



**PATIENT PRESENTING CLINICAL SIGNS**

Bella Myslicki

History: Slowing down very stiff and sore. 1) Hx of Pemphigus Foliaceus 2) Obesity 3) Limping Right front leg Diagnostic work up: X-rays study showed abdominal mass.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: BC, increased PCT CHEM: TP 120 (N 52-82) dehydration, inflammation, neoplasia, artifact ALB 52 (N 22-39) Glob 68 (N 25-45) ALT 521 (N 10-125) ALKP 1909 (N 23-212) GGT 33 (N 0-11) TBIL 92 (N 0-15) SDMA 10 (N 0-14) TT4 (N 19-51) 1. Normal thorax. 2. Abdominal mass. A splenic origin is likely. Regardless of the organ of origin, a neoplastic mass is the primary consideration. be considered on the rule out list. Further evaluation is warranted. 3. A cause for this patient's clinical history of elevated liver values is not identified. Although a liver mass mass lesion or hepatomegaly is not identified, further evaluation is warranted given the presence of the abdominal mass. 4. Joint effusion and osteoarthritis in the right stifle joint. This is a significant finding. Further evaluation is warranted. 5. Right tarsal joint osteoarthritis 6. Left elbow osteoarthritis 7. Left tarsal joint osteoarthritis 8. Remodeling in the region of the right proximal humerus. This is most likely due to benign remodeling associated with the bicipital groove. Rule out prior trauma as the primary consideration. I cannot, however, exclude the possibility of an early aggressive lesion of the proximal humerus. Further evaluation is warranted. 9. An osseous spinal cause for the clinical history of mobility issues is not identified.

**BREED**

Lab mix

**SEX**

Female, spayed

**AGE**

8 Yrs. 10 months

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

**WEIGHT**

51 kg.

The urinary bladder wall is normal in thickness and 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 visible portion of the proximal urethra are normal.

**INTERPRETED BY**

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

The left kidney is normal size (7.93 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (8.17 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**IMAGING PERFORMED BY**

Dr. Brian Barnes

*Adrenal Glands*

The left adrenal gland is normal size (0.51 cm at cranial pole) (0.63 cm at caudal pole) (2.38 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.

**HOSPITAL NAME**

Westview VH

The right adrenal gland is borderline enlarged (0.78 cm at cranial pole) (1.00 cm at caudal pole) (4.04 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.

**REFERRING VET**

Dr. Brian Barnes

*Spleen*

**INVOICE**

14785

The spleen is normal in size (1.88 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.

**DATE**

4/10/23

*Liver*



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A >11 cm heterogeneous mass is arising from the tip of the left lateral lobe. The mass causes capsular expansion. In the remainder of the liver, the margins are curvilinear and the parenchyma is isoechoic relative to the spleen and relatively homogeneous in appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion. 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.

### *Gastrointestinal*

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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. There is no evidence of an obstructive pattern.

### *Pancreas*

A portion of the pancreas is obscured by the large hepatic mass. In the visualized portions, no obvious abnormalities are seen.

### *Free Abdomen*

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

## ULTRASONOGRAPHIC FINDINGS

- Large left hepatic mass. Neoplasia (i.e., adenocarcinoma, adenoma, round cell tumor) is considered likely with a lower possibility of a non-malignant process.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the hepatic mass can be considered if clotting status is appropriate. A 25 gauge needle should be used.
- If a more aggressive approach is desired, consider excisional biopsy of the hepatic mass with submission for histopathology. An abdominal CT scan may be useful in pre-surgical planning.





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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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