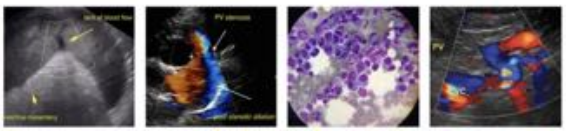

PATIENT

Fayne Wedel

SPECIES

Canine

BREED

Yorkipoo

SEX

Intact Male

AGE

13 years

WEIGHT

10 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

West Ashley VC

REFERRING VET

Badger

INVOICE

14024

DATE

8.10.23

PRESENTING CLINICAL SIGNS

History: Increasing liver enzymes recently within the year and did not respond to Denamarin or Clavamox. Recently much worse elevation:
June 26, 2023: ALT 327. ALP 363.
July 22, 2023: ALT 590. ALP 655.
Current medications: Denamarin advanced

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of echogenic to mineralized debris is observed within the lumen +/- tiny calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The prostate is normal in size (0.65 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 (3.55 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss ofnormal corticomedullary distinction. A few small cortical cysts are seen. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature appears normal.

The right kidney is normal in size (4.33 cm in length) with a normal shape, architecture and 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. Renal vasculature appears normal.

Adrenal Glands

The left adrenal gland is enlarged (1.25 cm at cranial pole) (0.45 cm at caudal pole) with an irregular shape. A 1.25 x 1.49 cm hyperechoic-to-heterogenous nodule/mass is observed at the cranial to mid-aspect. Glandular echogenicity and detail are at the caudal aspect are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.

The right adrenal gland is in normal size (0.72 cm at cranial pole) (0.36 cm at caudal pole) with a slightly irregular shape. A 0.74 x 0.70 cm hyperechoic to slightly heterogenous nodule is observed at the cranial pole. Glandular echogenicity and detail at the caudal pole are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.

Spleen

The spleen is normal in size (0.89 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively enlarged with irregular peripheral contours. A 6.80 x 4.50 cm isoechoic homogenous mass is arising from the caudal aspect in the mid- to right side. The mass causes capsular expansion and obscures the portal hilus to some degree. The remaining parenchyma is isoechoic relative to the spleen and homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

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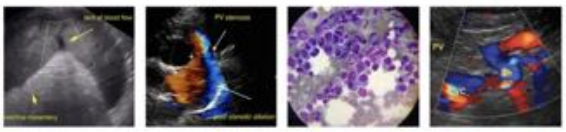

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CharlestonMobile.Net 800.403.5408

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Gastrointestinal
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. 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 is normal in thickness 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
The large hepatic mass obscures a portion of the base and right limb. The left limb of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

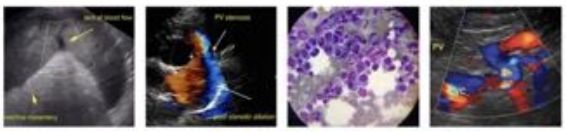
- Large caudal hepatic mass in the mid- to right side. Neoplasia, adenoma, adenocarcinoma, round cell tumor is suspected. However, an exuberant benign process (i.e., vacuolar hepatopathy or a large regenerative nodule) cannot be completely excluded.
- Gall bladder debris, non-mucocele
- The bilateral nodules may represent adenoma, adenocarcinoma, pheochromocytomas, macronodular hyperplasia, other. The left adrenal nodule is larger than the right.

Secondary Findings

- Bilateral chronic renal changes with nonobstructive nephrolithiasis
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Urinary bladder sand +/- tiny calculi

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine-needle aspirate of the hepatic mass (if clotting status is appropriate). A 25-gauge needle should be used. Depending on the results surgical removal or debulking of the mass may be warranted. An abdominal CT scan would be useful in presurgical planning.



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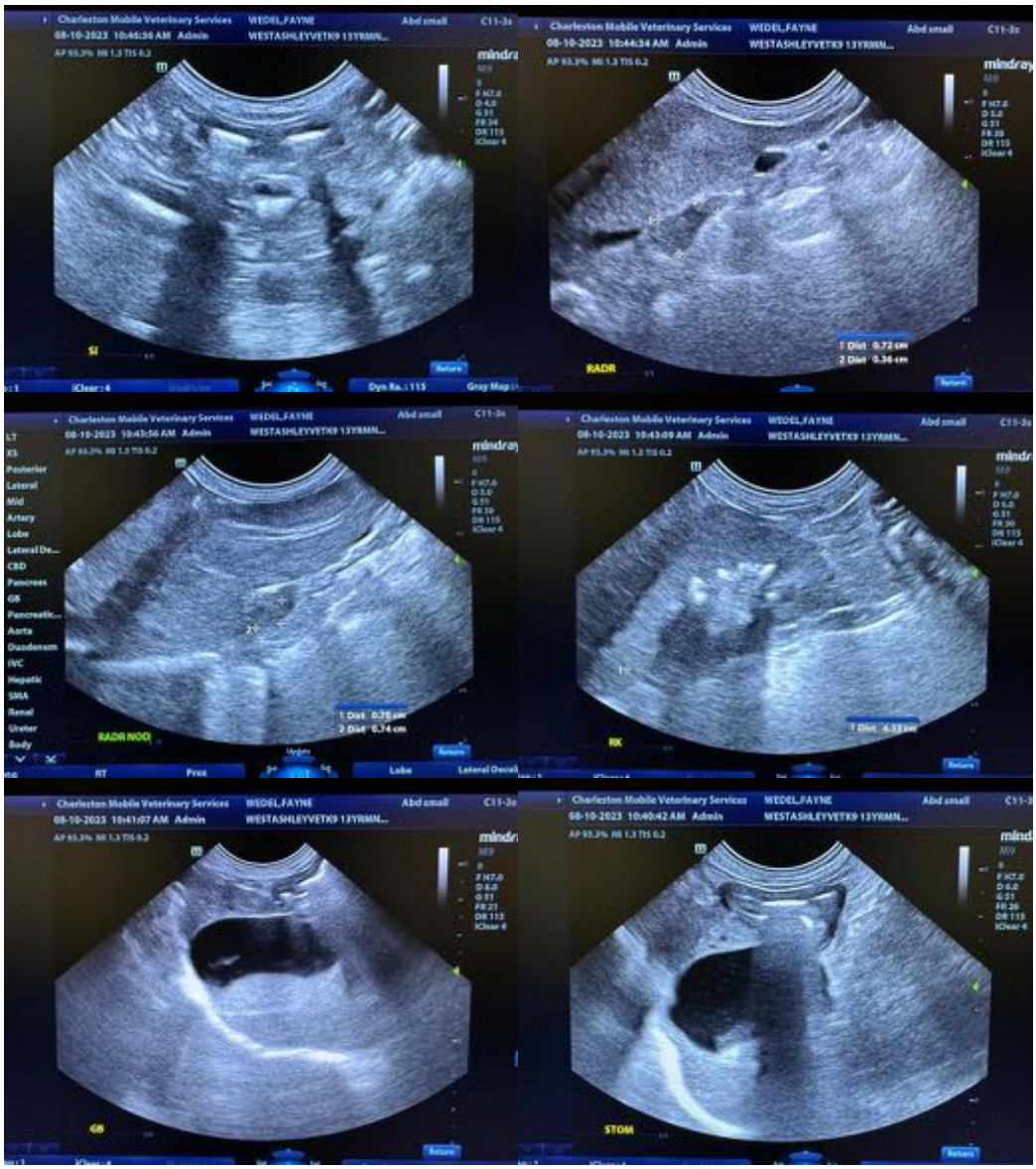
- Regarding the adrenal nodules, consider the following:

  1. Further testing for functional tumors (i.e., low-dose dexamethasone suppression test, urine/blood catecholamine levels) particularly if the patient has appropriate clinical signs.
  2. Baseline blood pressure measurement
  3. Consider a recheck ultrasound in 2-3 months to assess for growth.

- Regarding the mineralized debris in the urinary bladder, consider abdominal radiographs to assess for distinct calculi. If present, a cystotomy with stone removal, analysis and culture should be considered, particularly if the patient undergoes surgery for the hepatic mass. Alternatively, medical dissolution can be attempted.



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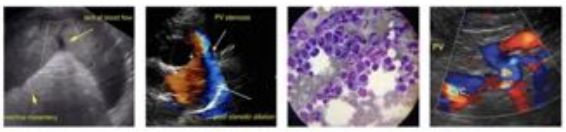

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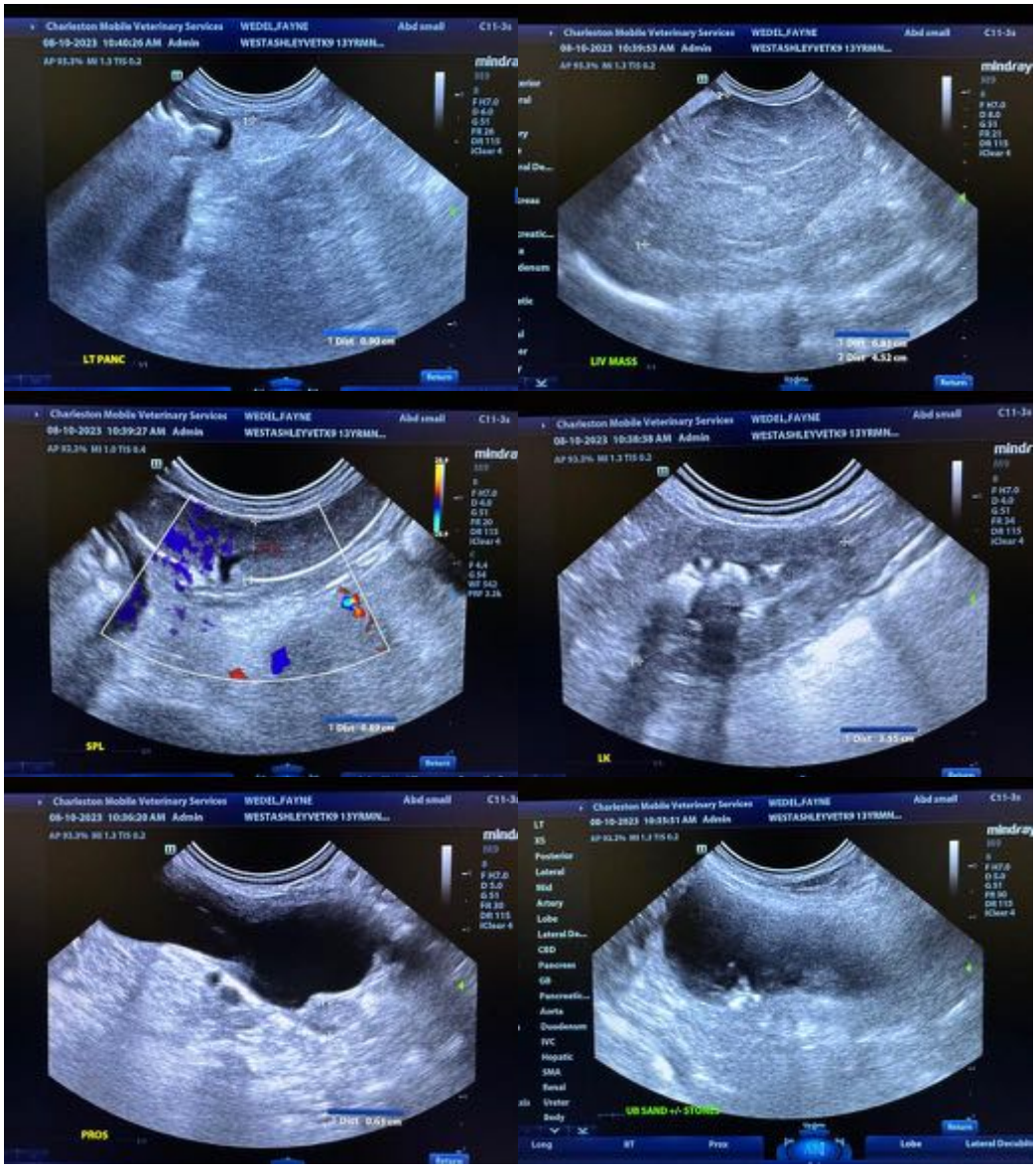

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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