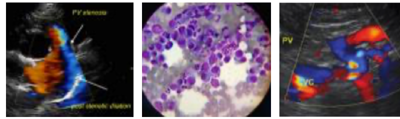


DATE

6.30.2022

PATIENT

Gizmo Bosley

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

6/20/2009

WEIGHT

48lbs

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Healing Paws Veterinary Wellness

REFERRING VET

Dr. Levitsky

INVOICE

11197

PRESENTING CLINICAL SIGNS

Liver mass found on previous U/S. Had surgery 1/21 for removal. Biopsy revealed hepatocellularcarcinoma. Bx also done of duodenum and jejunum which revealed subacute lymphoplasmacytic eosinophilic enteritis. U/S done 4/21 and 7/21 and 10/21 and 1/22 and no obvious
return of liver mass. U/S done 4/22 revealed swelling R caudal aspect of liver and swollen gastric LN. Want to make sure not reappearance of cancer.

Current Medications: Levothyroxine 0.4 mg 1 po bid. Herbal supplements.
Date of Previous IntraPet Ultrasound: 4/22, 1/22 and more. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.86 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The **left kidney** is normal size (6.64 cm in length); with a slightly irregular shape. The cortex is variably thickened. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A 2.61 cm cortical cyst is observed at the caudomedial aspect. A few, small cortical cysts are also seen. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (5.49 cm in length); with a slightly irregular shape. The cortex is variably thickened. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A 1.91 cm cortical cyst is observed at the caudal aspect. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is mildly enlarged (0.83 cm at cranial pole) (0.84 cm at caudal pole) (3.07 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 mildly enlarged (1.05 cm at cranial pole) (0.80 cm at caudal pole) (2.95 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.

Spleen

The **spleen** is subjectively normal in size with a normal capsular contour. A light, micronodular pattern is present throughout the parenchyma. No focal lesions are observed. Splenic vasculature is normal.

Liver

The **liver** is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and mildly heterogenous in appearance. An approximately 5.50 cm swelling/mass is observed on the right side at the caudal aspect. The lesion causes slight capsular expansion. 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. Luminal contents are mostly anechoic. 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 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 prominent 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

- Right caudal hepatic swelling/mass. This lesion is similar in size compared to the previous sonogram. It may represent recurrence of the hepatocellular carcinoma or may be a benign process (i.e., area of regenerative nodular hyperplasia or vacuolar hepatopathy).

- The diffuse hepatic parenchymal changes trends toward the benign (i.e., nodular hyperplasia or vacuolar hepatopathy). However, correlation with the patient's liver values is recommended.

Secondary Findings

- Bilateral chronic age-related renal changes with dystrophic mineralization and cortical cysts. Changes are similar to the previous sonogram.

- Mild bilateral adrenomegaly

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

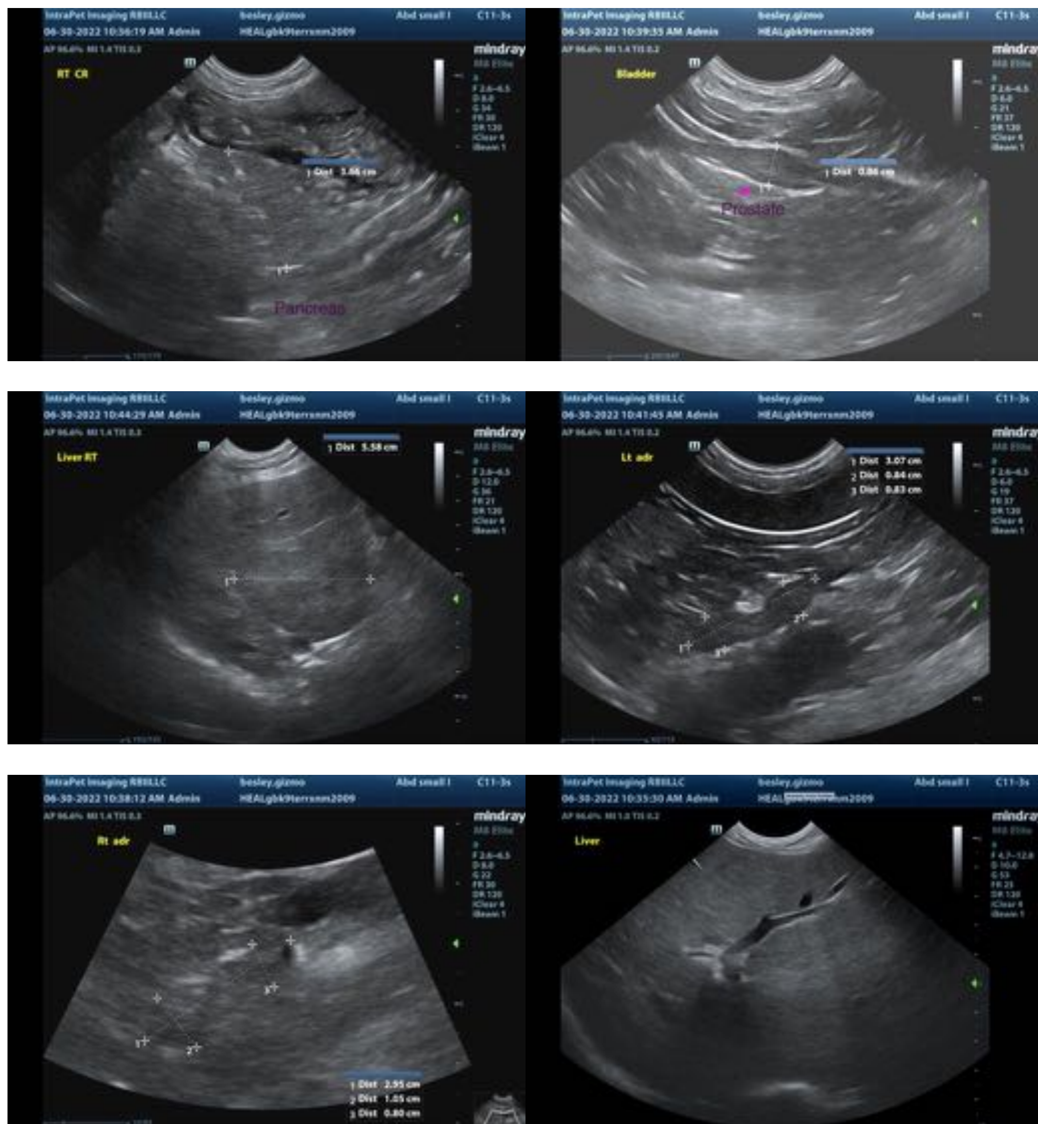
- The pancreatic changes are consistent with age-related remodeling, +/- fibrosis. Concurrent mild pancreatitis may also be present. Correlation with the patient's clinical history is recommended.

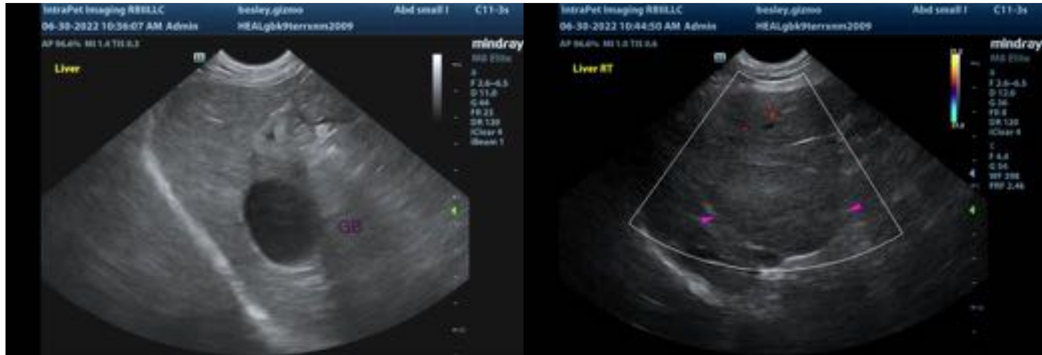
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the history of neoplasia, thoracic radiographs are recommended to assess for pulmonary metastatic disease.

- If a conservative approach is desired, consider serial sonographic monitoring (i.e.,, every 2-3 months) of the liver to assess for progression of the swelling/mass. Alternatively, if an aggressive approach is desired, consider an exploratory surgery with removal or biopsy of the lesion.

- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.





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 DACVIM (Small Animal Internal Medicine)
info@SonoPath.com