

**DATE PRESENTING CLINICAL SIGNS**

8/10/22

Presented 8/1 for complaint of distended abdomen, straining to defecate. Pet still eating but is laying around more than usual. Other pertinent history: Pet had splenectomy 6.5 years ago for a bleeding splenic mass. Returned benign. QAR, Wt: 110.20 lbs /49.99 kg BCS: 7/9

**PATIENT**

Cora Mentzer

MM muddy and tacky, HR: 130, RR 30, Eyes: Bilateral nuclear sclerosis

**SPECIES**

Canine

Ears: Unremarkable, Nasal and Oral Cavity: No nasal discharge. 2/4 dental calc-moderate dental calc and gingivitis, PLN: WNL, Heart/Lungs: no murmurs or arrhythmias. pulses strong and synchronous. Eupneic, lungs clear. Abdomen: distended with palpable fluid wave, U/G: normal external genitalia. No discharge. Musculoskeletal :ambulatory x4 with not appreciable lameness; significant muscle wasting both hind Legs, Integument: numerous skin and SQ masses, Neuro: Appropriate mentation. Full neurologic exam not performed, Rectal: Normal/formed stool on rectal, NSF.

**BREED**

Goldendoodle

Current Medications: None.

Lab Results: CBC: WBC increased at 20.0, platelets increased at 433

Chem: TP decreased 4.5, Albumin decreased 2.5. Fluid analysis/Cytology of abdominal fluid: modified Transudate, underlying etiology not apparent.

**SEX**

Female, spayed

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson BS, RDMS

**AGE**

8/8/2009

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System****WEIGHT**

50 kg.

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 left kidney is normal size (7.32 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (6.58 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**INTERPRETED BY**

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

**HOSPITAL NAME**

Vanfield Towson

**Adrenal Glands**

The region of the adrenal glands is evaluated. No obvious pathology is observed.

**Spleen****REFERRING VET**

Dr. Lewis

Due to the diffuse hepatic pathology, the spleen is not definitively visualized.

**Liver****INVOICE**

13814

The liver is subjectively enlarged with irregular peripheral contours. Throughout the organ, varying sized heterogeneous cavitated nodules/masses are visualized. There is no visibly normal hepatic parenchyma. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

The visible portion of the stomach is normal in thickness with a normal layering pattern. The gastric lumen is not dilated. In the visible small intestinal segments, the wall is normal in thickness with a normal layering pattern and the lumen is not dilated. No obstructive disease is noted.

### ***Pancreas***

A portion of the pancreas is obscured by the diffuse hepatic pathology. In the visualized portions, no obvious abnormalities are seen.

### ***Free Abdomen***

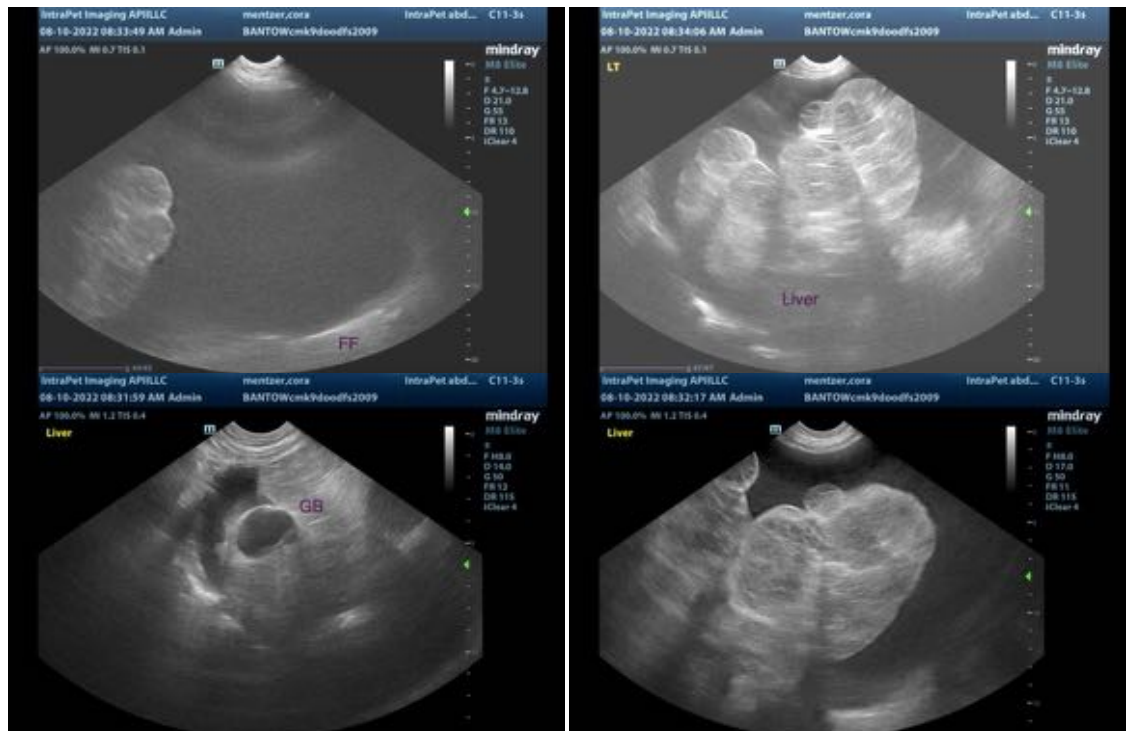
A large amount of echogenic free fluid is present. The mesentery throughout the abdomen is hyperechoic. The abdominal lymph nodes are normal/not visible.

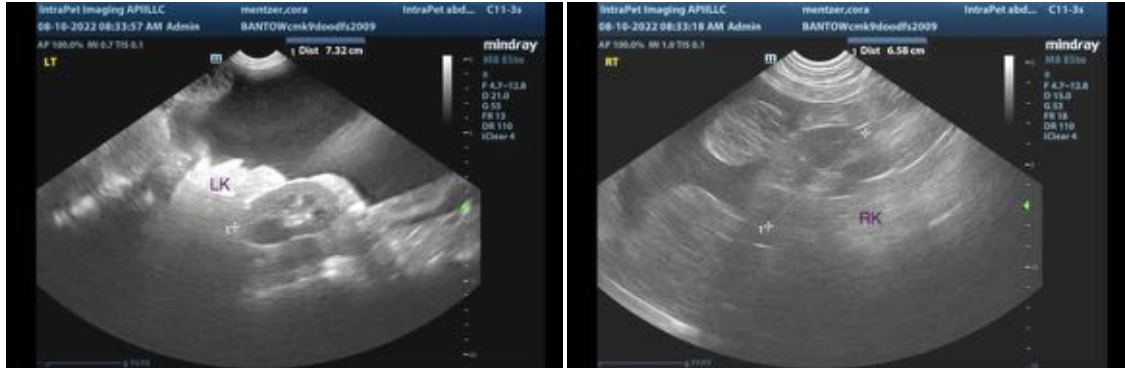
## **ULTRASONOGRAPHIC FINDINGS**

- The hepatic changes are most concerning for neoplasia (i.e., carcinoma, hemangiosarcoma) with a lower possibility of a diffuse inflammatory process.
- The ascites is likely secondary to increased vascular permeability and/or portal hypertension.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If a definitive diagnosis is desired, consider a laparoscopic or surgical liver biopsy. However, given the sonographic appearance of the liver, the prognosis for this patient is considered guarded and palliative/symptomatic care should be considered.





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