Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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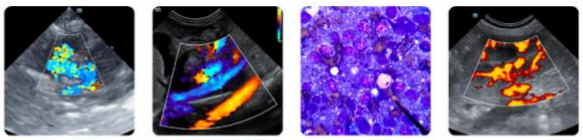

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Radar Kearney

SPECIES

Canine

BREED

Mixed

SEX

Male Neutered

AGE

04/21/2013

WEIGHT

56.6lb

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

VCA Westbury AH

REFERRING VET

Heather Caughey DVM

INVOICE

22895

DATE

4-23-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Came for second opinion from another clinic where they stated pet was in liver failure- for elevated liver enzymes and hyperbilirubinemia. ALT >2000. ALP 1140. Tbili 0.8. Creatinine 1.6.

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 3.0-4.0 cm, are normal.

The prostate is normal in size (1.08 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 (3.2 cm in length) with an irregular shape. The cortex is variably thickened with moderate loss of of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.07 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal- to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is borderline enlarged (1.00 cm at cranial pole) (0.97 cm at caudal pole) with swollen peripheral contours. At the caudal pole, an ill-defined hyperechoic area is visualized. Glandular echogenicity and detail at the cranial pole are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.89 cm at cranial pole) (0.75 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 (1.26 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 enlarged, with irregular peripheral contours. A >13.0 cm heterogenous, slightly cavitated, lobulated expansile mass is arising from the caudal aspect. The mesentery surrounding the mass is hyperechoic. At the cranial aspect, adjacent to the diaphragm, more normal- appearing hepatic parenchyma is visualized. Hepatic vasculature and intrahepatic 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/not seen.

Gastrointestinal

The gastric lumen is mildly- to moderately fluid-distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in

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

Lymph Nodes
No obvious lymphadenopathy is appreciated. However, periportal lymph nodes could not be evaluated due to the size of the hepatic mass and patient discomfort in this region.

Free Abdomen
There is no obvious evidence of free fluid.

Other
A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large caudal hepatic mass. Neoplasia (i.e., adenocarcinoma, sarcoma, round cell tumor) is strongly suspected with a low possibility of a non-neoplastic process (i.e., inflammatory). Adjacent peritonitis is present. It is unclear whether the mass can be completely resected. Debulking is a more reasonable expectation.

Secondary Findings

- Mild gastric ileus
- Mild bilateral adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If an aggressive approach is desired and there is no evidence of pulmonary metastatic disease, consider referral to a board-certified surgeon to discuss hepatic mass removal or debulking. An abdominal CT scan would be useful in presurgical planning.
- If further testing is not pursued, palliative care is recommended.

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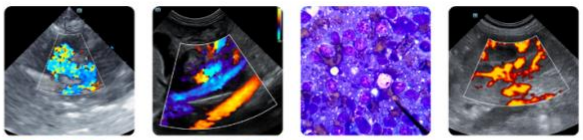

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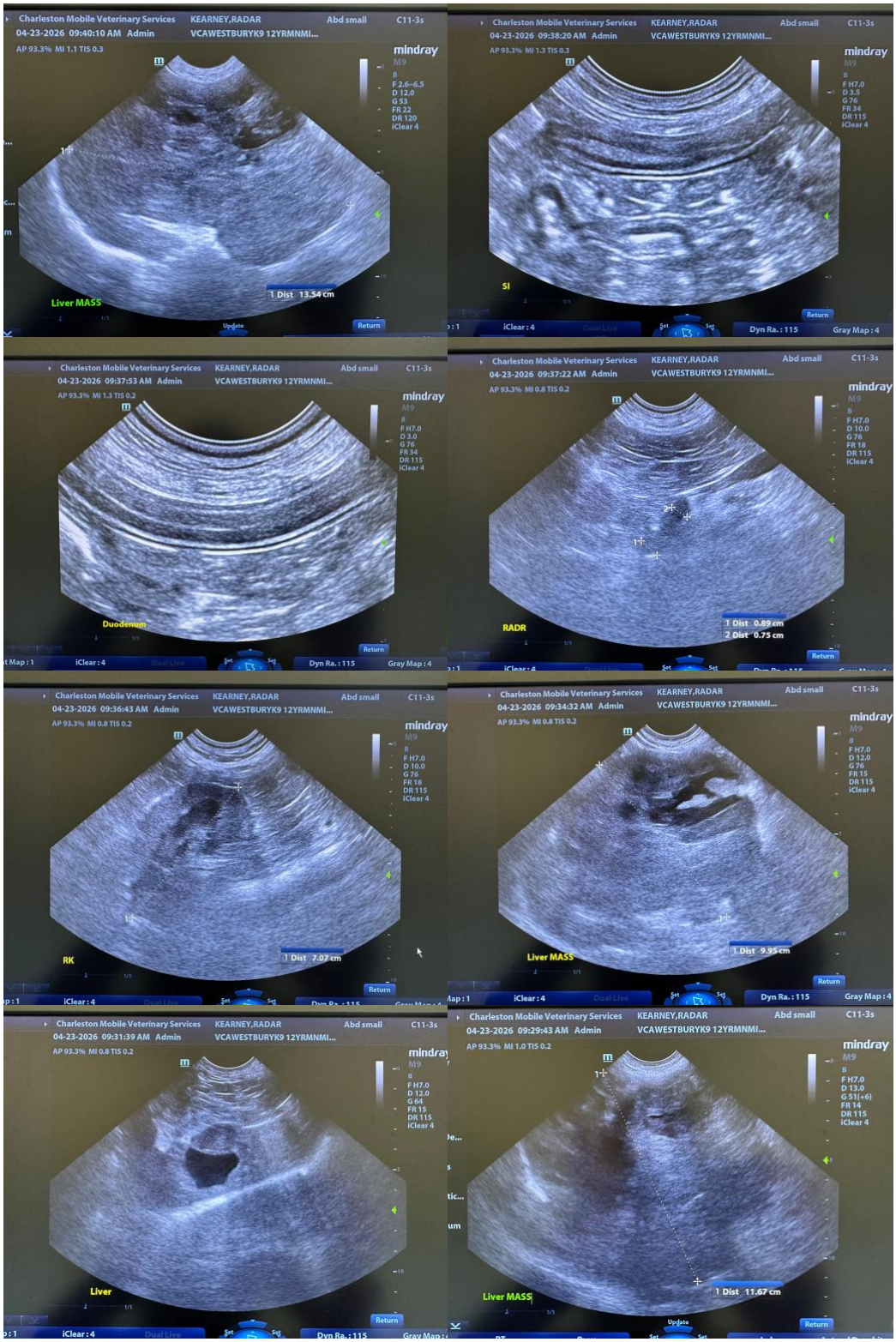

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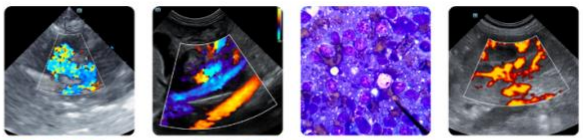

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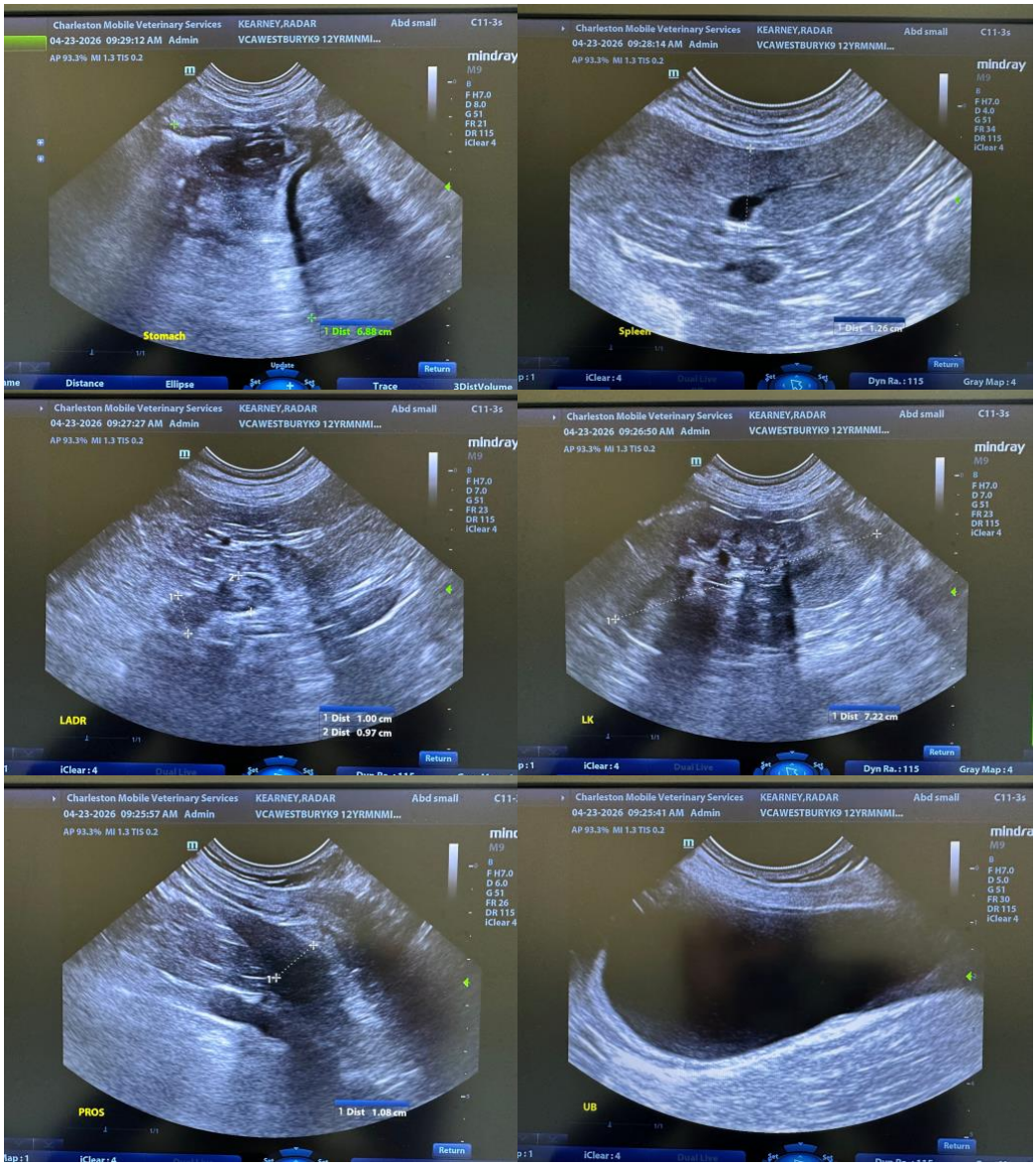

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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