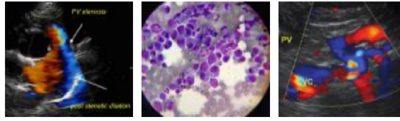
IMAGING PERFORMED BY

IntraPet.com



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DATE

5/11/22

PATIENT

Whisky Reyes

SPECIES

Canine

BREED

Pug

SEX

Male, neutered.

AGE

5/10/2014

WEIGHT

23.6 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Saubier

INVOICE

13363

PRESENTING CLINICAL SIGNS

End of March beginning of April owner took Whisky and flew to Texas to visit family. Returned beginning of April. When 1st got home and let out of carrier seemed very weak in hind limbs. Has improved. Since then has progressively been eating less and less and now not eating. Vomited once last week none since. Stool soft but formed. Had been eating dry food - when appetite decreased owner has been trying to mix in wet and tried other diet as well. No know toxic or foreign ingestions. Beginning Friday started to have nasal discharge, seems to be having trouble breathing. Sitting up when trying to sleep at night. Family they visited in Texas has 5 month old puppy that was purchased from Breeder.

Current Medications: Unasyn, Entyce, Diphenhydramine, Buprenorphine, Cerenia, Protonix.
Lab Results: Mild non-regenerative anemia. White count 46,000 with a neutrophilia and suspected left shift. Monocytosis, lymphocytosis. Chem WNL, 4DX negative.
Radiographs: mild broncho - interstitial changes. Slight narrowing of trachea evident. Mild dorsal deviation of trachea cranial
Mediastinum.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is distended. A small to moderate amount of echogenic debris is suspended within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (4.05 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. At least one cortical infarct is observed at the caudal pole. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.25 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.50 cm at cranial pole) (0.56 cm at caudal pole) (1.80 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.

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

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 enlarged with a swollen irregular contour on the right side. A >4 cm heterogeneous cavitated mass is arising from the right side. The mass causes capsular expansion. The remaining parenchyma is 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.

Gastrointestinal
A 2.06 x 1.38 cm solid echogenic structure is observed within the gastric lumen. The gastric wall is otherwise normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. The colonic wall is normal. No obstructive disease is noted.

Pancreas
A portion of the pancreas is obscured by the abdominal pathology. IN the visualized portion (right limb) the parenchyma appeared slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. Several severely enlarged (up to 6.58 cm) rounded hypoechoic lymph nodes are observed throughout the cranial to mid-abdomen. Surrounding mesentery is hyperechoic.

Other
A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS
Primary Findings:

- Right hepatic mass. Neoplasia (i.e., adenocarcinoma, round cell tumor, sarcoma) is considered likely with a lower possibility of benign pathology).

- The severe lymphadenopathy is also concerning for infiltrative neoplasia (i.e., round cell tumor). However, severe pyogranulomatous lymphadenitis cannot be completely excluded, particularly with the patient’s recent travel history.

- Diffuse peritonitis is present, likely secondary to lymph node and hepatic pathology.

- The echogenic structure within the gastric lumen may represent a tumor, foreign body or less likely, normal ingesta.

Secondary Findings:

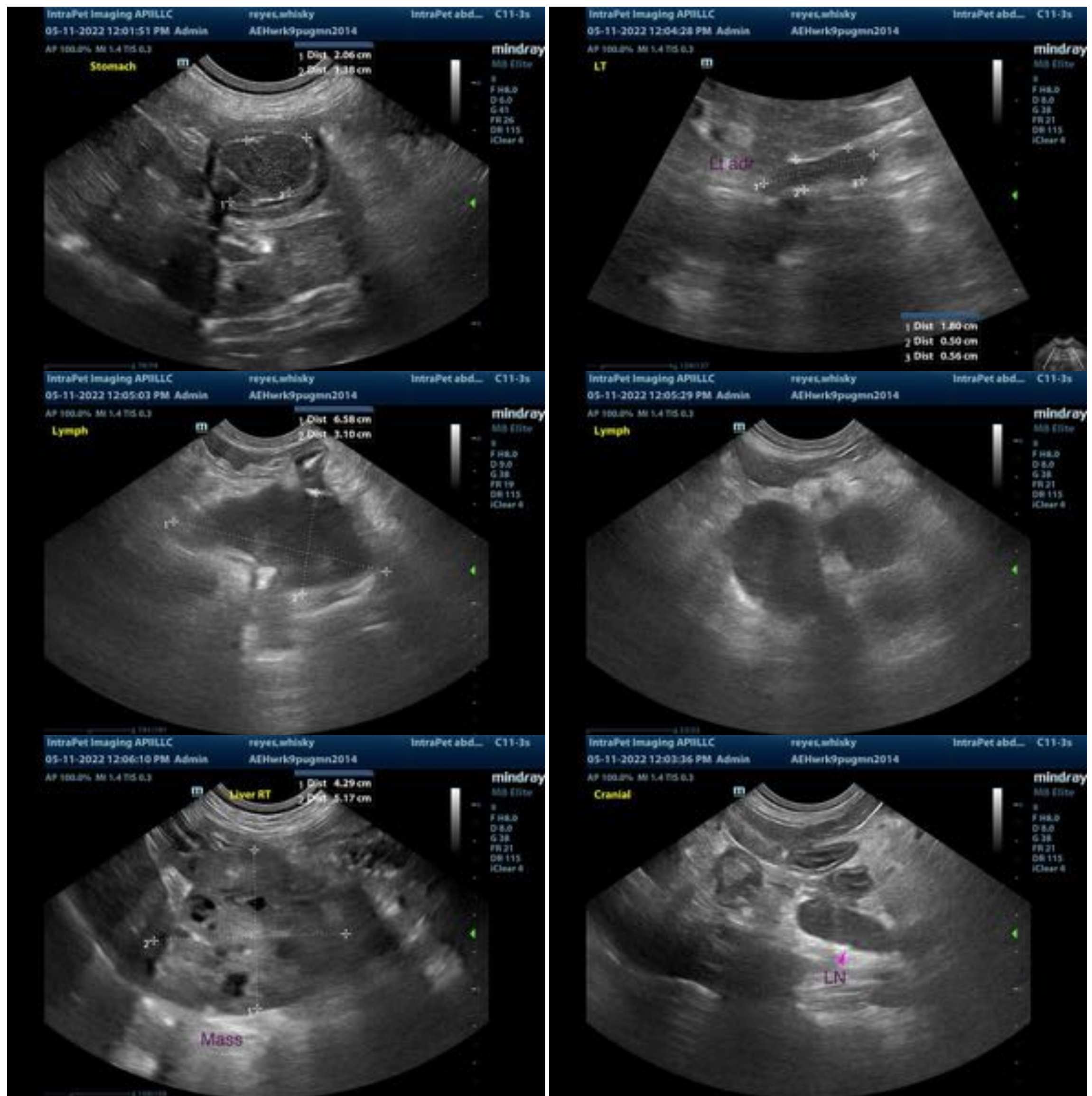
- Bilateral, age-related renal changes with a left cortical infarct.

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspirates of the enlarged abdominal lymph nodes are recommended (if clotting status is appropriate). 25-gauge needles should be used. If cytology results are inconclusive an abdominal exploratory

with lymph node biopsies, hepatic mass removal with submission for histopathology and further assessment of the structure within the gastric lumen can be considered. However, given the multi-organ pathology, the prognosis for this patient is considered guarded.



The information and recommendations provided are based on the images presented by the referring veterinarian. 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 ACVIM (*Small Animal Internal Medicine*)
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