



PATIENT PRESENTING CLINICAL SIGNS

Leon Cifarelli History: 7/20/2020 Immune Mediated Thrombocytopenia diagnosis- On prednisone. NO sedation.
Abnormal PE/Chem/CBC/UA Results: LABS attached elevated liver values- GB and liver concerning

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Catahoula Leopard Dog
mix

The urinary bladder wall is moderately distended with anechoic urine. In the mid-dorsal wall, a 0.34 cm nodule is arising from the luminal surface. The remaining bladder wall is normal in thickness. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Neutered Male

The prostate is normal in size (0.96 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

9 Years

The left kidney is normal size (8.65 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Mild to moderate pyelectasia is present (0.55 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydronephrosis. A few cortical cysts are visualized, the largest measuring 1.21 cm in diameter. Renal vasculature is normal.

WEIGHT

79 Pounds

The right kidney is normal size (8.72 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

INTERPRETED BY

Andrea Nicastro, DVM,
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Adrenal Glands

The left adrenal gland is normal in size (0.85 cm at cranial pole) (0.84 cm at caudal pole); 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.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

The right adrenal gland is normal size (1.28 cm at cranial pole) (0.83 cm at caudal pole) (4.06 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.

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Sierra VH Carson City

Spleen

The spleen is normal in size (1.92 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

REFERRING VET

INVOICE

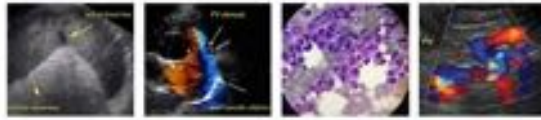
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Liver

The liver is enlarged with irregular peripheral contours. A >14 cm irregular lobulated, heterogeneous, slightly cavitated mass is arising from the caudal aspect. The mesentery surrounding the mass is mildly hyperechoic. A 1.55 cm cystic area is also seen within the hepatic tissue. The cranial hepatic parenchyma appears homogeneous. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder is distended. The wall is normal in thickness. A large amount of

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aggregated, echogenic, suspended sludge in a stellate pattern is observed within the lumen. The cystic and common bile ducts are normal/not seen. The mesentery adjacent to the gallbladder is slightly hyperechoic.

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Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta. 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.

BREED

Catahoula Leopard Dog mix

Pancreas

A portion of the pancreas is obscured by the large hepatic mass. In the visualized portions, no obvious pathology is seen.

SEX

Neutered Male

Free Abdomen

AGE

9 Years

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

WEIGHT

79 Pounds

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Large, hepatic mass. Neoplasia (i.e., adenocarcinoma, adenoma, hemangiosarcoma) is considered likely with a lower possibility of benign pathology.
- Gallbladder changes are consistent with a fully formed mucocele.
- Cranial peritonitis is present, likely secondary to hepatic and gallbladder pathology.

Secondary Findings:

- Bilateral, chronic age-related renal changes with left cortical cysts and pyelectasia.
- The lesion in the dorsal urinary bladder wall may represent an inflammatory focus, emerging tumor or slightly caudally placed trigone.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If an aggressive approach is desired, consider referral to a board certified surgeon to discuss hepatic mass removal or debulking and cholecystectomy. An abdominal CT scan would be



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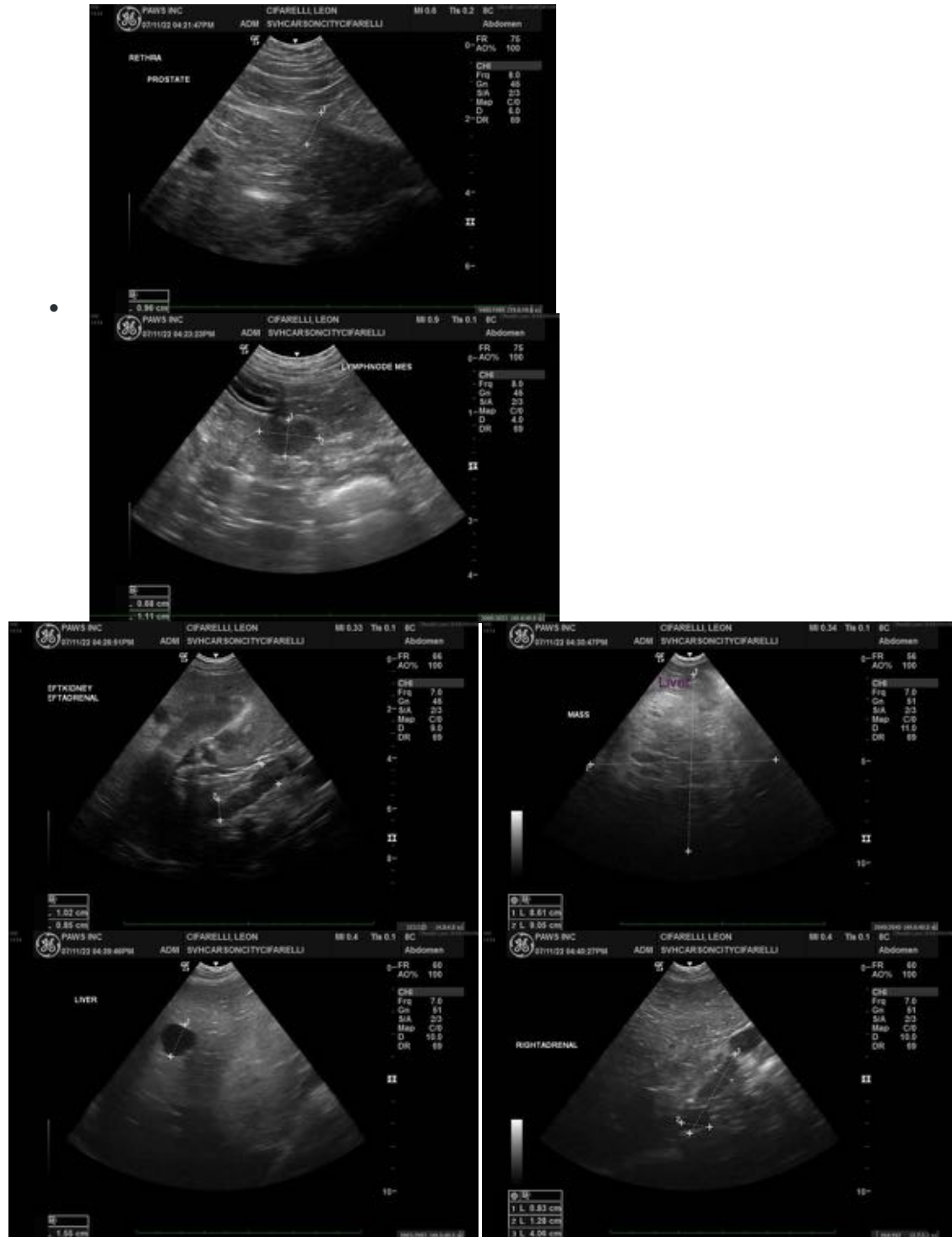
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useful in pre-surgical planning. If surgery is pursued, the prominent mesenteric lymph nodes should also be biopsied.





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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.

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