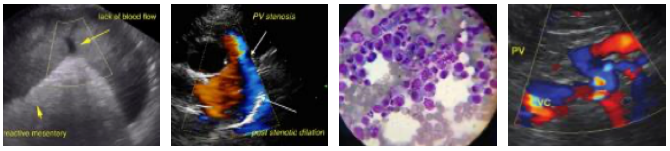
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Lilly Coates

SPECIES
Canine

BREED
Lab mix

SEX
Female, ,spayed

AGE
11 Yrs.

WEIGHT
45.3 lbs.

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

IMAGING PERFORMED BY
Dr. Arms

HOSPITAL NAME
Gilbertsville VH

REFERRING VET
Dr. Arms

INVOICE
15156

DATE
8/1/23

PRESENTING CLINICAL SIGNS

History: presented 7/19 for lethargy, decreased appetite, weightloss
Abnormal PE/Chem/CBC/UA Results: cbc: hct 39% (normal) plolychromasia Chem: alkp 3187, alt 880, amyl 2531 normal thyroid

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. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (6.45 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.

The right kidney is normal size (7.30 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.

Adrenal Glands

The left adrenal gland is normal size (0.71 cm at cranial pole) (0.60 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.

The region of the right adrenal gland is largely obscured by the hepatic mass. The gland is not definitively visualized.

Spleen

The spleen is not visualized in its entirety. In the visualize portion, the spleen is subjectively normal in size (1.40 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is homogeneous. No focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is enlarged with irregular peripheral contours. A >14 cm irregular heterogeneous slightly cavitated mass is arising from the caudal aspect of the liver. A small amount of more normal appearing hepatic parenchyma is observed at the cranial aspect. In this region, vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder is cranially displaced by the large hepatic mass. It is moderately distended. The wall is normal in thickness. A small amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is 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. There is no evidence of an obstructive pattern.

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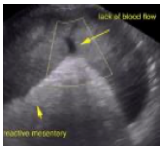
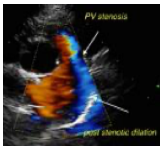
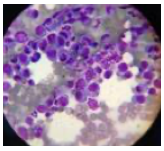
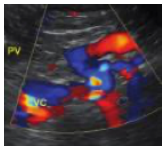

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Pancreas

The pancreas is largely obscured by the large hepatic mass. In the visualized portion of the left limb, the pancreas is visible/prominent with slightly irregular peripheral contours. The parenchyma is isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is not overtly dilated.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

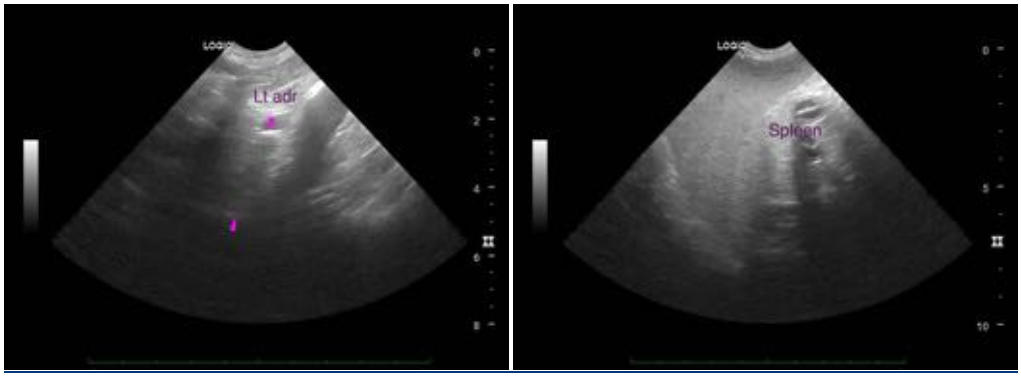
- Large hepatic mass. Neoplasia (i.e., adenocarcinoma, adenoma, sarcoma, round cell tumor) is strongly suspected with a lower possibility of an inflammatory process or other hepatopathy. The mass is causing displacement of organs.

Secondary Findings:

- Mild bilateral chronic renal changes.
- 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.
- A fine needle aspirate of the mass can be considered (if clotting status is appropriate). It should be noted that cytologic evaluation may be inconclusive. Therefore, if an aggressive approach is desired, consider referral to a aboard certified surgeon to discuss mass debulking. An abdominal CT scan would be useful in pre-surgical planning.



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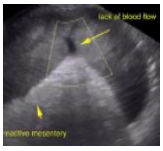
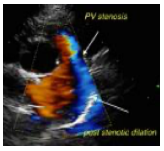
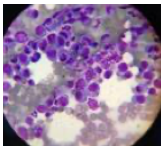
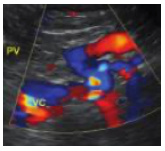

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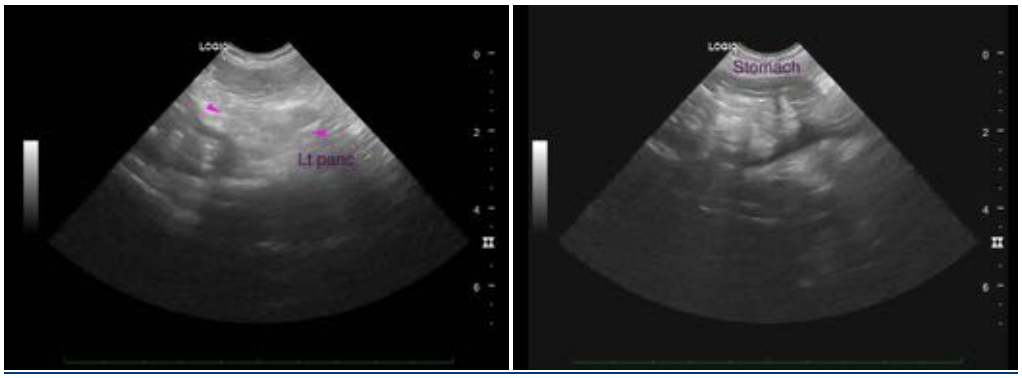

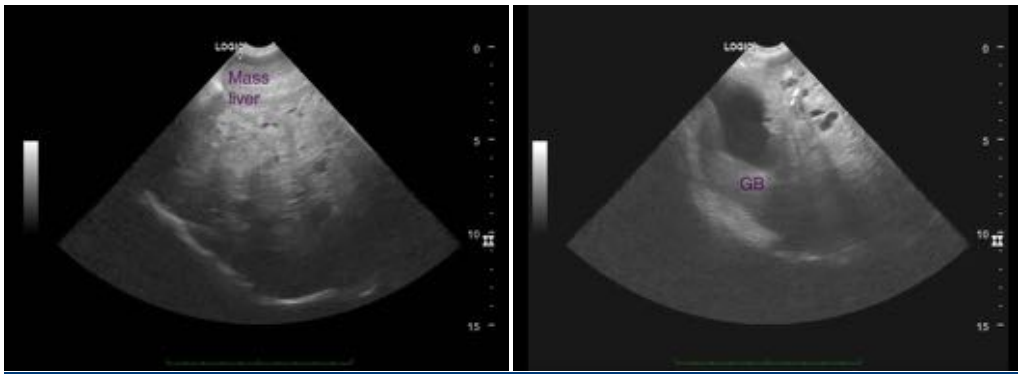

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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