



PATIENT

PRESENTING CLINICAL SIGNS

Brody Simpson-Bents

Clinical Exam Findings: E/D/D/U normal
Abnormal lab-work values: Elevated liver values. ALT 605. AST 116.
Current Medications: none
Radiographic Findings: none

SPECIES

Canine

BREED

Miniature Poodle

SEX

Male Intact

AGE

09/17/2012

WEIGHT

10.3 lb

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

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Dr. Michael Marino

INVOICE

22706

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3-19-26

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (3.61 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.21 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Several, small, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The prostate is normal in size (0.73 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.48 cm at cranial pole) (0.54 cm at caudal pole) with slightly swollen peripheral contours. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (0.87 cm at cranial pole) (0.53 cm at caudal pole) with slightly swollen peripheral contours. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.89 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 enlarged, with irregular peripheral contours. A 4.8 x 3.4 cm heterogenous, expansile mass is arising from the right side. The mesentery effacing the serosal surface of the mass is hyperechoic. In the remainder of the liver, the margins are curvilinear, and the parenchyma is relatively homogenous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, hyperechoic, gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal



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layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hyperechoic relative to surrounding omental fat and slightly heterogenous in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Right hepatic mass. Neoplasia (i.e., adenoma, adenocarcinoma, round cell tumor, sarcoma) is suspected, with a lower possibility of a focal inflammatory process. Mild adjacent peritonitis is present.
- Gallbladder sludge, non-mucocele

Secondary Findings

- Bilateral nonspecific age-related renal changes with nonobstructive nephrocalcinosis
- Borderline bilateral adrenomegaly
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine-needle aspiration of the hepatic mass (assuming normal clotting status). A 25-gauge needle should be used. It should be noted, however, that it can be difficult to differentiate hyperplasia, from adenoma, from adenocarcinoma, cytologically, and histopathology may be necessary to get a definitive diagnosis. If an aggressive approach is desired, consider consultation with a board-certified surgeon to discuss hepatic mass removal or debulking. An abdominal CT scan would be useful in presurgical planning. Clotting times should be performed prior to anesthesia. If further testing is not pursued, palliative care is recommended.



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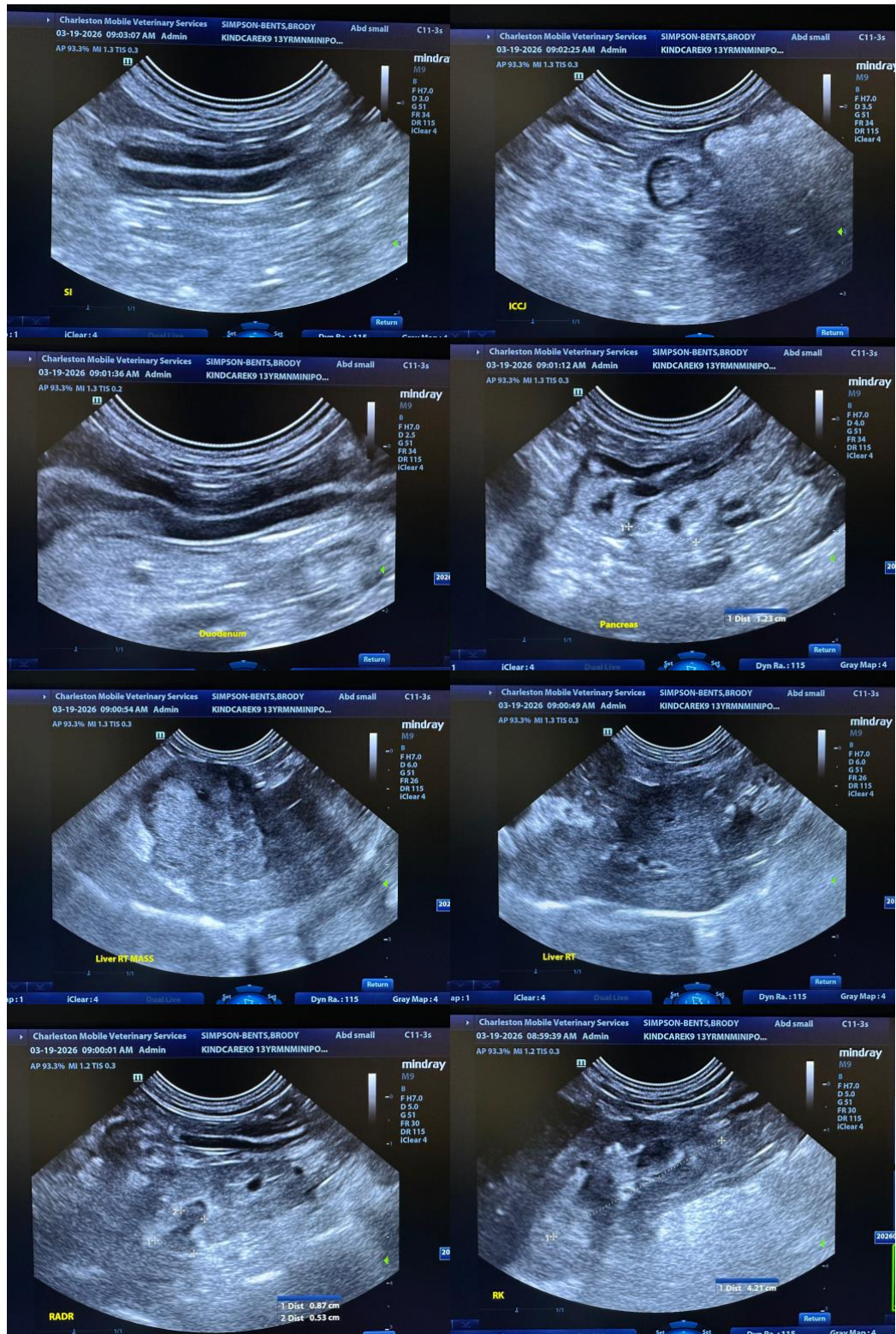
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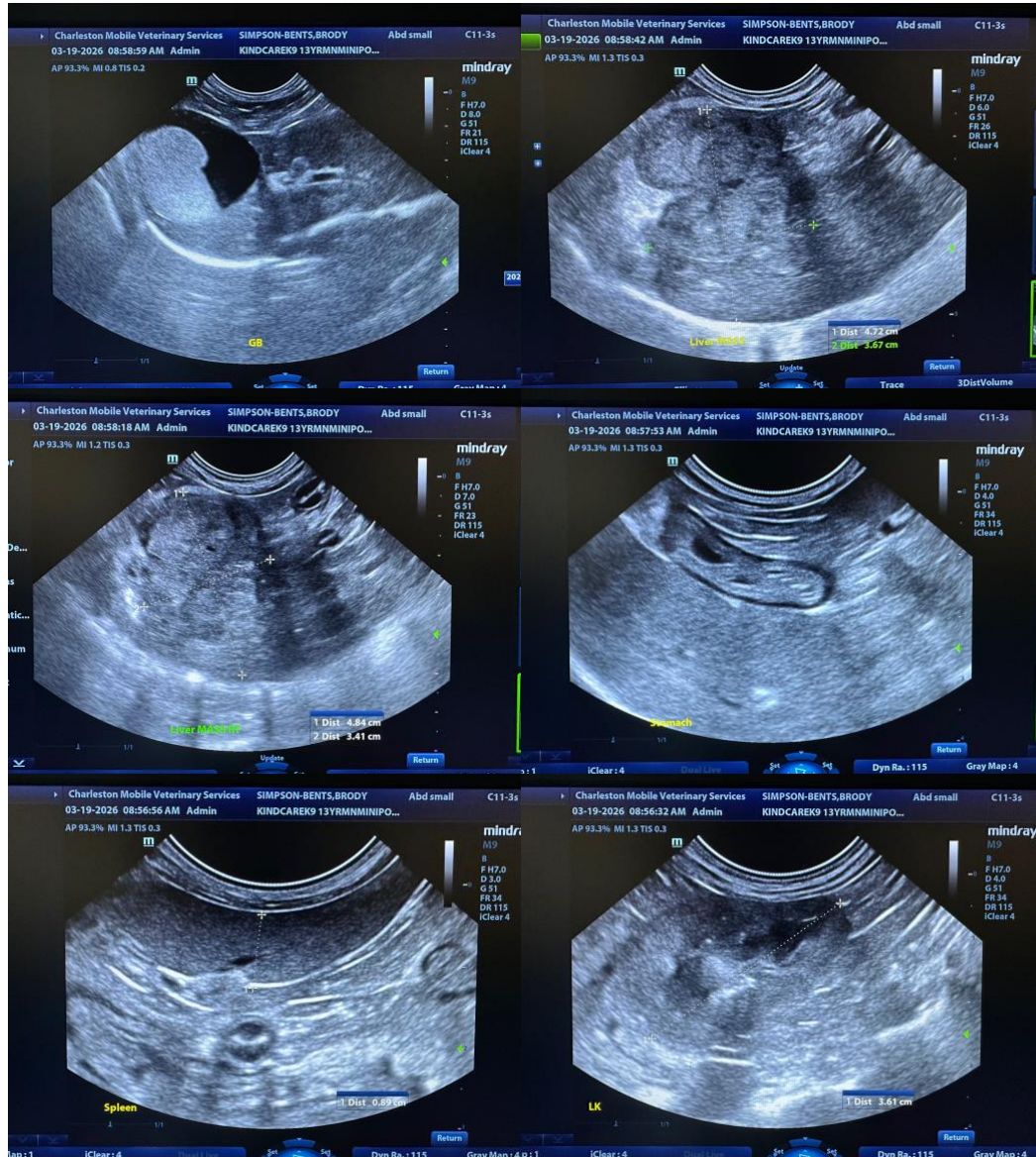
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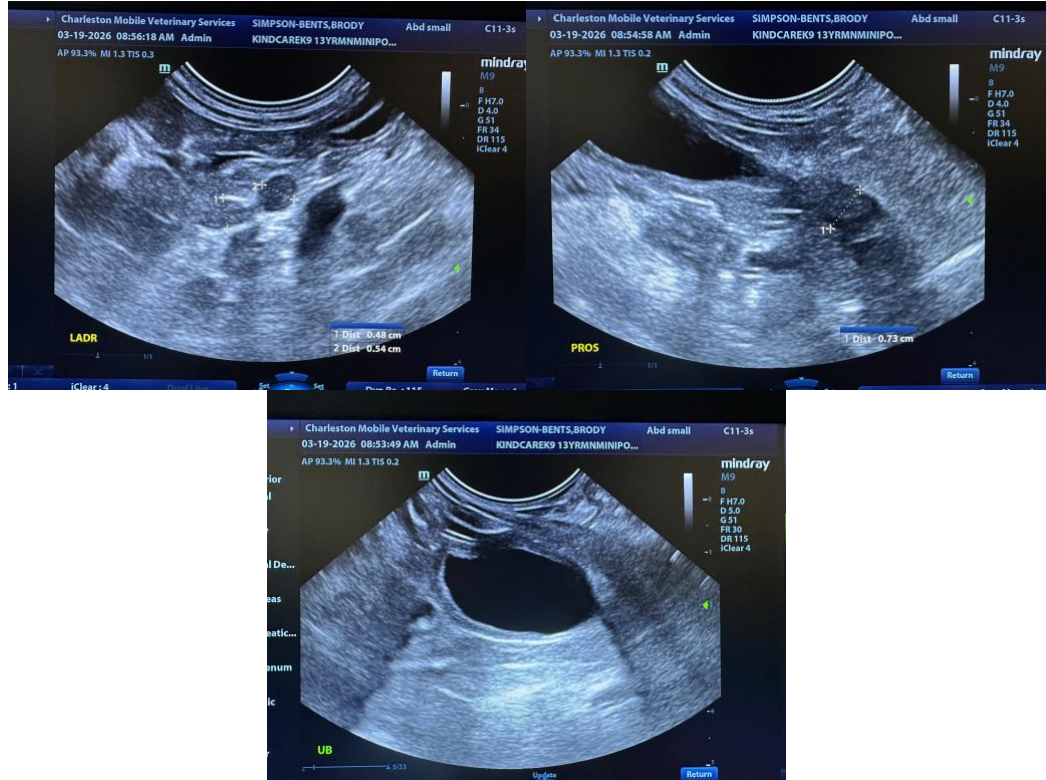
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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