

**DATE PRESENTING CLINICAL SIGNS**

5/31/22

Fecal incontinence- started Dec 2021, assessed March 2022- mobility issues and hip DJD on radiographs, muscle loss pelvic limbs, weak rectal tone, unable to palpate prostate pHx hypothyroidism- well controlled for many years.

PATIENT

Niko Greiser

Current Medications: Visbiome March 2022 for 1 month- no improvement, Adequan 4.4mg/kg BIW x4wks, now SIW x4wk-- initial improvement, CLT BIW x 2wk, SIW x4wk-- initial improvement. Will have Gabapentin 600mg PO prior to scan.

SPECIES

Canine

Lab Results: Mild elevations ALT/AST.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Declined.

BREED

Husky

Imaging Performed By: Stephanie Pearce RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Male, neutered

Urinary System

The urinary bladder is mildly to moderately distended. The wall is normal in thickness with a smooth mucosal surface. A moderate amount of gravity-dependent mineralized sand as well as a large amount of aggregated echogenic to mineralized suspended debris is observed within the lumen. The region of the trigone and the proximal urethra, visible to a depth of 2-3 cm, are normal.

AGE

4/6/2010

The prostate is normal in size (1.63 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

WEIGHT

85 lbs.

The left kidney is normal size (7.90 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

The right kidney is normal size (7.99 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Eastern AH

Adrenal Glands

The left adrenal gland is normal size (0.67 cm at cranial pole) (0.78 cm at caudal pole) (3.41 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.

REFERRING VET

Dr. Sole

The right adrenal gland is normal size (0.82 cm at cranial pole) (0.63 cm at caudal pole) (3.26 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.

INVOICE

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Spleen

The spleen is normal in size (2.15 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 normal in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen. An approximately 5 cm irregular heterogeneous and slightly cavitated mass is observed deep on the right side, adjacent to the diaphragm. The remaining parenchyma is subtly mottled in appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion. The

gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

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 pyloric outflow tract is patent. 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 disease is noted.

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.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Deep right hepatic mass. Neoplasia (i.e., adenocarcinoma, adenoma, hemangiosarcoma, other) is considered likely with a lower possibility of a benign process (i.e., inflammatory lesion, granuloma).

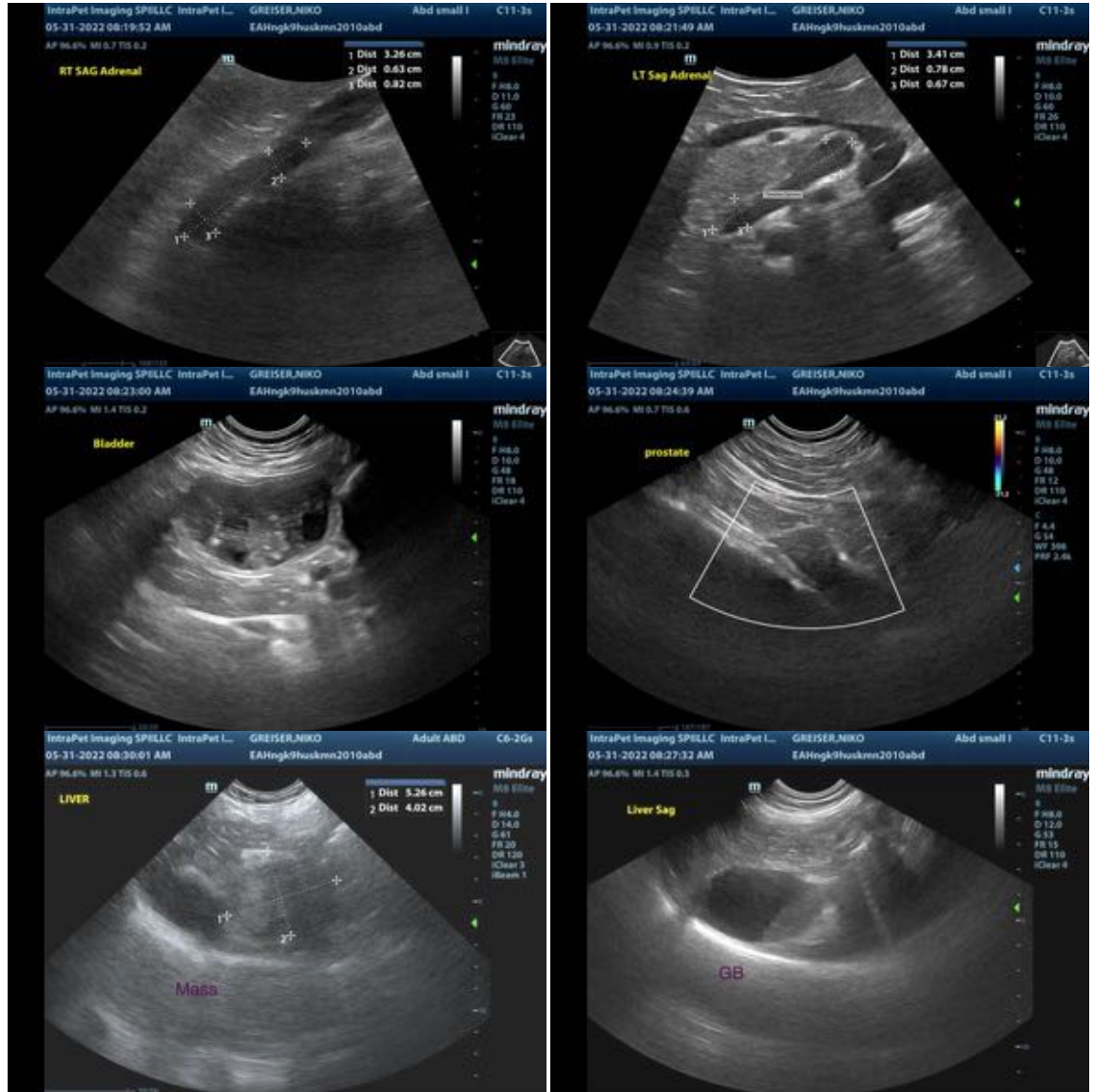
Secondary Findings:

- Urinary bladder sand/debris.

*An obvious cause for the patient's fecal incontinence is not identified in this study. However, underlying neurologic and/or orthopedic disease are possible.

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, consider consultation with a board-certified surgeon to discuss mass removal. An abdominal CT scan would be useful in pre-surgical planning.
- Given the urinary bladder debris, a urinalysis is recommended, if not already performed.
- Regarding the fecal incontinence, thorough neurologic and orthopedic examinations are recommended. Consultation with a board-certified neurologist may be warranted.



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.

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