



PATIENT PRESENTING CLINICAL SIGNS

Sadie Cook History: Recheck echo from August 2019. grade 4/6 L sided heart murmur and grade 2/6 R sided heart murmur. Sinus arrhythmia present. Owner reports no coughing, labored breathing or exercise intolerance. Liver mass found during cardiac scan and abdominal ultrasound added.

SPECIES Abnormal PE/Chem/CBC/UA Results: Blood drawn day of scan- ALT 181 ALP 3,330 GGT 365 Reticulocyte Hemoglobin 23.9 Lymphocytes 1.021

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

German Shorthaired pointer *Urinary System*

SEX The urinary bladder wall is normal in thickness and the mucosal surface in the region of the apex is slightly irregular. 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.

Female, spayed

AGE The left kidney is normal size (6.50 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.

13 Years

WEIGHT The right kidney is normal size (6.91 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.

50 Pounds

Adrenal Glands

The left adrenal gland is mildly enlarged (1.31 cm at cranial pole) (0.89 cm at caudal pole); 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.

The right adrenal gland is mildly enlarged (1.07 cm at cranial pole) (0.73 cm at caudal pole) with a slightly irregular shape. A 0.42 cm cystic lesion is observed near the caudal aspect. In the remainder of the gland, the parenchyma is slightly heterogeneous with some loss of glandular detail. Surrounding vasculature appears normal.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Spleen

HOSPITAL NAME

The spleen is subjectively normal in size (1.86 cm in width at the level of the hilus) overall. An approximately 3.5 cm isoechoic mass is arising from the parenchyma. The lesion causes subtle capsular expansion. In the remainder of the spleen, the margins are curvilinear and the parenchyma is homogeneous. Splenic vasculature is normal with no evidence of thrombosis.

Tahoe Integrative Care

REFERRING VET

Dr. Robinson

Liver

The liver is subjectively enlarged with irregular peripheral contours. A >8 cm hyperechoic to heterogeneous cavitated mass is arising from the mid to right liver. The lesion causes capsular expansion. In the remainder of the liver, the margins are curvilinear and the parenchyma was homogeneous. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal



PATIENT

Sadie Cook

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.

SPECIES

Canine

Pancreas

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

BREED

German Shorthaired pointer

Free Abdomen

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

SEX

Female, spayed

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

AGE

13 Years

- Large hepatic mass. Neoplasia (i.e., adenocarcinoma, adenoma, round cell tumor) is considered likely with a lower possibility of a benign process (i.e., inflammatory focus or excessive regenerative nodular hyperplasia).

WEIGHT

50 Pounds

- Splenic mass. A metastatic lesion is suspected. However, a primary splenic tumor or a benign process (i.e., focus of lymphoid hyperplasia or similar) are possible.

Secondary Findings:

- Borderline bilateral adrenomegaly.

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(*Small Animal Internal
Medicine*)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine needle aspirates of the hepatic and splenic masses if clotting status is appropriate. 25-gauge needles should be used. If cytology results are inconclusive and an aggressive approach is desired, consider an abdominal exploratory with splenectomy and submission of the spleen for histopathology +/- hepatic mass removal or debulking. An abdominal CT scan would be useful in pre-surgical planning, particularly with regard to the hepatic mass. If a conservative approach is desired, palliative care should be considered.

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SPECIES

Canine

BREED

German Shorthaired pointer

SEX

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AGE

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WEIGHT

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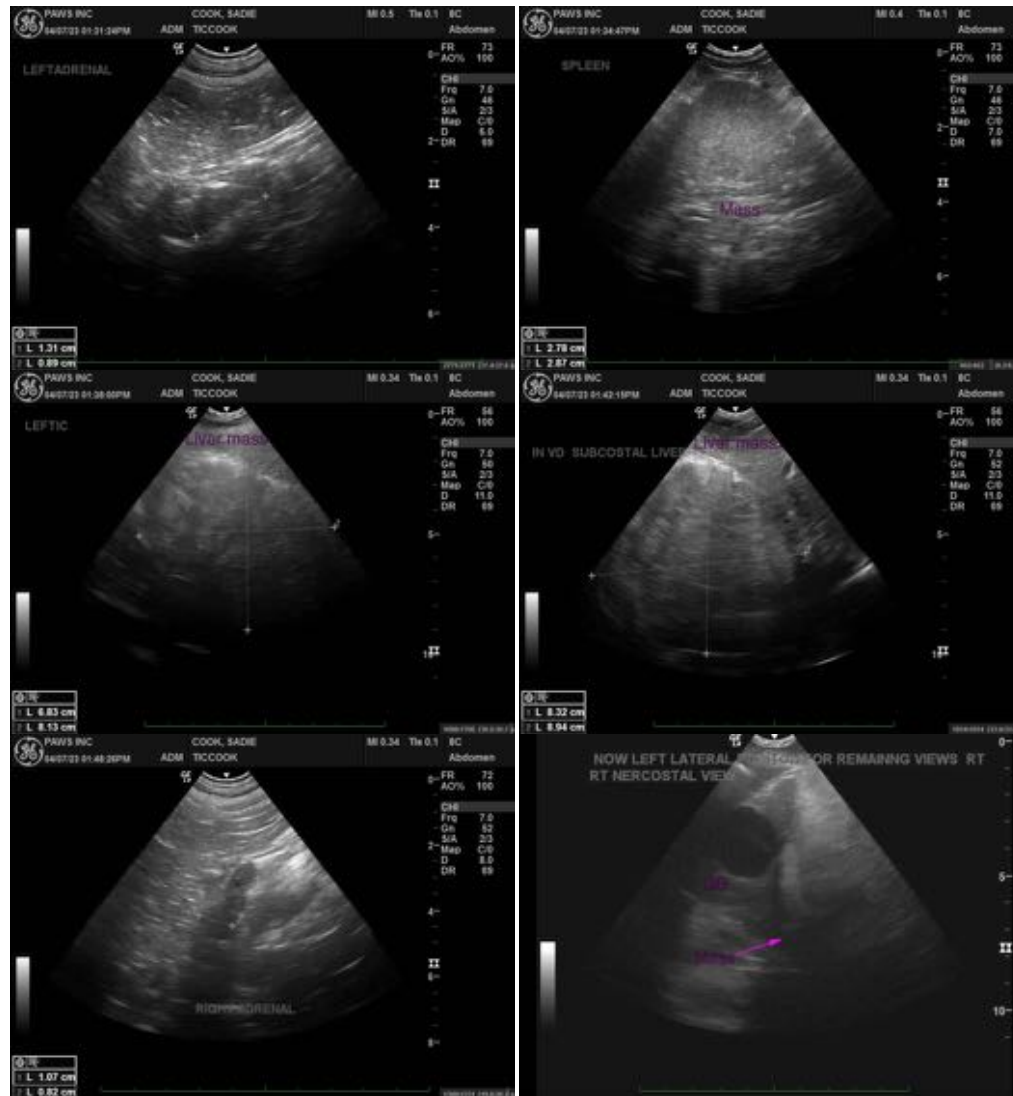
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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