

**DATE PRESENTING CLINICAL SIGNS**

6.23.2023 Old diagnosis: Cushingoid, Hypothyroid, Anemic, grade 5/6 heart murmur. New diagnosis: Renal disease stage III at presentation, concern for bordering on Addisonian. PE - very firm abdomen, concern mainly for pancreatitis as developing an obstructive liver pattern with lipase and amylase that are increasing daily.

PATIENT

Taz McGarrity

Current Medications: Naraquin - 1 BID, STOPPED Veteryl 10 mg - 1 QD, Cerenia 16 mg - 1 QD, Cobalequin - 1 QD, Thyroid tab 0.1 mg - 1/2 BID, B50 supplement - 1/4 QD, Melatonin 2 mg (supplement) - 1 QD, Entyce - 1 cc QD, Clavamox 62.5 - 1 BID, IV fluids LRS - 30 cc / hr

SPECIES

Canine

Lab Results: ALP 1253. ALT 689. Renal insufficiency, Cushingoid that we have stopped meds to prevent Addisonian, hypothyroid

BREED

Shih Tzu

Date of Previous IntraPet Ultrasound: 2020 & 2022. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Approved/Requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

Urinary System

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

AGE

5/29/2011

The prostate is normal in size (0.73 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

WEIGHT

15.5lbs

The left kidney is normal in size (4.57 cm in length) with a slightly irregular shape. The cortex is variably thickened and isoechoic relative to the spleen, with numerous, varying-sized cortical cysts. Moderate pyelectasia is present (0.38 cm in the longitudinal plane) There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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The right kidney is normal in size (4.08 cm in length) with a slightly irregular shape. The cortex is variably thickened with moderate loss of corticomedullary distinction. Several, varying-sized cortical cysts are observed. The largest cyst is complex in nature and measures 1.49 cm in diameter. Pinpoint hyperechoic foci are also seen within the cortex. Moderate pyelectasia is present (0.32 cm in the transverse plane). There is no evidence of hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Chadwell AH

Adrenal Glands

The left adrenal gland is mildly enlarged (0.61 cm at cranial pole) (0.70 cm at caudal pole) (2.16 cm in length) 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.

REFERRING VET

Dr. Weeks

The region of the right adrenal gland is obscured by the large hepatic mass.

INVOICE

13473

Spleen

The spleen is normal in size (1.12 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. A >14.00 cm irregular heterogenous, slightly cavitated vascular mass is arising from the parenchyma, primarily in the mid- to right liver. The mass is

causing displacement of several abdominal organs, including the gallbladder, diaphragm, stomach and small intestines. Some normal-appearing hepatic parenchyma is observed on the left side.

The gall bladder is distended. The wall is normal in thickness. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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 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 obstructive pattern.

Pancreas

A portion of the pancreas is obscured by the large hepatic mass. In the visualized portion no obvious abnormalities are seen.

Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large hepatic mass. This mass was observed on the previous sonogram. Neoplasia (i.e., adenoma, adenocarcinoma is suspected) with a low possibility of non-neoplastic process.
- Trace ascites

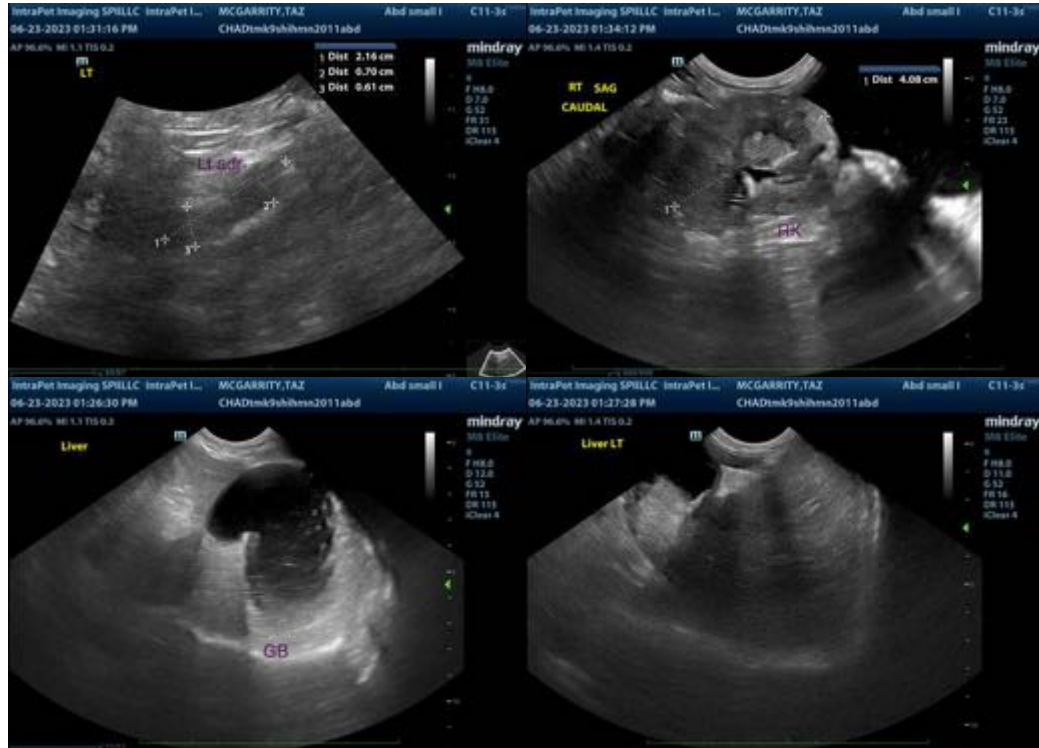
Secondary Findings

- Bilateral chronic renal changes with pyelectasia, cortical cysts and right dystrophic mineralization
- Left adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Give the size of the hepatic mass, it is unlikely to be resectable. Therefore, palliative care is recommended in lieu of aggressive diagnostics/therapeutics.





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.

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