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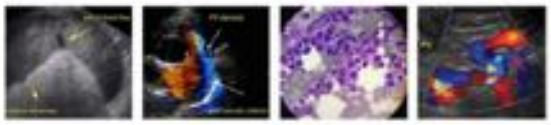


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Hershey Favazzo

SPECIES

Canine

BREED

Labrador Retr Husky

SEX

Female Spayed

AGE

10 years

WEIGHT

39 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

MountainView AH

REFERRING VET

Dr Sarah Kalivoda

INVOICE

12712

DATE

4.6.23

PRESENTING CLINICAL SIGNS

History: P presents generalized muscle waste but has gained weight. P is panting often and is P/U - P/D. P is currently on W/D. Cataracts AU Working diagnosis ~ P is currently diabetic but have concerns of Cushing's disease~MEDS Novolin Insulin

Abnormal PE/Chem/CBC/UA Results: BW: slight decrease MCH and MCHC. Slight increase in Platelets (595 143- 448) - Glucose 369. BUN 32. Slight decreased Chloride. - ALP 7,605. CK 353 10 - 200 ~ UA: pH >9.0, Protein:4+, Blood/Hemoglobine 2+, Glucose 1+, WBC's 2-5, RBC's 10-15, Bacteria: Moderate Rods, Crystals: 4+ ammonium mg phosphate

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 is normal.

The left kidney is normal in size (7.98 cm in length) with a normal shape, architecture and 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.

The right kidney is normal in size (7.81 cm in length) with a normal shape, architecture and 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.

Adrenal Glands

The left adrenal gland is normal in size (0.91 cm at cranial pole) (1.02 cm at caudal pole) with a normal shape and smooth peripheral contours. A 0.38 cm hyperechoic to mineralized focus is observed at the caudal pole. The remaining glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is in mildly enlarged (0.91 cm at cranial pole) (0.90 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 (xxx 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 subjectively prominent in size. An approximately 8.00 cm irregular, heterogenous cavitated mass is observed deep on the right side adjacent to the diaphragm. The mass causes capsular expansion. In the remainder of the liver, the margins are curvilinear and the parenchyma isoechoic relative to the spleen. A 1.08 cm hyperechoic nodule is observed on the left side. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic, partially dependent debris/sludge is observed within the lumen. 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 is normal in 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
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
There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

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

Secondary Findings

- Borderline bilateral adrenomegaly. This may be a normal variant for this patient or may represent early hyperplastic change. The hyperechoic focus in the left adrenal gland may be a benign incidental finding. However, occasionally adrenal tumors can be mineralized (although a tumor is not visualized at this time).

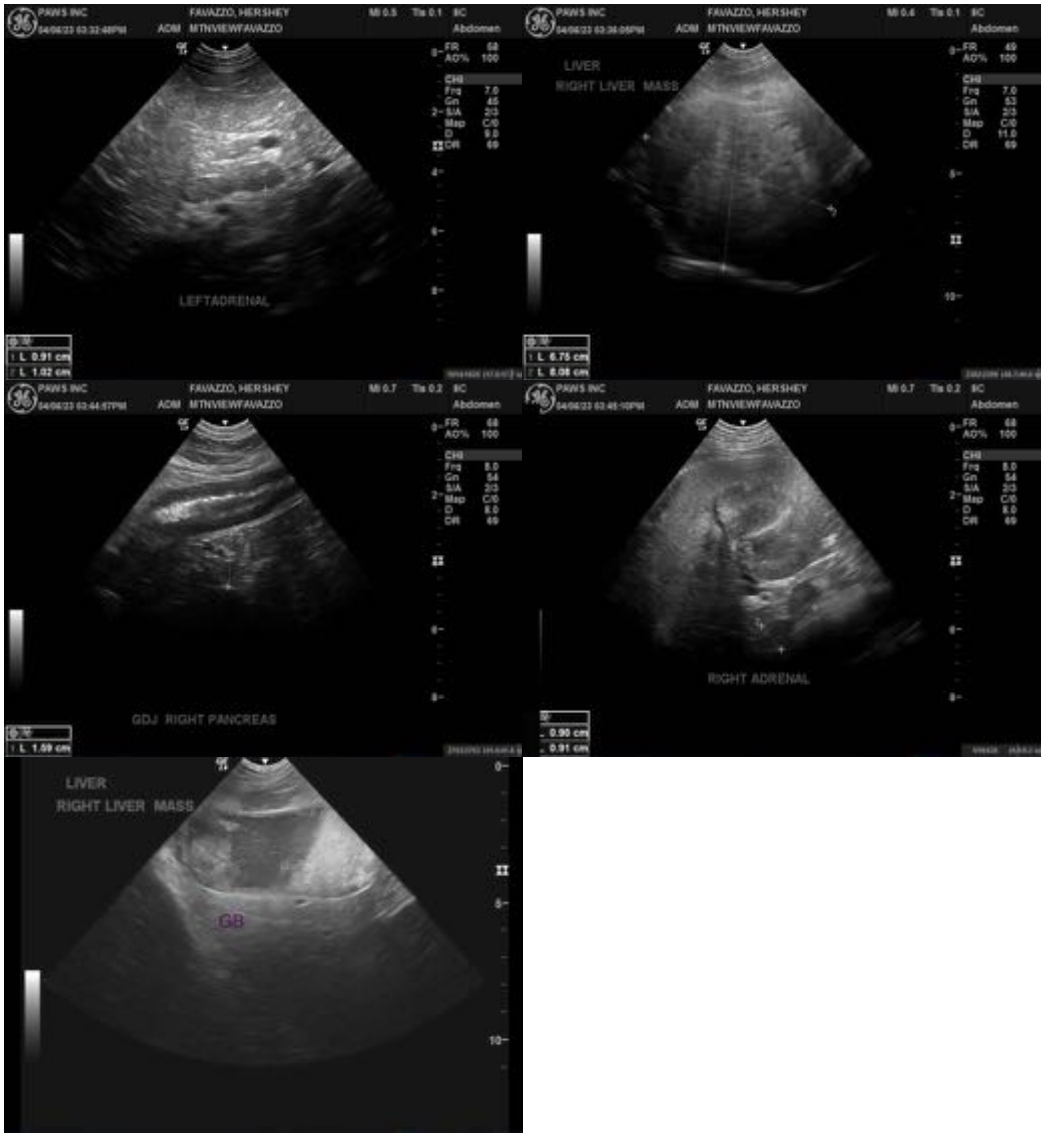
- The gall bladder changes could be consistent with cholestasis, fasting or an emerging mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

- Fine-needle aspirate of the hepatic mass can be considered (if clotting status is appropriate). A 25-gauge needle should be used. If the cytology results are inconclusive or if the mass is not accessible, consider consultation with a board-certified surgeon to discuss excisional biopsy or debulking. An abdominal CT scan would be useful in presurgical planning.

- Given the proteinuria and hematuria, consider a UPC on a free catch sample that is free of blood.



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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