



PATIENT PRESENTING CLINICAL SIGNS

Balto Wright
Clinical Exam Findings: Presented for lethargy/weakness, vomiting, and hyporexia
Physical exam revealed pyrexia (T:103.6) and generalized weakness

SPECIES
Abnormal lab-work values: ALT 987, ALKP >2000, GGT 17, WBC 20.76, Neut 16.9, Mono 1.72
Current Medications: Cerenia injection give 4/28

Canine
Fine Needle Aspirates: Client did not approve sedation nor FNA

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Airedale

SEX Urinary System

Neutered Male
The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of suspended, echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

AGE

9/1/09
The prostate is normal in size (1.23 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

WEIGHT

51.5 lbs
The left kidney is normal size (8.38 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

The right kidney is normal size (7.13 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

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Adrenal Glands

The left adrenal gland is upper limits of normal size (0.77 cm at cranial pole) (0.85 cm at caudal pole) (3.30 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

Flowertown AH

The right adrenal gland is normal size (0.81 cm at cranial pole) (0.57 cm at caudal pole) (2.18 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 Spleen

Dr. Pignatello

The spleen is normal in size (2.24 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.

INVOICE

10823

DATE

4/29/22



PATIENT

Liver

Balto Wright

SPECIES

Canine

BREED

Airedale

SEX

Neutered Male

AGE

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WEIGHT

51.5 lbs

The liver is enlarged with irregular peripheral contours. A >13 cm irregular, heterogenous, cavitated mass is arising from the caudal aspect. The mass causes capsular expansion. Normal hepatic parenchyma is observed at the cranial aspect. 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 gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. A several-centimeter segment of proximal descending colonic wall is mildly thickened (up to 0.60 cm) with retention of the normal layering pattern. No obstructive disease is noted.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

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

Other

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large caudal hepatic mass. Neoplasia is considered likely. Top differentials include adenocarcinoma, adenoma, hemangiosarcoma, other.

Secondary Findings

- Minor, chronic age-related renal changes
- The colonic wall changes are most consistent with an inflammatory process with a low possibility of emerging neoplasia. They may also be a normal variant for this patient.

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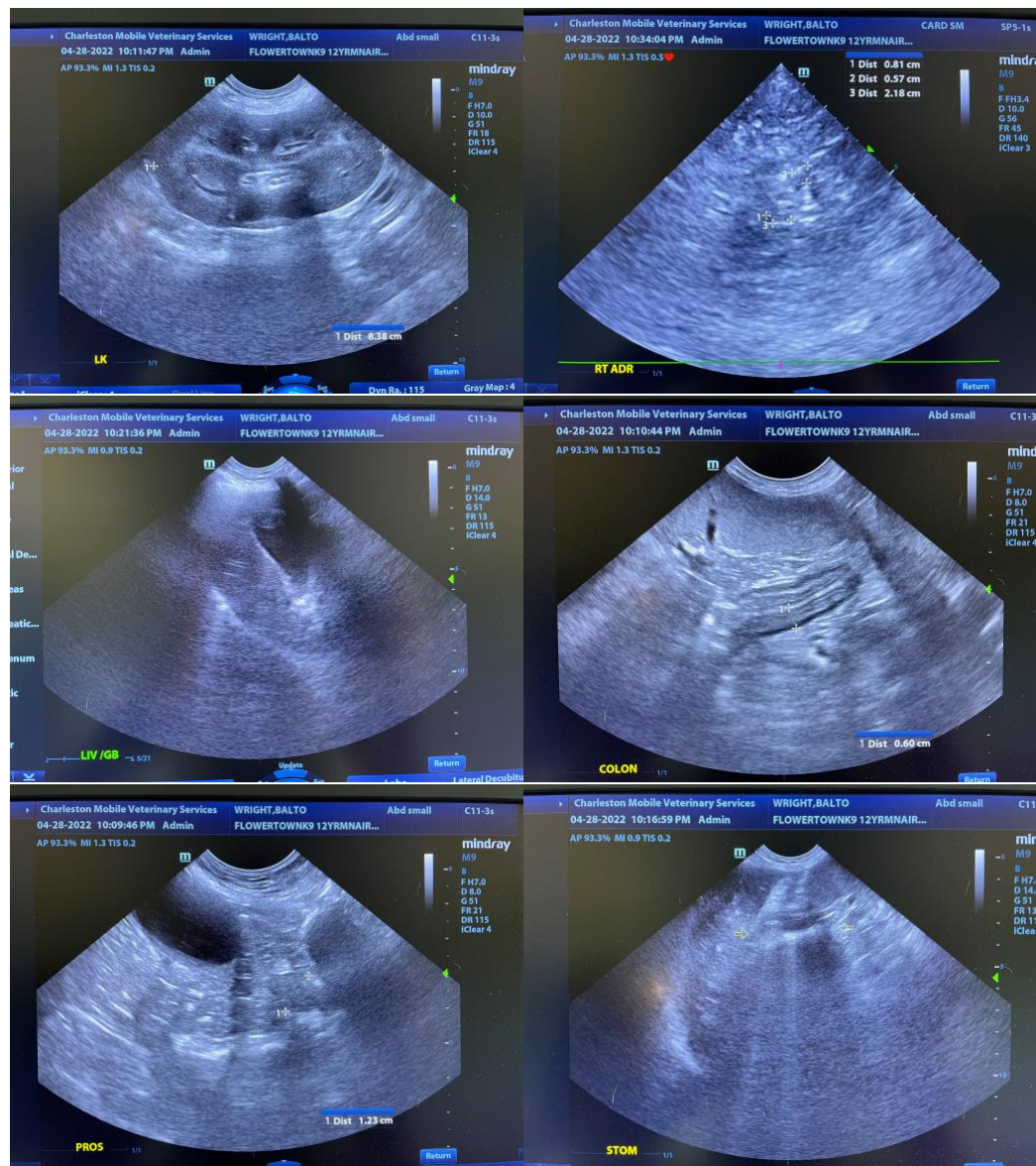
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

If an aggressive approach is desired, consider referral to a board-certified surgeon to discuss hepatic mass removal or debulking. An abdominal CT scan would be useful in presurgical planning. The prognosis with surgery would ultimately depend on the type of mass present and surgical resectability.





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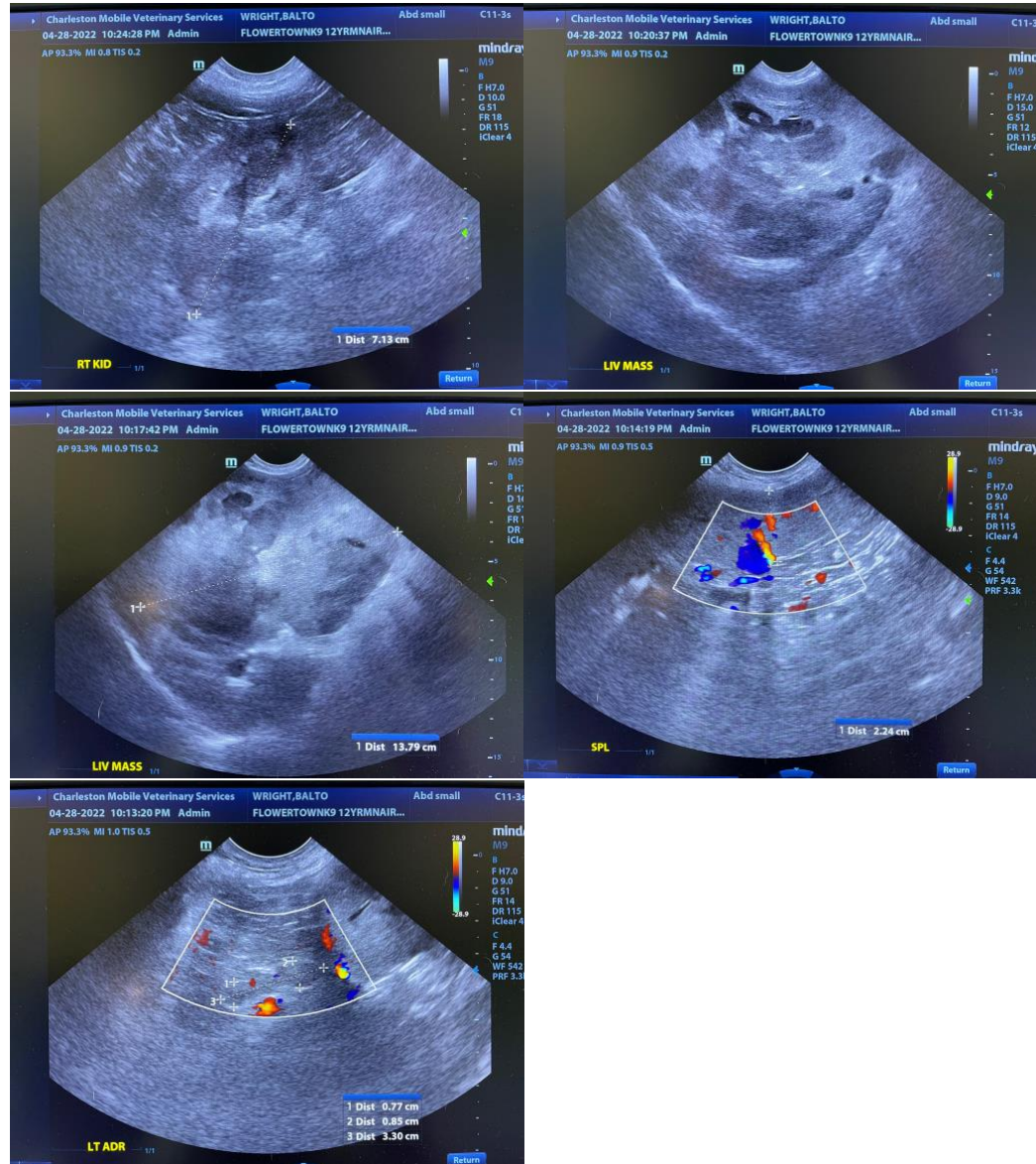
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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