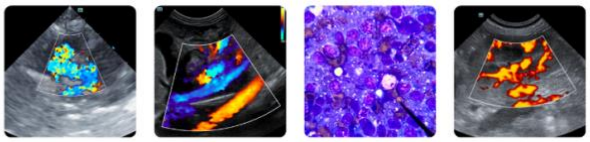


PATIENT

Beau Rizzo

SPECIES

Canine

BREED

Keeshond

SEX

Neutered Male

AGE

11 years 4 mos

WEIGHT

66.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenni Tudini, MRCVS, SDEP Cert (abdo)

HOSPITAL NAME

East Aurora VH

REFERRING VET

Dr Jenni Tudini

INVOICE

22661

DATE

3-8-26

PRESENTING CLINICAL SIGNS

History: Patient has been a little quieter later but otherwise hasn't been displaying any pertinent symptoms. In 03/24 patient had left liver lobectomy and low-grade hepatocellular carcinoma with incomplete excision confirmed. Splenectomy also performed at that same time - benign hyperplastic changes. Prognosis of 2 yrs given to client. Patient receives carprofen for lameness
Side note: prior ultrasound submitted to Sonopath in 03/24 before surgery pursued

Abnormal PE/Chem/CBC/UA Results: P/e: BAR, obvious limp on the RPL. There is carpal laxity (hyperextension) in both carpi. There is swelling proximal to the right elbow. P is not all that painful, pink, CRT<2sec. - Heart rate is fast, no murmur or arrhythmia appreciated. The abdomen is large and it is difficult to palpate deeper structures. No obvious pain on palpation. Possible cranial organomegaly - CBC: non regenerative anemia. HCT 33% (41-60), mild stress leukogram.

Biochem: Potassium 5.7 (4-5.4), NA:K ratio 25 (28-37), ALT 206 *18-121), AST 68 (16-55), Chol 414 (131-345), CK 406 (10-200) - 4Dx: NEG x 4 - Thoracic rads: No defined metastatic disease - Right lateral rad of R elbow: O.A findings FNA of abdominal effusion: Pending - FNA of hepatic masses: Pending - anticipated spread of prior carcinoma

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 3 cm, are normal.

The prostate is normal in size (1.1 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (6.86 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. At least two- to three hypoechoic nodules are observed within the parenchyma (one measuring 1.3 cm in its longest dimension / the other measuring 0.76 cm in its longest dimension). There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.40 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. At least two hypoechoic nodules are observed within the parenchyma (the largest measuring 1.5 cm in its longest dimension). There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

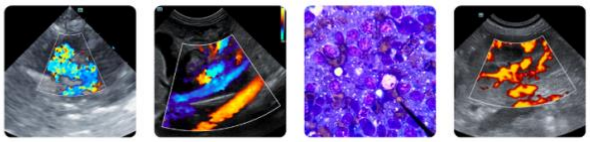
Adrenal Glands

The left adrenal gland is normal in size (0.54 cm at cranial pole) (0.53 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.

The right adrenal gland is not definitively visualized due to adjacent to hepatic pathology. normal in size (0.69 cm at cranial pole) (0.73 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

Previous splenectomy.



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Liver

The liver is subjectively enlarged, with irregular peripheral contours. Numerous, varying-sized hypoechoic- to slightly heterogenous nodules/masses (some of which are cavitated) are observed throughout the organ (one of the largest lesions measuring 5.1 cm in its longest dimension). Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small- to moderate amount of mostly gravity-dependent, echogenic debris 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 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 colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The left limb is visible/prominent, with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. The pancreatic duct is not dilated. The mesentery effacing the serosal surface is mildly hyperechoic.

Lymph Nodes

The abdominal lymph nodes are normal/not visible. In addition, a 4.3 x 2.6 cm hypoechoic irregular lymph node is observed in the mid- to caudal abdomen. At least two enlarged, hypoechoic, rounded cranial abdominal lymph nodes are visualized (one measuring 3.9 x 2.3 cm).

Free Abdomen

The mesentery throughout the abdomen is hyperechoic. A moderate amount of slightly echogenic free fluid us present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Multiple hepatic and renal nodules. These findings are concerning for metastatic disease, likely from the previous hepatocellular carcinoma.
- The abdominal lymphadenopathy is also concerning for infiltrative neoplasia, with a lower possibility of lymphadenitis or lymphoid hyperplasia.
- The ascites and diffuse peritonitis is likely secondary to hepatic +/- renal pathology.

Secondary Findings

- The pancreatic changes in the left limb are suggestive of mild, acute or chronic active pancreatitis, with parenchymal remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for pulmonary metastases. Depending on these results as well as the cytology from the hepatic lesions and abdominal effusion, consultation with a board-certified oncologist should be considered.

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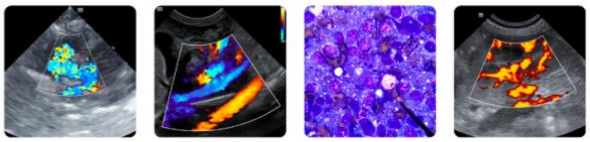

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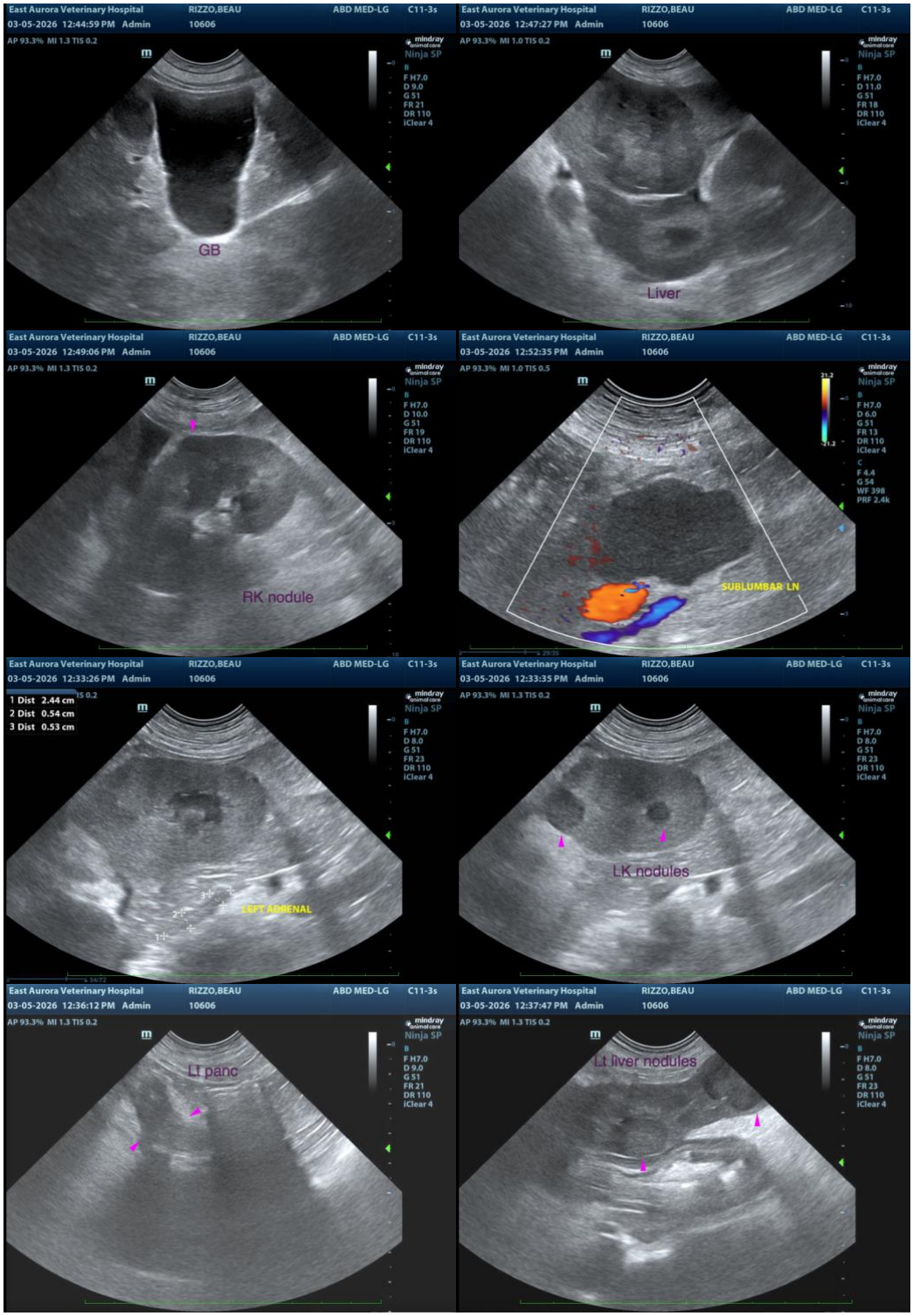

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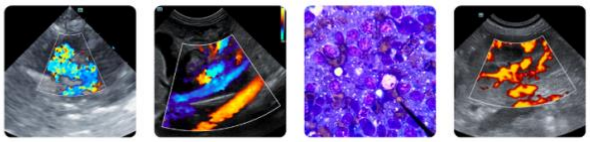

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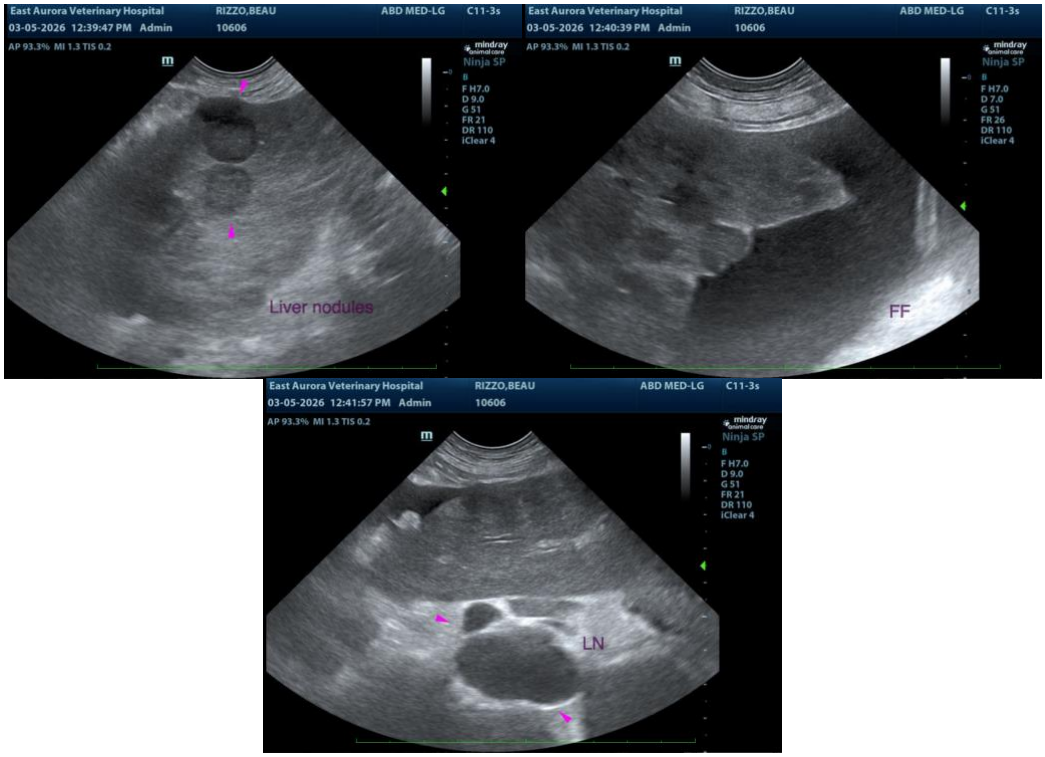

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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