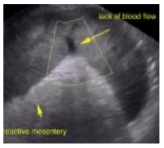
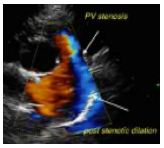
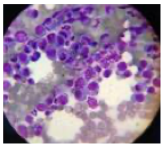
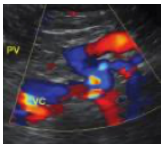
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Bella Frederick

SPECIES
Canine

BREED
Vizsla

SEX
Spayed Female

AGE
10 years

WEIGHT
not provided

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

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
Westwood Reg VH

REFERRING VET
Dr. Goldman

INVOICE
11295

DATE
8.1.22

PRESENTING CLINICAL SIGNS

History: Patient presents for vomiting, diarrhea, and initially non-ambulatory. After being stretchered back to treatment dog was able to walk/stand and was wagging her tail. Concern for possible neoplasia vs. GI issue vs. other.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visualized portion of the proximal urethra are normal.

The **left kidney** is normal size (6.29 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (6.24 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.48 cm at cranial pole) (0.68 cm at caudal pole) (1.85 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 (0.99 cm at cranial pole) (0.65 cm at caudal pole) (0.90 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 normal in size (2.11 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few ill-defined myelolipomas are observed in the region of the hilus. Splenic vasculature is normal. (See also “Other” category).

Liver

The **liver** is normal to slightly prominent in size with slightly irregular peripheral contours. The parenchyma is isoechoic relative to the spleen and mildly heterogenous in appearance with a coarse echotexture. An approximately 5.00 cm isoechoic to slightly heterogenous mass is observed on the left side. 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 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 mildly 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. There is evidence of mucosal speckling in some segments. 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 cranial abdominal mass. In the visualized portions, no obvious pathology is observed. (See also "Other" category).

Free Abdomen
There is no evidence of free fluid.

Lymph nodes
A 1.85 cm medial iliac lymph node is visualized. The node is normal in shape and echogenicity. (See also "Other" category).

Other
A >8.00cm irregular, heterogenous, cavitated mass is observed in the cranial abdomen. The mesentery effacing the serosal surface of the mass is hyperechoic. In the left cranial quadrant, a 0.50 cm echogenic lesion/nodule is observed within the mesentery.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Cranial abdominal mass, the origin of which is unclear. A splenic origin is favored. However, hepatic pancreatic, lymph node, or mesenteric origins cannot be excluded. Adjacent peritonitis is present.
- The diffuse hepatic parenchymal changes trends toward the benign (i.e., age-related nodular hyperplasia and/or vacuolar hepatopathy) with a lower possibility of metastatic disease or other hepatopathy.
- Left hepatic mass. This lesion may represent a metastatic lesion, a primary hepatic tumor, or a benign process (i.e., a focus of regenerative nodular hyperplasia).

Secondary Findings

- Minor, bilateral, age-related renal changes
- The small intestinal mucosal speckling could be consistent with enteritis/Inflammatory disease. However, correlation with the patient's clinical history is recommended.
- The small, echogenic nodule in the left cranial quadrant may represent a small intrabdominal lipoma, a metastatic lesion in the mesentery, other.

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 removal of the cranial abdominal and hepatic masses. An abdominal CT scan would be useful in presurgical planning. Alternatively, palliative/supportive care can be considered.


Kidney
Spleen

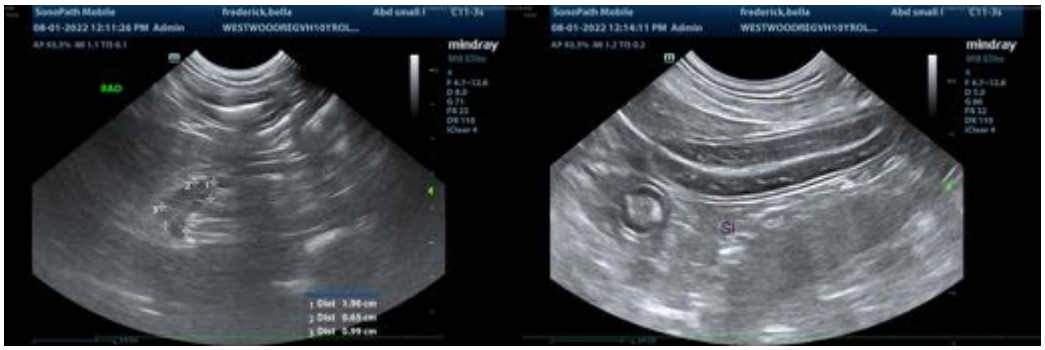

LN

LAD

Mass


STOM

SHORT
AX
IS LIVER
Liver


BAD

SI

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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