



PATIENT

Moby Clark

SPECIES

Canine

BREED

Queensland Heeler

SEX

Male, neutered

AGE

9 Yrs.

WEIGHT

16.9 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Woodside

HOSPITAL NAME

Sherwood Family Pet
Clinic

REFERRING VET

Dr. Woodside

INVOICE

13395

DATE

5/17/22

PRESENTING CLINICAL SIGNS

History: Presented this evening for 3 weeks of gradual decreased appetite. Now anorexic. Weight loss of 5# since 2/18/2022. No vomiting, no diarrhea. Drinking normal amount of water. Decreased energy level.

Abnormal PE/Chem/CBC/UA Results: Underweight (4/9) Ribs and lumbar vertebrae more palpable than normal. MCS 4/5; mild calculus, gingivitis; firmness in cranial abdomen, impression of hepatomegaly with rounded margins, caudal abdomen normal palpation; mild- moderate discomfort with palpation CBC/CHEM/UA/cPL pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness. There is a slightly irregular mucosal surface in the region of the apex. A scant amount of suspended echogenic debris is observed within the lumen. No cystic 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 subjectively normal size with 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.

The right kidney is normal size (6.58 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.

Adrenal Glands

The left adrenal gland is normal size (0.77 cm at cranial pole) (0.71 cm at caudal pole) (1.91 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 (1.73 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 enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely mottled in appearance. A >6 cm mass effect is suspected on the right side. Vascular is of normal volume with no evidence of congestion. The gall bladder lumen is mildly distended. The wall is thickened (up to 0.45 cm) and hyperechoic. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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The gastric lumen is not distended. The gastric wall is 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 wall of the descending colon is moderately thickened (up to 0.50 cm) with apparent retention of the normal layering pattern. A small amount of fluid is observed within the colonic lumen. No obstructive disease is noted.

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Pancreas

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The right limb of the pancreas is enlarged with irregular peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and appears edematous. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

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The mesentery throughout the abdomen is hyperechoic. A small amount of free fluid is observed. At least 2 enlarged medial iliac lymph nodes are visualized, the largest measuring 1.18 cm. The nodes are rounded and mildly hypoechoic.

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Other

At least 2-3 hypoechoic to anechoic nodules are observed which appear to be in the subcutaneous space. One of the nodules measures 1.51 cm in its longest dimension.

WEIGHT

16.9 kg.

ULTRASONOGRAPHIC FINDINGS

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Primary Findings:

- The hepatic changes are concerning for infiltrative neoplasia (i.e., round cell tumor). However other hepatopathies (i.e., inflammatory disease) cannot be completely excluded.
- The gallbladder wall changes could be consistent with cholecystitis, benign age-related hyperplasia or artifactual due to lack of full repletion.
- The pancreatic changes are suggestive of moderate acute pancreatitis.
- Diffuse peritonitis is present, likely secondary to hepatic and pancreatic pathology.
- The hypoechoic to anechoic nodules, which appear to be within the subcutaneous tissues, are concerning for neoplastic lesions. However, inflammatory foci or abscesses cannot be excluded.

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Secondary Findings:

- The colonic wall changes are most consistent with inflammatory process with a lower possibility of emerging neoplasia.
- The enlarged medial iliac lymph nodes could be consistent with infiltrative neoplasia, reactive lymphadenitis or lymphoid hyperplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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- If clotting status is appropriate, consider fine needle aspirate of the liver. If cytology results are inconclusive, a surgical biopsy may be necessary to get a definitive diagnosis. Biopsies of the subcutaneous nodules should also be considered.
- While awaiting test results, empirical treatment for pancreatitis is recommended including fluid therapy, antiemetics, gastric protectants, and pain medication as needed.

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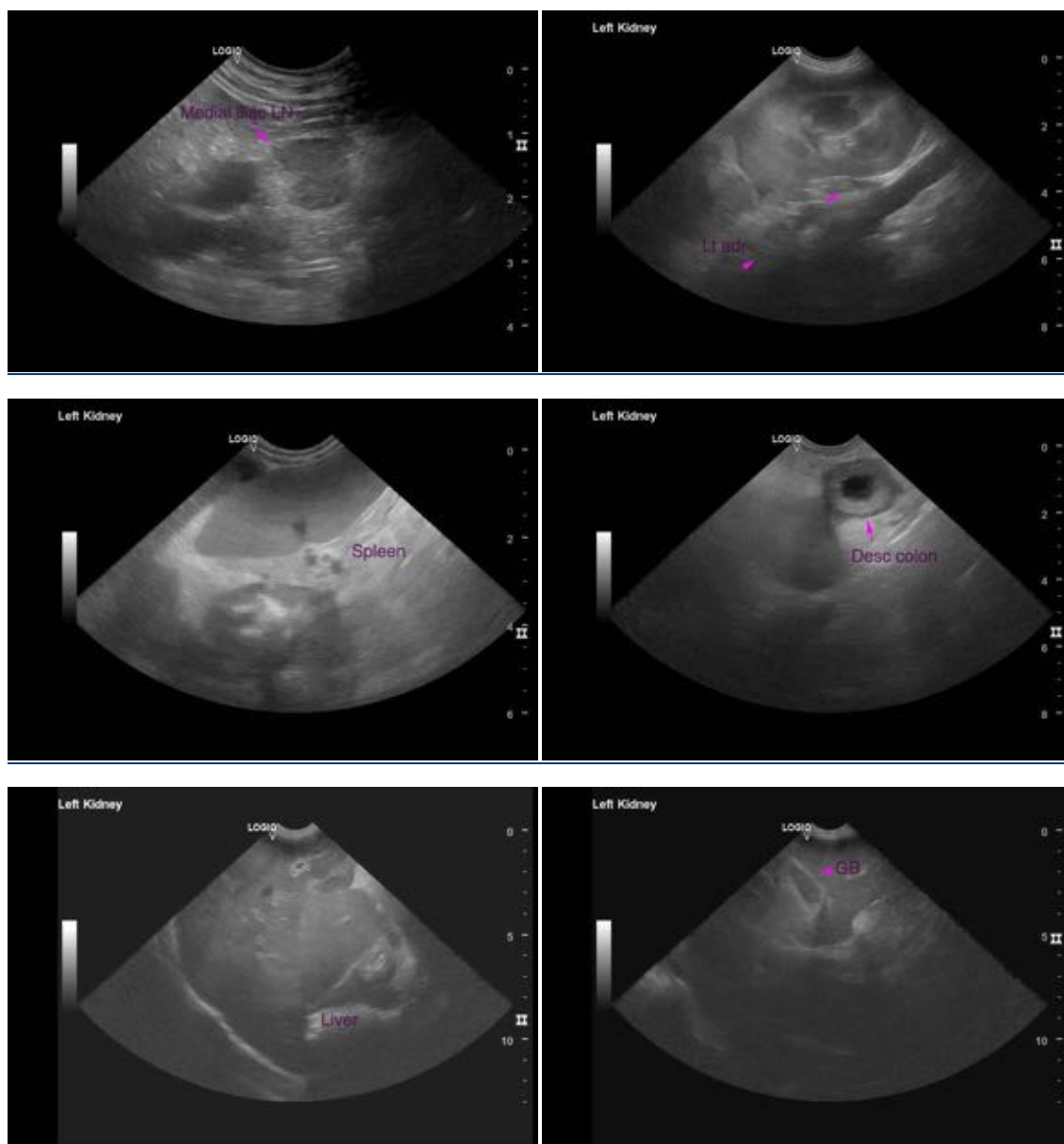
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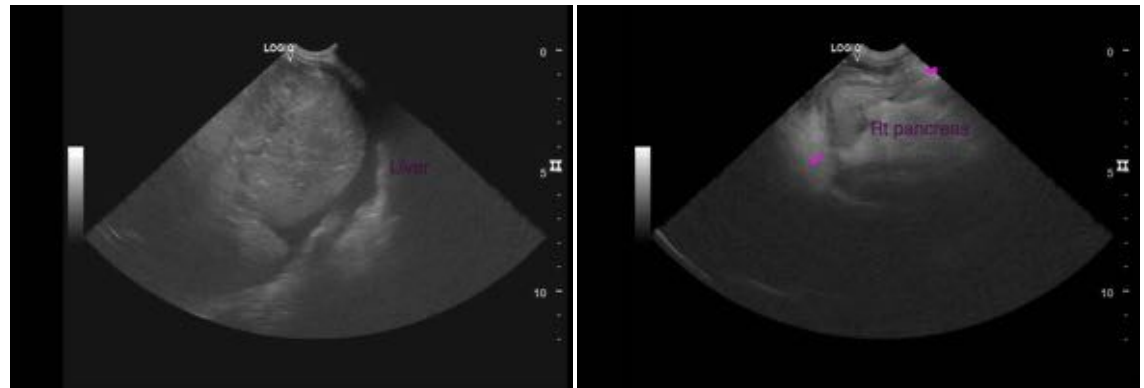
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com