Added on bilirubin fraction with permission of owner and schedule exam and abdominal sonogram ASAP. 50/50 obstructive vs cellular damage. ALP 611, ALT 184, total bili 19.7, SDMA 16. Borderline anemia.
Date of Previous IntraPet Ultrasounds: 3-23-2017.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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. A scant amount of suspended echogenic debris is observed within the lumen. 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 left kidney is normal size (7.76 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 (7.39 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.

Adrenal Glands

The left adrenal gland is normal size (0.48 cm at cranial pole) (0.41 cm at caudal pole) (1.75 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 (0.60 cm at cranial pole) (0.61 cm at caudal pole) (2.42 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 (2.43 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.

Liver

The liver is subjectively enlarged with irregular peripheral contours. Numerous heterogeneous coalescing nodules/masses are observed throughout the organ, the largest measuring >11 cm. There is no visibly normal appearing hepatic parenchyma. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thickened (up to 0.46 cm in width) and hyperechoic. A small to moderate amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are not seen.

Gastrointestinal

The stomach is not visualized in its entirety due to the hepatic pathology. In the visualized portions, the wall is normal in thickness. 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 pancreas is diffusely prominent in size with slightly irregular peripheral contours. The parenchyma is subtly hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

The mesentery in the cranial abdomen is hyperechoic. Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- Diffuse hepatic masses. Neoplasia (i.e., round cell tumor, adenocarcinoma) is considered likely with a lower possibility of multifocal inflammatory disease.
- The gallbladder wall changes could be consistent with cholecystitis and/or benign age-related hyperplasia.
- The pancreatic changes are suggestive of chronic pancreatitis.
- Cranial peritonitis, likely secondary to hepatic pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine needle aspirate of the liver, if clotting status is appropriate. Unfortunately, however, the prognosis for this patient is considered guarded and palliative care should be considered.


IntraPet Imaging APIILLC
jester.queen
IntraPet abd... C11-3s
02-07-2022 12:33:52 PM Admin
PARKqjk9beagxsf2012
Liver
Dist 11.30 cm
Dist 7.46 cm
mindray


IntraPet Imaging APIILLC
jester.queen
IntraPet abd... C11-3s
02-07-2022 12:35:32 PM Admin
PARKqjk9beagxsf2012
Liver
GB
mindray


IntraPet Imaging APIILLC
jester.queen
IntraPet abd... C11-3s
02-07-2022 12:39:15 PM Admin
PARKqjk9beagxsf2012
RT CR
Liver mass
Dist 5.19 cm
Dist 3.96 cm
mindray


IntraPet Imaging APIILLC
jester.queen
IntraPet abd... C11-3s
02-07-2022 12:39:02 PM Admin
PARKqjk9beagxsf2012
RT
Rt adr
Dist 2.42 cm
Dist 0.61 cm
Dist 0.60 cm
mindray


IntraPet Imaging APIILLC
jester.queen
IntraPet abd... C11-3s
02-07-2022 12:37:45 PM Admin
PARKqjk9beagxsf2012
LT adr
Dist 1.75 cm
Dist 0.41 cm
Dist 0.48 cm
mindray


IntraPet Imaging APIILLC
jester.queen
IntraPet abd... C11-3s
02-07-2022 12:34:17 PM Admin
PARKqjk9beagxsf2012
Liver
mindray


IntraPet Imaging APIILLC
jester.queen
IntraPet abd... C11-3s
02-07-2022 12:34:12 PM Admin
PARKqjk9beagxsf2012
Liver
FF
mindray


IntraPet Imaging APIILLC
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IntraPet abd... C11-3s
02-07-2022 12:36:06 PM Admin
PARKqjk9beagxsf2012
Spleen
mindray

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.

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