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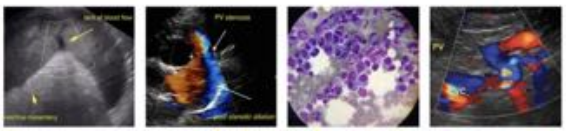


Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Balto Bales

SPECIES

Canine

BREED

Airedale Terrier

SEX

Neutered Male

AGE

04/06/2010

WEIGHT

57.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Southside AH

REFERRING VET

Dr Moser

INVOICE

12678

DATE

4.6.23

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: lethargic and efforted breathing
poss pneumonia, mega esophagus, neoplasia

Abnormal lab-work values: Alkp 217U/L; Neu 13.12k/ul

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 visible portion of the proximal urethra are normal.

The prostate is not visualized in its entirety due to its pelvic location. In the visualized cranial portion, the prostate is normal in size (1.24 cm in width) with normal curvilinear peripheral contours and homogenous parenchyma. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (7.41 cm in length) with a normal shape, architecture and 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 in size (6.79 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.73 cm at cranial pole) (0.83 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 in normal size (1.40 cm at cranial pole) (0.64 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 to slightly prominent in size (2.80 cm in width at the level of the hilus) with slight rounding of the cranial pole. The parenchyma is subtly mottled in appearance. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size. A 4.63 x 2.91 cm isoechoic to slightly hypoechoic mildly heterogenous mass is observed on the left side, at the caudal aspect. The lesion causes mild capsular expansion. In the remainder of the liver, the margins are curvilinear. The parenchyma is hypoechoic relative to the spleen. 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 is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No cholelithes are observed. 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 mildly distended with ingesta. 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 ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional 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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Left liver mass. Differentials include neoplasia (i.e., adenoma, adenocarcinoma, round cell tumor), regenerative nodule, inflammatory focus, other.

Secondary Findings

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

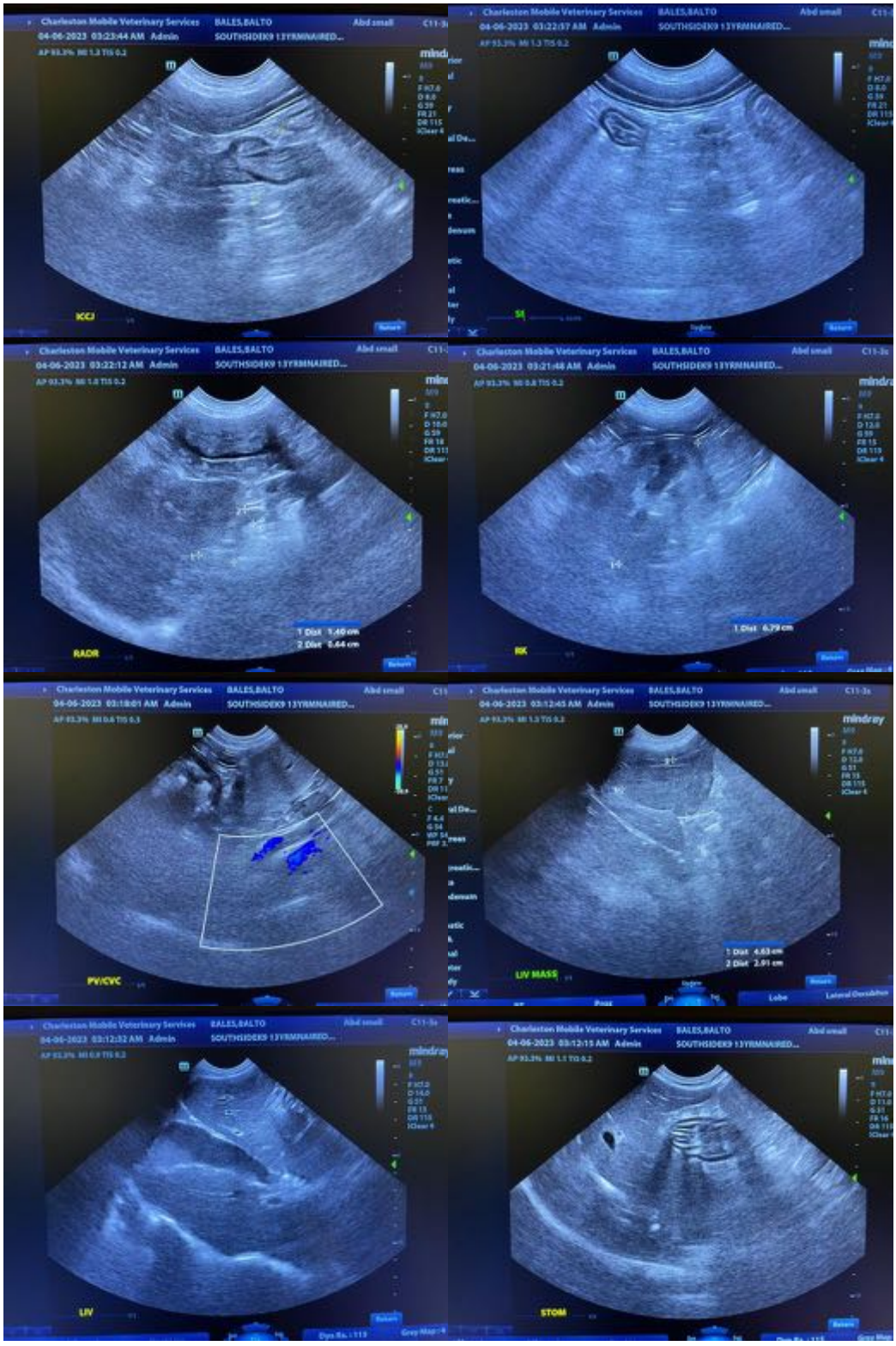
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Symptomatic care for aspiration pneumonia is recommended, including broad-spectrum antbiotics, oxygen therapy as needed, and nebulization/coupage.

- Regarding the hepatic mass, a fine-needle aspirate can be considered if clotting status is appropriate. Alternatively, excisional biopsy cannot be considered once the patient's respiratory status has been stabilized. However, due to the concern for possible megaesophagus, there is concern for aspiration pneumonia during anesthesia.

- Regarding the possible megaesophagus, consider the following:

    1. Acetylcholine receptor antibody titers
    2. Resting cortisol level +/- ACTH stimulation test to assess for hypoadrenocorticism
    3. T4/free T4 by equilibrium dialysis
    4. If the above diagnostics are normal, supportive care for idiopathic megaesophagus should be considered, including elevated meals, adjustment of food consistency, +/- sildenafil trial.


Charleston Mobile Veterinary Services
BALES,BALTO
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SOUTHSIDEK9 13YRMNAIRED...
IVCJ
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BALES,BALTO
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SI
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BALES,BALTO
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SOUTHSIDEK9 13YRMNAIRED...
1 Dist 1.40 cm
2 Dist 0.44 cm
RADR
Charleston Mobile Veterinary Services
BALES,BALTO
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SOUTHSIDEK9 13YRMNAIRED...
1 Dist 6.79 cm
RK
Charleston Mobile Veterinary Services
BALES,BALTO
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PV/CVC
Charleston Mobile Veterinary Services
BALES,BALTO
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mindray
1 Dist 4.63 cm
2 Dist 2.91 cm
LIV MASS
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LIV
Charleston Mobile Veterinary Services
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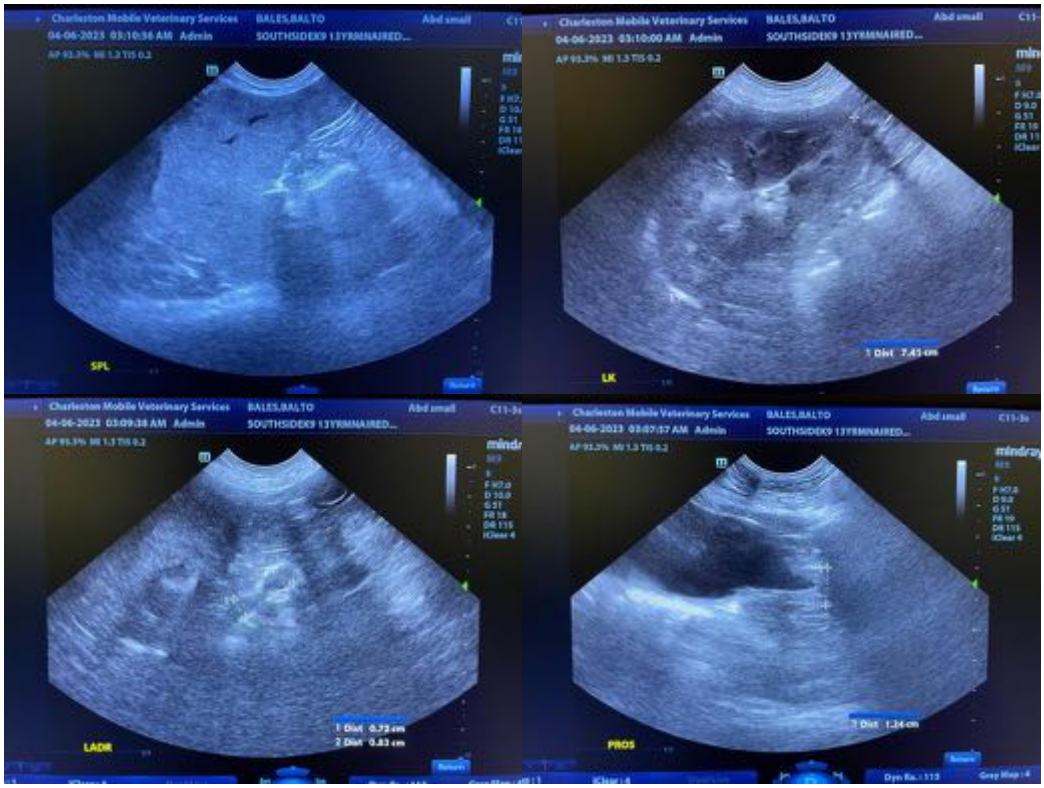
STOM



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