Charleston Mobile Veterinary Services
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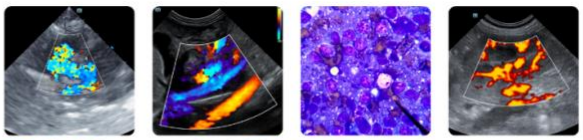

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Zoey Gott

SPECIES

Canine

BREED

Mixed

SEX

Female Spayed

AGE

12

WEIGHT

NP

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Central VH Summerville

REFERRING VET

Ashton Ott

INVOICE

22772

DATE

3-30-26

PRESENTING CLINICAL SIGNS

Presented in February for PU/PD, coughing and a history of a heart murmur. Bloodwork at that time revealed an ALT of 246. ALP 437. GGT 29. BUN 64. Creatinine 2.4. Elevated PSL. Denamarin and Clavamox were initiated, and bloodwork was rechecked in a month. USG 1.016. 2+proteinuria. Inactive sediment. Bloodwork now shows an ALT of 240. ALP 355. GGT 14. BUN 61. Creatinine 2.1. CBC reveals thrombocytosis. T4 2.5.

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 mostly anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.13 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Several small, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.22 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Several small, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged at the cranial pole and normal-in-size at the caudal pole (0.58 cm at cranial pole) (0.27 cm at caudal pole). At the cranial aspect, a 0.83 x 0.58 cm are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.49 cm at cranial pole) (0.43 cm at caudal pole) with a normal shape and 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 (0.71 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 prominent-in-size with rounding of the margin in the right lateral lobe. The parenchyma is isoechoic- to slightly hypoechoic relative to the spleen and subtly mottled in appearance. A 3.9 x 3.2 cm heterogenous expansile mass is observed on the right side. 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 is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta and a small amount of soft, shadowing material. The

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gastric wall and pylorus are normal in thickness with a normal 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 ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Lymph Nodes
There is no obvious evidence of free fluid.

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

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 non-neoplastic process (i.e., focal inflammatory lesion, other).
- Gallbladder debris, non-mucocele
- Bilateral nonspecific age-related renal changes with nonobstructive nephrolithiasis

Secondary Findings

- Minor retained gastric ingesta. The soft, shadowing material within the gastric lumen may represent normal ingesta and/or foreign material. It appears nonobstructive at the time of this study.
- Left adrenal nodule. This may represent focal nodular hyperplasia, adenoma, emerging adenocarcinoma, pheochromocytoma, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the hepatic mass, consider the following:

  1. Given the subcostal location of the hepatic mass, fine needle aspiration would prove difficult.
  2. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
  3. Consultation with a board-certified surgeon to discuss hepatic mass removal or debulking. An abdominal CT scan may be useful in presurgical planning.

- Regarding the azotemia, consider the following:

  1. Urinalysis with culture and sensitivity
  2. UPC if proteinuria persists in the absence of infection
  3. Baseline blood pressure measurement

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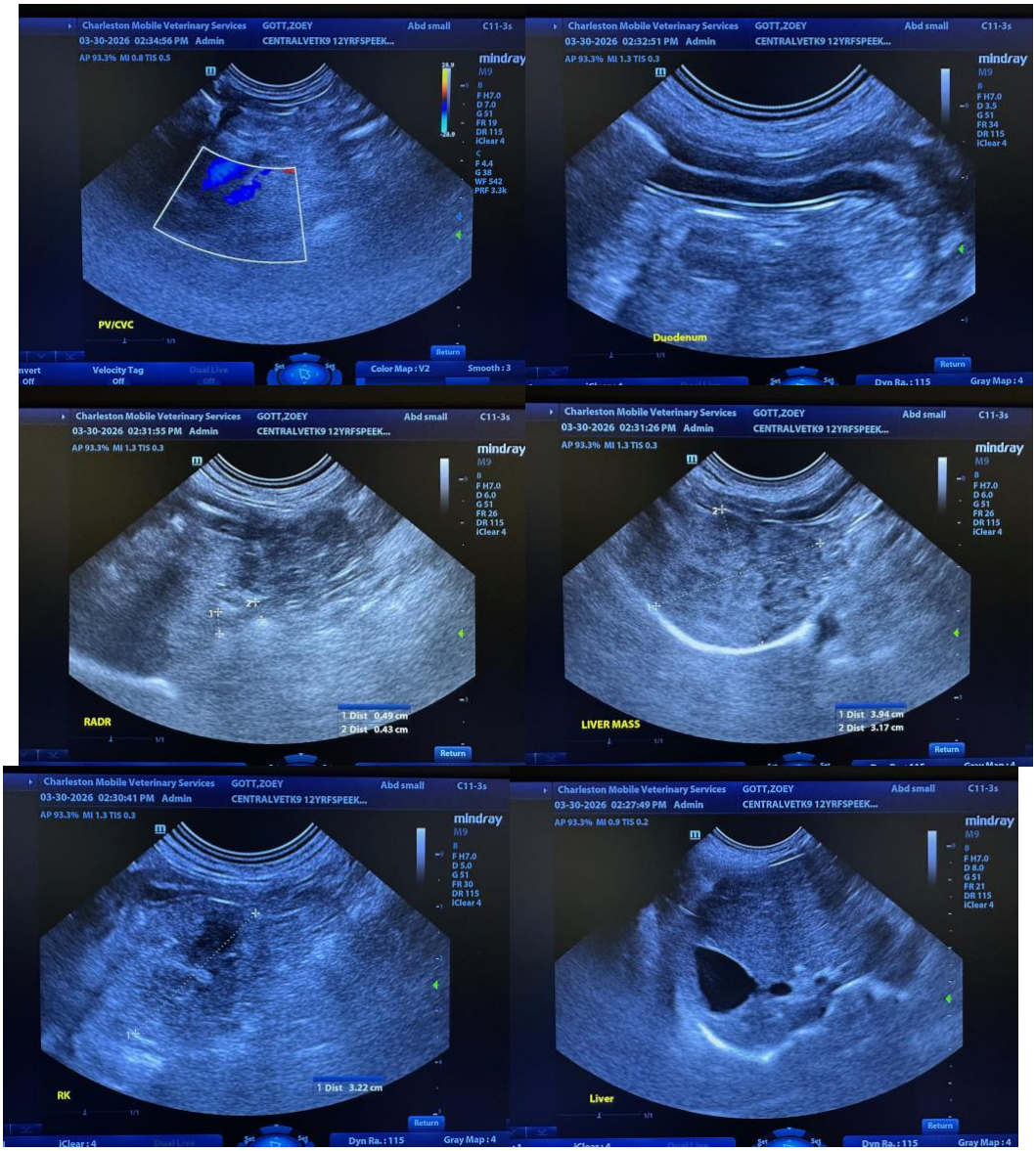
4. Transition to a prescription renal diet (if the patient will tolerate it)
5. Serial monitoring of the patient's renal values to assess progression of the azotemia



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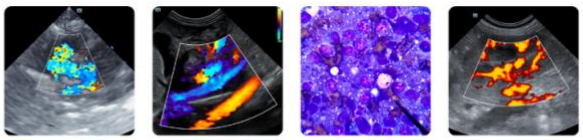

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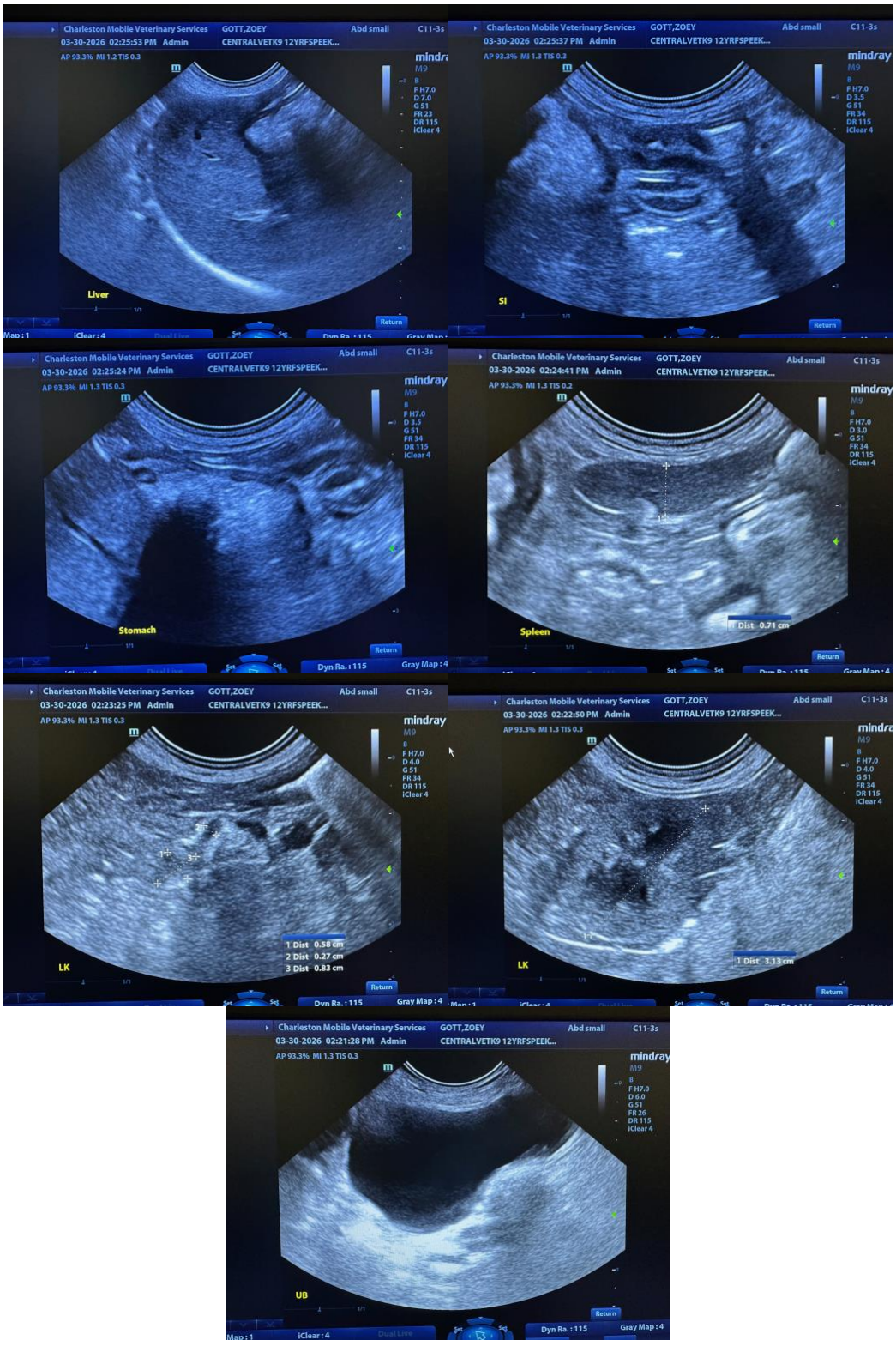

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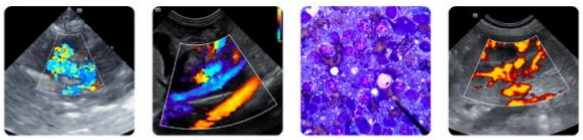

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com