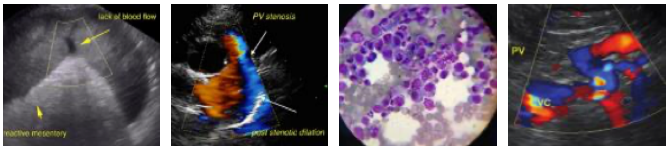


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Shep Vargas

SPECIES
Canine

BREED
Husky

SEX
Male, neutered

AGE
11 Yrs.

WEIGHT
80 lbs.

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

IMAGING PERFORMED BY
Nicole Gotfredsdon

HOSPITAL NAME
Buffalo VC

REFERRING VET
Dr. Gotfredson

INVOICE
13419

DATE
5/24/22

PRESENTING CLINICAL SIGNS

History: referral case: Patient was hospitalized over the weekend for lethargy and not eating. On Denamarin, gabapentin and Galliprant. Radiographs show a mass that appears on the liver. Has had diarrhea.
Abnormal PE/Chem/CBC/UA Results: CPLI-abnormal, ALT=402, ALT=402, ALKP=1338, GGT=19, CA=12.2, WBC=12.46

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall at the region of the apex is thickened (up to 0.57 cm) with an irregular mucosal surface. The wall tapers to a normal thickness as it extends toward the urinary bladder neck. A small amount of gravity-dependent, aggregated mineralized sand +/- tiny calculi are observed within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (1.70 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

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 minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is not definitively visualized due to the large hepatic mass.

Adrenal Glands

The left adrenal gland is normal size (0.75 cm at cranial pole) (0.57 cm at caudal pole) (3.62 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 not definitively visualized due to the large hepatic mass.

Spleen

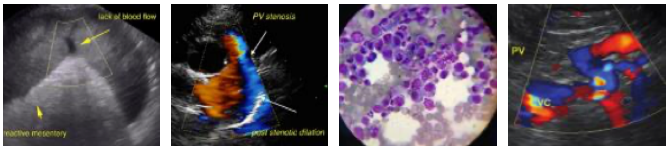
The spleen is normal in size (1.83 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

A >10 cm irregular heterogeneous cavitated mass appears to be arising from the hepatic parenchyma. There is minimal normal appearing hepatic tissue at the cranial aspect. The mesentery surrounding the liver mass is hyperechoic. The gall bladder lumen is not definitively visualized due to the large hepatic mass.

Gastrointestinal

The gastric lumen is moderately distended with ingesta. 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



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normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

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

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Large cranial abdominal mass, suspected to be of hepatic origin. Neoplasia (i.e., adenocarcinoma, sarcoma, round cell tumor) is considered likely with a lower possibility of benign pathology. Cranial peritonitis is present.

Secondary Findings:

- Minor left age-related renal changes.
- Urinary bladder sand +/- small calculi. The urinary bladder wall changes could be consistent with cystitis or may be artifactual due to lack of full repletion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If there is no evidence of pulmonary metastatic disease and an aggressive approach is desired, consider referral to a board-certified surgeon to discuss a mass debulking. An abdominal CT scan may be useful in pre-surgical planning. Otherwise, palliative/symptomatic care is recommended.

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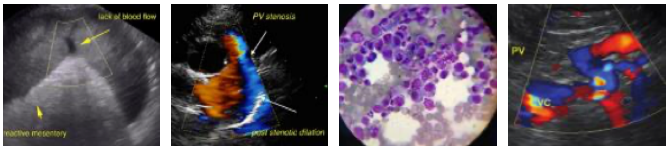

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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