



**PATIENT PRESENTING CLINICAL SIGNS**

Cooper Faulkner History: O brought P in today because he seemed uncomfortable, trouble getting up & down, vomiting Monday or Tuesday food, does have access to rawhide bones & toys, shortness of breath, seems to have a bloated belly. On PE, distended, firm & painful abdomen. Loss of serosal detail in cranial abdomen with mass effect associated with the liver.

**SPECIES**

Canine This is an incomplete study.

**BREED**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

German Shepherd

**Urinary System**

No images provided.

**SEX**

**Prostate**

No images provided.

Intact Male

The left kidney is subjectively normal in size 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**AGE**

8 years

The right kidney is normal in size (8.37 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**WEIGHT**

70.5 lbs

**Adrenal Glands**

The region of the adrenal glands is evaluated. No obvious pathology is observed.

**INTERPRETED BY**

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

**Spleen**

The spleen is not visualized in its entirety. In the visualized portions, it appears normal in size with normal curvilinear peripheral contours and a homogenous. Splenic vasculature appears normal with no obvious evidence of thrombosis.

**IMAGING PERFORMED BY**

Solitaire Goldfield, DVM

**Liver**

The liver is enlarged with irregular peripheral contours. Numerous varying-sized, heterogenous, cavitated, coalescing masses are observed, largely on the left side with extension to the right. Surrounding mesentery is hyperechoic. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

**HOSPITAL NAME**

Craig Road AH

The gall bladder is moderately distended. The wall is normal to slightly thickened. Echogenic material is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**REFERRING VET**

Solitaire Goldfield, DVM

**Gastrointestinal**

The GI tract is not visualized in its entirety. The portion of gastric wall that is seen is normal in thickness with a normal layering pattern appropriate mural detail.

**Pancreas**

A portion of the pancreas is obscured by the hepatic pathology. In the visualized portion no obvious abnormalities are seen.

**INVOICE**

12564

**Free Abdomen**

The mesentery in the cranial abdomen is hyperechoic. A small amount of free fluid is present.

**DATE**

3.30.23

### **Lymph nodes**

No images provided.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- Multiple hepatic masses. Neoplasia (i.e., adenocarcinoma, hemangiosarcoma, round cell neoplasia) is suspected with a lower possibility of a multifocal inflammatory process.
- Cranial peritonitis is present, likely secondary to hepatic pathology.

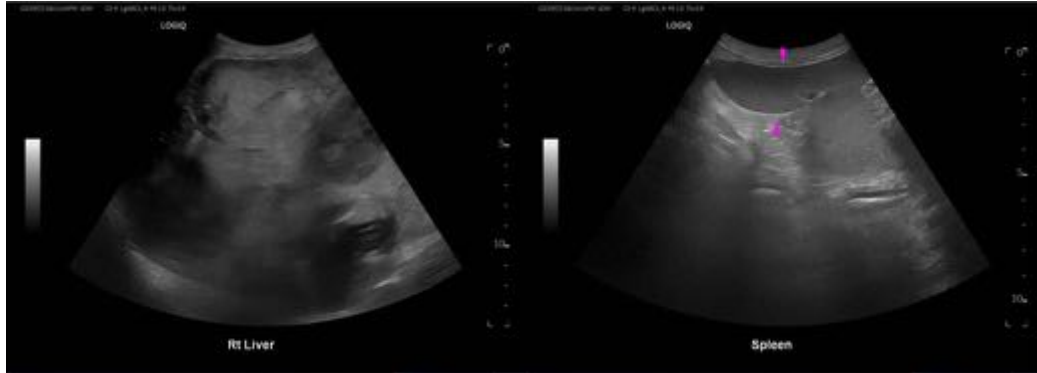
### **Secondary Findings**

- Minor bilateral age-related renal changes

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Additional sonographic images of the spleen, GI tract, adrenal glands, pancreas, urinary bladder, prostate are recommended to assess for pathology in these organs.
- Three-view thoracic radiographs are also recommended evaluate for metastatic disease.
- A fine-needle aspirate of the hepatic pathology can be considered (if clotting status is appropriate). Twenty-five gauge-needles should be used, and care should be taken to avoid cavitated regions. If the cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis. However, given that the majority of the liver is affected by the hepatic masses, the prognosis is considered guarded and palliative care should be considered.





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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