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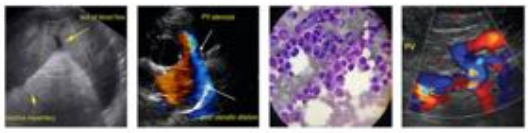

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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PATIENT

Cindy Yerger

SPECIES

Canine

BREED

Basset Hound

SEX

Spayed Female

AGE

2012

WEIGHT

64 Lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT, ARDMS/RVT

HOSPITAL NAME

Quakertown VC

REFERRING VET

Dr. Cherry

INVOICE

11235

DATE

7/18/22

PRESENTING CLINICAL SIGNS

History: Vomiting, anorexia, concern for pancreatitis
Abnormal PE/Chem/CBC/UA Results: Cerenia, Buprenex, Pantoprazole, IVF, eye - dorzolamide, latanoprost

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of echogenic debris is suspended within the lumen. 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 **left kidney** is enlarged (6.41 cm in length); with an irregular shape. A 3.47 x 1.16 cm irregular, echogenic lesion/mass with a cavitated area is observed at the caudolateral aspect. In addition, a 3.05 x 3.00 cm cavitated lesion/mass is observed at the craniolateral aspect. Both lesions cause capsular expansion. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal. The mesentery surrounding the kidney is hyperechoic. A small amount of retroperitoneal fluid is observed.

The **right kidney** is normal size (6.95 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter.

Adrenal Glands

The **left adrenal gland** is normal size (0.76 cm at cranial pole) (0.63 cm at caudal pole) (3.15 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 normal size (0.72 cm at cranial pole) (0.51 cm at caudal pole) (2.84 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 enlarged with swollen, slightly irregular peripheral contours. A 3.70 cm isoechoic to slightly heterogenous cavitated mass is observed within the parenchyma. The lesion causes capsular expansion. The remaining parenchyma is mottled in appearance with several myelolipomas observed in the region of the hilus. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The **liver** is subjectively enlarged with irregular peripheral contours. Numerous cavitated and/or heterogenous masses/nodules are observed throughout the organ, the largest measuring >5cm in its longest dimension. Many of the lesions cause capsular expansion. There is no visible hepatic parenchyma. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. (See also “Other” category).

The **gall bladder** is distended. The wall is normal in thickness. A moderate amount of echogenic debris/sludge is observed within the lumen, some of which is gravity dependent, some of which is adhered to the luminal surface.

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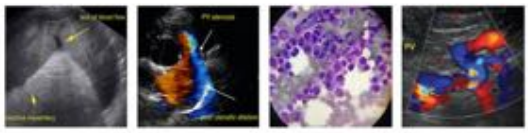

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Gastrointestinal
The **gastric lumen** is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal 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
A portion of the **pancreas** is obscured by the hepatic pathology. In the visualized portions, no obvious abnormalities are seen.

Free Abdomen
A small amount of free fluid is present. The abdominal **lymph nodes** are normal/not visible.

Other
A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

A 5.70 cm irregular, cavitated mass is observed in the cranial- to midabdominal region.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Diffuse, cavitated hepatic masses/nodules. Neoplasia (i.e., hemangiosarcoma) is suspected, with a lower possibility of multifocal abscessation.
- The origin of the cranial- to midabdominal mass is unclear. It may be arising from liver, mesentery, spleen, lymph node, other. Neoplasia (i.e., metastatic disease) is suspected, with a lower possibility of benign pathology.
- Splenic mass. Again, neoplasia is suspected. However, a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, or similar) cannot be completely excluded.
- The left renal masses are also concerning for metastatic disease, with a lower possibility of complex cystic structures. Adjacent retroperitonitis is present. Bilateral, chronic, age-related renal changes are seen.

Secondary Findings

- The gall bladder sludge could be consistent with cholestasis, fasting or less likely, early mucocele formation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess cardiopulmonary status.

Given the likelihood of metastatic disease in the abdomen, palliative/symptomatic care is recommended, as surgery and/or chemotherapy are unlikely to lengthen the patient's survival time, substantially.

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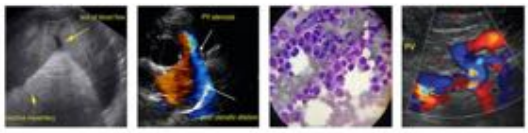

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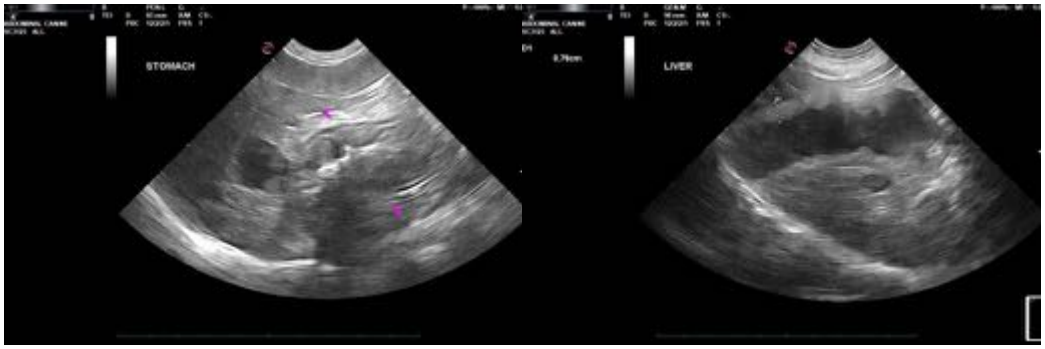

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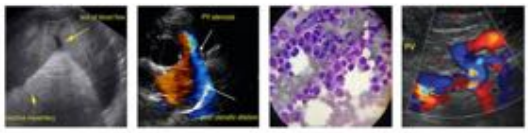

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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