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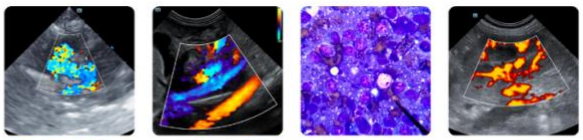

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Mocha Devore

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Female Spayed

AGE

16

WEIGHT

3.29 kg

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Island Pet
Urgent Care

REFERRING VET

Dr. Odle

INVOICE

22964

DATE

5-3-26

PRESENTING CLINICAL SIGNS

Patient has a historical elevation in ALT. On Friday, became acutely ill – vomiting, lethargy. CBC showed a neutrophilia. Chemistry panel pending. Serum icteric.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.57 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate- to severe loss of corticomedullary distinction. Moderate pyelectasia is present (0.36 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.06 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate- to severe loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Moderate pyelectasia is present (0.44 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.58 cm at cranial pole) (0.68 cm at caudal pole) with slightly swollen peripheral contours. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (0.59 cm at cranial pole) (0.56 cm at caudal pole) with swollen peripheral contours. A pinpoint hyperechoic- to mineralized focus is observed at the cranial pole. The parenchyma is mildly heterogenous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.98 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 swollen/irregular peripheral contours. The parenchyma is isoechoic relative to the spleen and heterogenous in appearance. A 3.7 x 3.0 cm heterogenous, slightly cavitated expansile mass is observed on the left side. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder is distended. The wall is normal in thickness. A moderate- to large amount of aggregated, echogenic, suspended/organized sludge is observed within the lumen in a partially stellate pattern. Adjacent mesentery is hyperechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly fluid-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

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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.

Lymph Nodes
There is no obvious evidence of free fluid.

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

Other
A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gallbladder changes are consistent with a fully-formed mucocele with adjacent peritonitis. Impending gall bladder rupture is of top concern, given the adjacent peritonitis.
- Left hepatic mass. Neoplasia (i.e., adenoma, adenocarcinoma, round cell tumor) is suspected with a lower possibility of a non-neoplastic process. The diffuse hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia, vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.

Secondary Findings

- Bilateral adrenomegaly
- Bilateral nonspecific age-related renal changes with right dystrophic mineralization and bilateral pyelectasia. The pyelectasia may be secondary to parenchymal remodeling, pyelonephritis, PU/PD (if applicable), fluid therapy (if applicable), or some combination thereof.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If an aggressive approach is desired, consider three-view thoracic radiographs to assess for pulmonary metastatic disease. If there is no evidence of neoplasia in the chest, consultation with a board-certified surgeon can be considered to discuss hepatic mass removal and cholecystectomy. If surgery is not pursued, palliative care is recommended.

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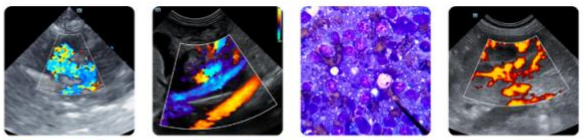

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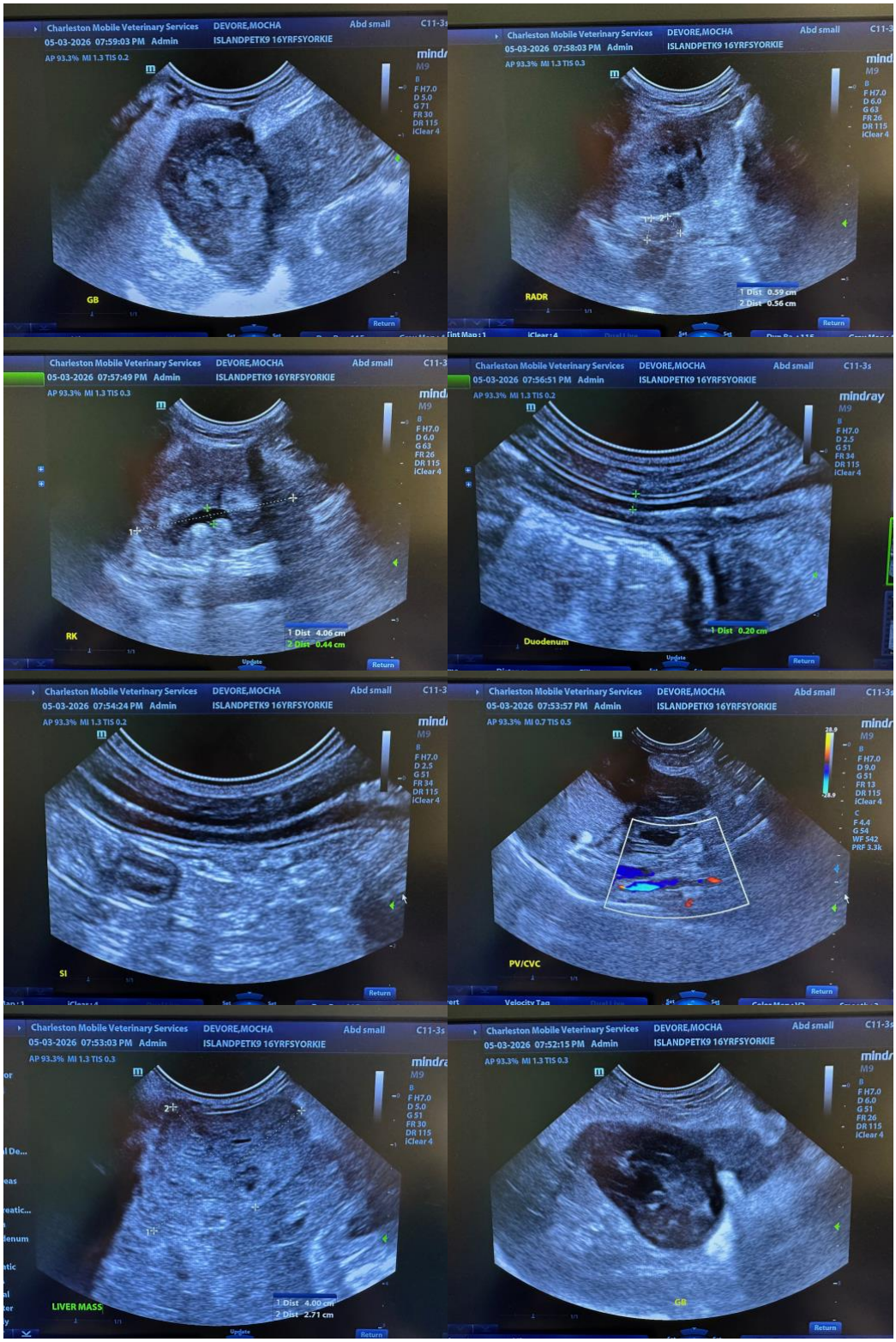

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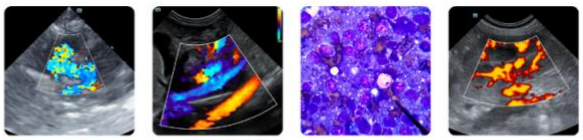

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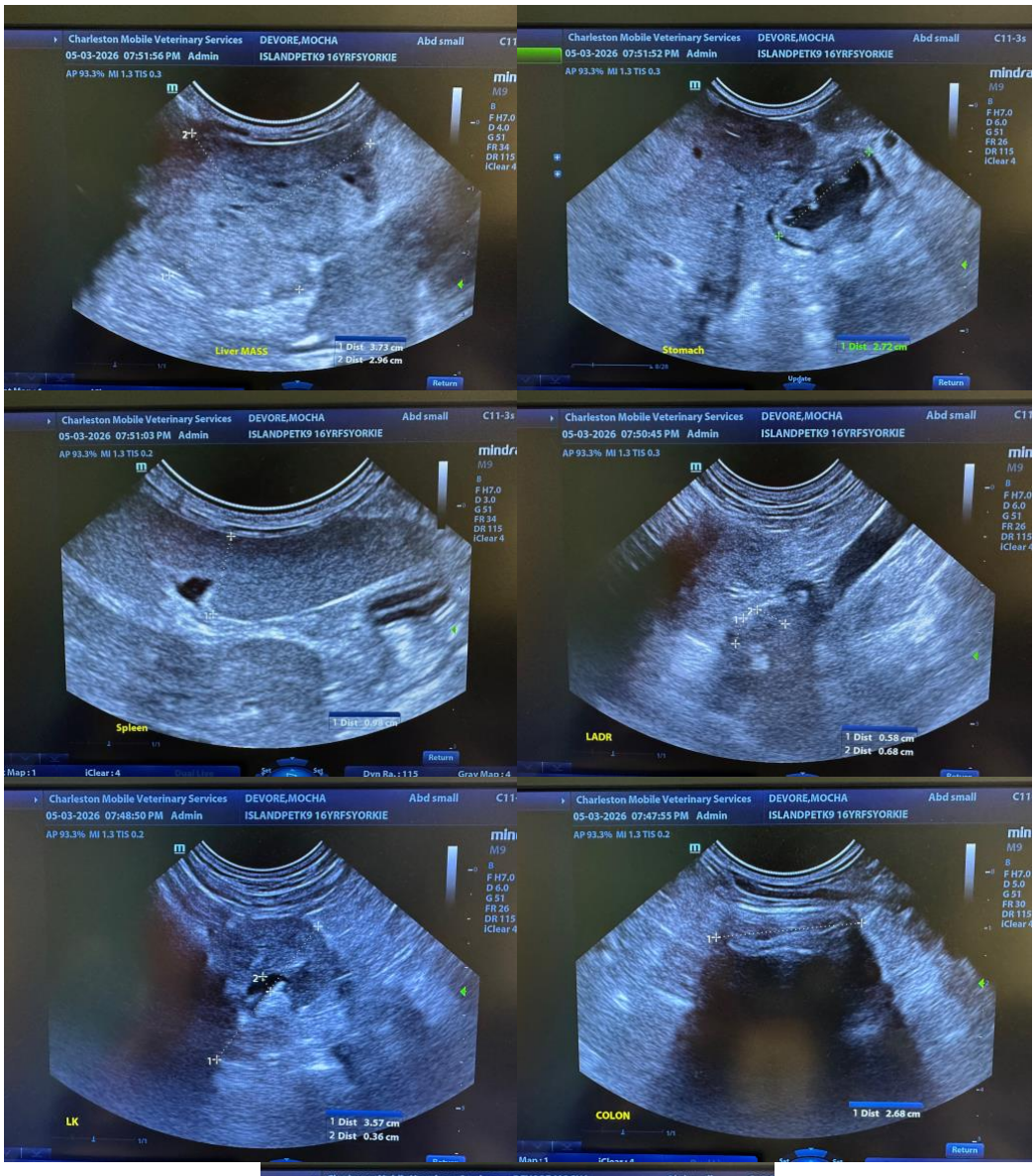

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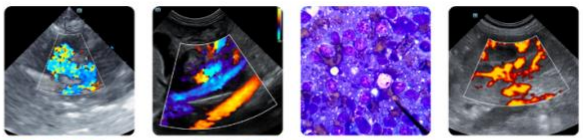

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com