

**PATIENT PRESENTING CLINICAL SIGNS**

Coby D'Elia History: presented 5/9/22 for lethargy, lameness, possible seizure, acute abdominal pain. On Vetprofen, Denamarin

**SPECIES** Abnormal PE/Chem/CBC/UA Results: AST 836, Chol 394, ALT 3130, ALKP 163

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Labradoodle

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. 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.

**SEX**

Neutered Male

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

**AGE**

7 years

The left kidney presented normal size (7.22 cm in length); normal shape and architecture with 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.

**WEIGHT**

n/a

The right kidney presented normal size (7.81 cm in length); normal shape and architecture with 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 size (0.60 cm at cranial pole) (0.61 cm at caudal pole) (3.21 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 right adrenal gland is normal size (0.34 cm at cranial pole) (0.48 cm at caudal pole) (2.41 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.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Mt. Olive VH

**Spleen**

The spleen is normal in size (2.01 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.

**REFERRING VET**

Dr. Jones

**Liver**

A >11 cm irregular, heterogenous, cavitated mass is arising from the right side. The mesentery effacing the serosal surface of the mass is hyperechoic. In the region of the right medial lobe, a 3.15 cm isoechoic swelling/mass is also seen. The remaining hepatic parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

**INVOICE**

10903

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.

**DATE**

5/12/22

### ***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 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. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

### ***Pancreas***

A portion of the pancreas is obscured by the hepatic mass. In the visualized portion, no obvious pathology is observed.

### ***Free Abdomen***

There is questionable trace free fluid in the cranial abdomen. 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**

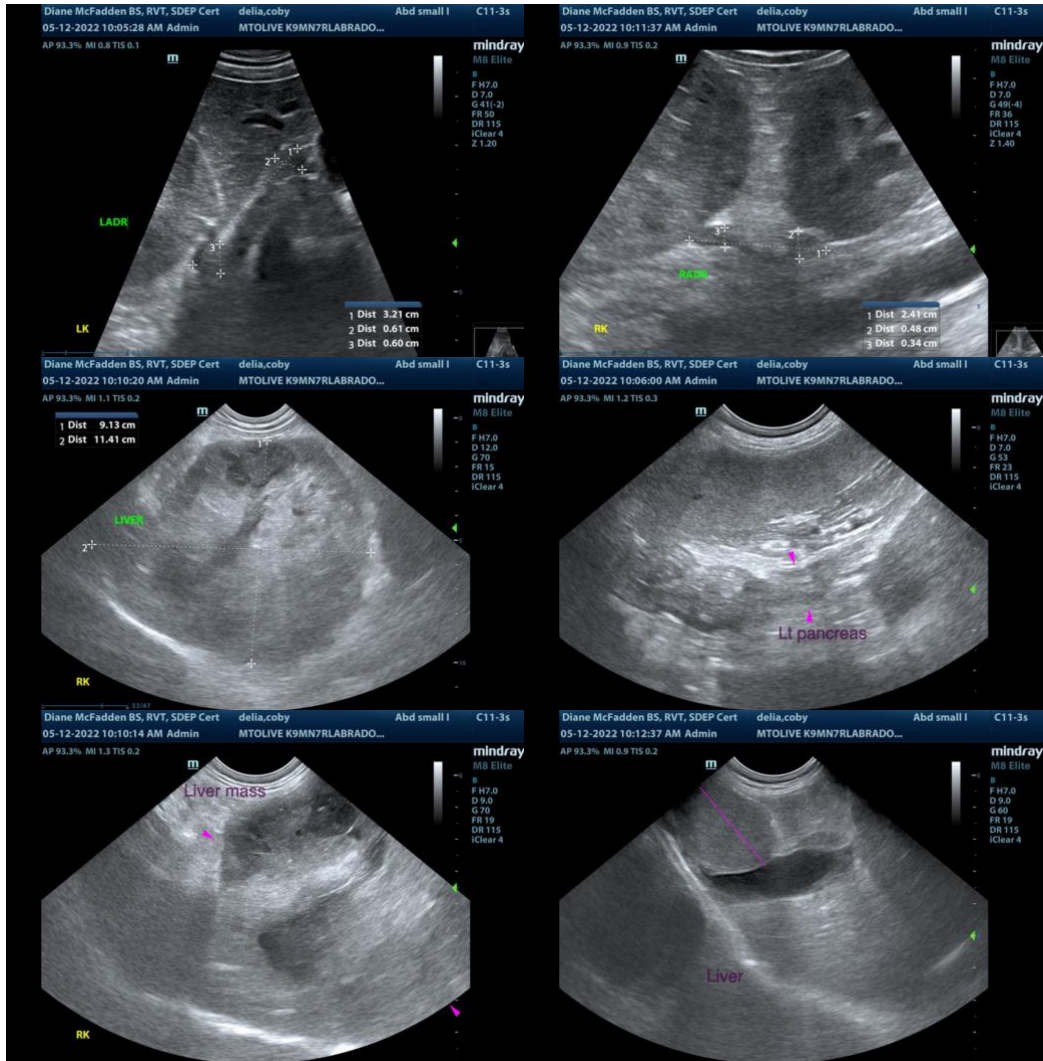
### **Primary Findings**

- Right hepatic mass. Neoplasia (i.e., carcinoma, hemangiosarcoma, round cell tumor) is considered likely with a low possibility of benign pathology. Regional peritonitis is present. The swelling in the region of the right medial lobe could be consistent with a tumor or a benign process (i.e., a focus of regenerative nodular hyperplasia or inflammation).

## **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. An abdominal CT scan would be useful in presurgical planning, particularly in helping to determine if the lesion in the right medial liver lobe is also a tumor.



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](mailto:info@SonoPath.com)