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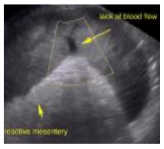
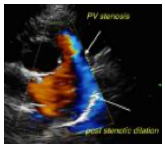
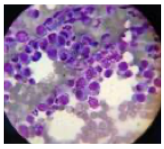
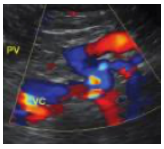

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1-800-838-4268 info@sonopath.com

PATIENT

Harvey Borner

SPECIES

Canine

BREED

Alaskan Malamute

SEX

Neutered Male

AGE

10 years, 5 mos

WEIGHT

94.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Green

HOSPITAL NAME

Healing Spirit Animal Wellness

REFERRING VET

Sarah Green

INVOICE

13322

DATE

6.13.23

PRESENTING CLINICAL SIGNS

History: History of chronic/ progressive liver enzyme elevation and hypercholesterolemia since 2021. (very mild at that time) Recently treated for pneumonia, since resolved. Hepatomegaly noticed on radiographs obtained at that time.

Abnormal PE/Chem/CBC/UA Results: ALP=940 20-150) U/L, ALT=324 (10-118) U/L, GGT=10 (0-7) U/L, albumin=4.5 (2.5-4.4) g/dL, cholesterol>520 (125-270) mg/dL, (tbili, BA - WNL), T4=1.5 (1.1-4.0) ug/dL, CBC – unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and visible portion of the proximal urethra are normal.

The region of the prostate is not visualized due to its pelvic location. In the visualized portions, it is normal in size (1.34 cm in width) with normal curvilinear peripheral contours and homogenous parenchyma. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (8.43 cm in length) with a normal shape, architecture and 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.

The right kidney is normal in size (7.88 cm in length) with a normal shape, architecture and 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.

Adrenal Glands

The left adrenal gland is normal in size (0.53 cm at cranial pole) (0.72 cm at caudal pole) with a normal shape and 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 in size (0.95 cm at cranial pole) (0.66 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively enlarged with swollen, irregular peripheral contours. An approximately 11.00 cm hyperechoic-to-heterogenous mass is arising from the caudal aspect. The remaining parenchyma is mottled in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of mineralized sand is observed within the lumen (most of which is gravity-dependent and some of which is suspended). The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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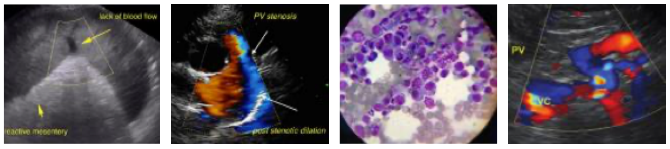

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The lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is normal in size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic 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

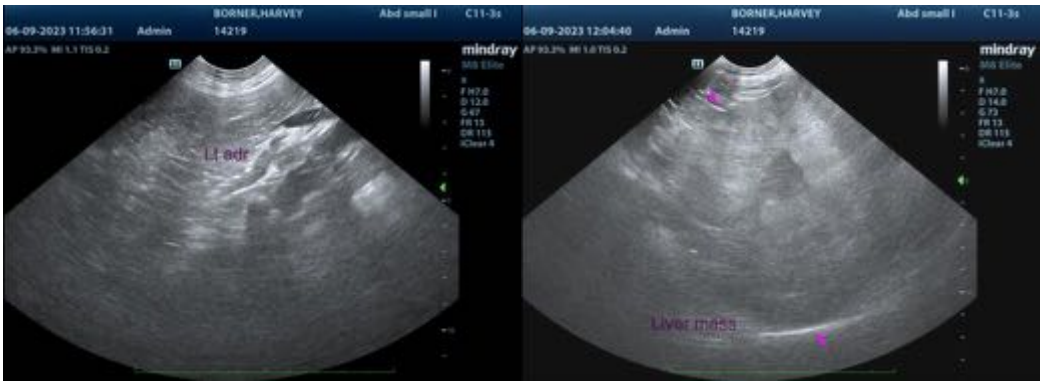
- Large caudal hepatic mass. Neoplasia (i.e., adenoma, adenocarcinoma, round cell tumor) is suspected with a lower possibility of a non-neoplastic process. The remaining diffuse hepatic parenchymal changes could be consistent with an inflammatory hepatopathy (i.e., chronic hepatitis, bacterial cholangiohepatitis), hepatotoxicosis (i.e., copper), regenerative nodular hyperplasia, infiltrative neoplasia, other hepatopathy.

Secondary Findings

- Minor gallbladder sand

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine-needle aspirate of the hepatic mass (if clotting status is appropriate). Twenty-five gauge-needles should be used. Alternatively, consider consultation with a board-certified surgeon to discuss mass removal or debulking. An abdominal CT scan would be useful in presurgical planning. If aggressive diagnostics/treatments are not pursued, palliative care is recommended.



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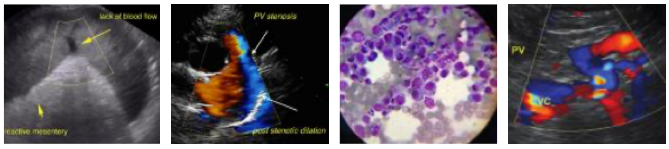

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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