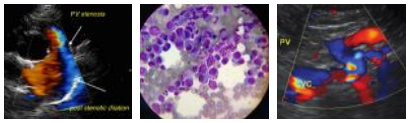
IMAGING PERFORMED BY

IntraPet.com



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DATE
7/8/22

PATIENT
Bailey Herbert

SPECIES
Canine

BREED
Cairn Terrier

SEX
Neutered Male

AGE
7/27/2008

WEIGHT
24 Pounds

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

HOSPITAL NAME
Bel Air VH

REFERRING VET
Dr. Schmidt

INVOICE
16543

PRESENTING CLINICAL SIGNS

History: Distended abdomen, diabetes mellites, hepatopathy.

Current Medications: vetsulin 9 units every 12 hours, Optimmune
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: 6/9/20. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.
Most recent blood work (7/2/22) : ALP 3563, ALT 224, BUN 59, Glucose 191, elevated PSL, thrombocytosis, Urine Spec Grav 1.013 with 3+ proteinuria, no glucosuria or ketonuria, inactive sediment. April 2022 : ALP was 2949, ALT 129

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 is moderately distended. A small amount of suspended echogenic debris is observed 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 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 in size (5.69 cm) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild pyelectasia is present, measuring 0.30 cm in the transverse plane. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.31 cm) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild to moderate pyelectasia is present, measuring 0.44 cm in the transverse plane. 1-2 small cortical cysts are seen. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.50 cm at cranial pole) (0.72 cm at caudal pole) (2.29 cm in length); with a normal shape and smooth peripheral contours. 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 (0.68 cm at cranial pole) (0.70 cm at caudal pole) (1.92 cm in length); with a normal shape and smooth peripheral contours. 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 normal in size (1.39 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.

Liver

The liver is enlarged with irregular peripheral contours. A <10 cm heterogeneous cavitated vascular mass is arising from the left side. The mass causes capsular expansion. A 0.95 cm cystic area is observed at the caudal aspect. In addition, a 1.34 cm isoechoic nodule is observed in the region of the right medial lobe. The lesion causes minimal to no capsular expansion. The remaining parenchyma is mildly heterogeneous 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 aggregated echogenic debris, most of which is adhered to the luminal surface, is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are 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. No obstructive or overt infiltrative disease is noted.

Pancreas

The pancreas is diffusely prominent in size with slightly irregular peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and subtle mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large left hepatic mass. Neoplasia (i.e., adenocarcinoma, adenoma, hemangiosarcoma) is considered likely with a lower possibility of benign pathology. The smaller hepatic nodule may represent a metastatic lesion or a benign process (i.e., regenerative nodule).

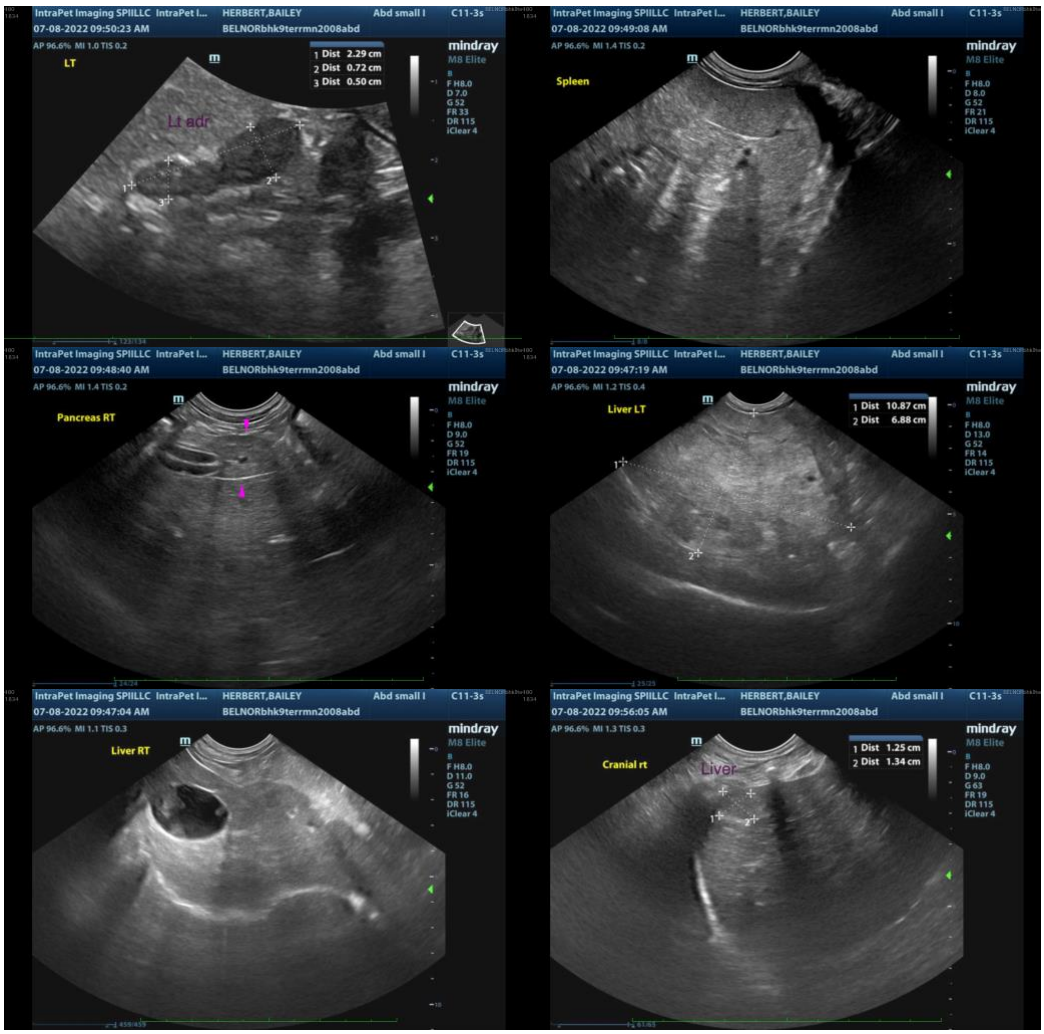
Secondary Findings

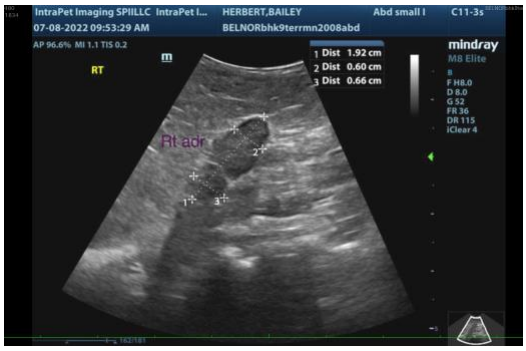
- Bilateral chronic age-related renal changes with subtle dystrophic mineralization. The bilateral pyelectasia may be secondary to age-related remodeling, pyelonephritis and/or PU/PD (if applicable).
- Mild bilateral adrenomegaly
- The diffuse splenic parenchymal changes trend toward the benign (i.e., extramedullary hematopoiesis, lymphoid hyperplasia or similar), with a lower possibility of infiltrative neoplasia. The changes are similar to the previous sonogram.

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for pulmonary metastases. If there is no evidence of pulmonary metastatic disease, and an aggressive approach is desired, consider referral to a board-certified surgeon to discuss hepatic mass removal or debulking. An abdominal CT scan would be useful in presurgical planning. Given the small hepatic nodule, the client should be warned of the possibility of metastatic disease prior to surgery.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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)
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