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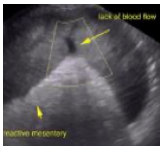
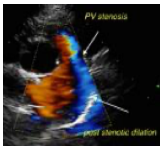
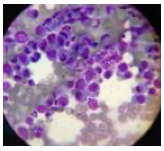
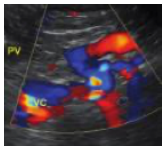

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1-800-838-4268 info@sonopath.com

PATIENT
Charter Bailey Cruz

SPECIES
Canine

BREED
Lab mix

SEX
Male, neutered

AGE
15.5 Yrs.

WEIGHT
68 lbs.

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

IMAGING PERFORMED BY
Harold Mike Beard

HOSPITAL NAME
West Prince AH

REFERRING VET
Dr. Roger Barker

INVOICE
11871

DATE
8/12/21

PRESENTING CLINICAL SIGNS

History: Presented to RDVM "not doing well".
Abnormal PE/Chem/CBC/UA Results: Chemistry - increase in Alk Phos and ALT, K high at 5.6, Na/K ratio 26. CBC - mild anemia, platelets a little high, resting cortisol normal, thyroid level normal. This dog is on Carprofen for OA. Plain radiographs revealed a cranial abdominal mass about the size of a basketball.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. In the region of the apex, the wall is thickened (up to 0.81 cm) with an irregular mucosal surface. A small amount of echogenic debris is suspended within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (1.39 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 (7.14 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild pyelectasia is present (0.23 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (7.58 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.84 cm at cranial pole) (1.25 cm at caudal pole) (3.05 cm in length) with a slightly irregular shape. The parenchyma is subtly heterogeneous in appearance with some loss of glandular detail. Surrounding vasculature appears normal.

The right adrenal gland is not definitively visualized due to the large cranial abdominal mass.

Spleen

The spleen is normal in size (1.62 cm in width at the level of the hilus) with a normal capsular contour. A light micronodular pattern is present throughout the parenchyma. No focal lesions are observed. Splenic vasculature appears dilated. There is no obvious evidence of thrombosis.

Liver

The liver is subjectively enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely mottled and heterogeneous in appearance bordering on a nodular pattern. Hepatic vasculature appears subjectively dilated. Intrahepatic biliary tracts are normal. See *Other.* The gall bladder is distended. The wall is normal to subtly thickened and hyperechoic. Numerous polypoid like lesions are arising from the luminal surface. A small to moderate amount of suspended echogenic debris is observed within the lumen. The cystic duct is dilated (up to 0.80 cm in diameter) after which it cannot be followed due to the cranial abdominal mass.

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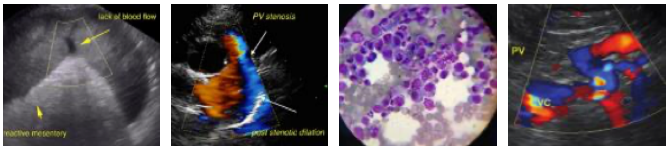

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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally fluid 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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The lumen of the descending colon contains liquid appearing fecal material. No obstructive disease is noted.

Pancreas

The right limb of the pancreas is enlarged with irregular peripheral contours. The parenchyma is mottled in appearance. The pancreatic duct is not overtly dilated. See *Other*.

Free Abdomen

A moderate to large amount of echogenic free fluid is present. The mesentery throughout the abdomen is hyperechoic. See *Other*.

Other

A >16 cm heterogeneous cavitated mass is observed in the cranial abdomen. The mass contains large ill-defined fluid pockets with suspended echogenic debris.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Cranial abdominal mass, the origin of which is unclear. It may be arising from liver, pancreas, mesentery, lymph node, other. Neoplasia is suspected. However, a large abscess cannot be completely excluded.
- The ascites and diffuse peritonitis are likely secondary to the presence of the mass.
- The hepatic parenchymal changes could be consistent with infiltrative neoplasia, inflammatory disease, hepatotoxicosis, fibrosis, nodular hyperplasia or other hepatopathy.
- The cystic duct dilation is suspected to be secondary to external compression by the cranial abdominal mass.
- The pancreatic changes could be consistent with inflammatory disease or infiltrative neoplasia with concurrent age-related remodeling.

Secondary Findings:

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The dilation of the splenic vessels may be secondary to passive congestion secondary to compression of abdominal vasculature by the mass.
- Left adrenomegaly (right adrenal gland not visualized).

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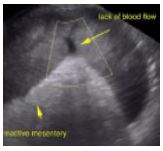
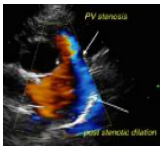
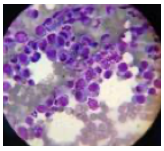
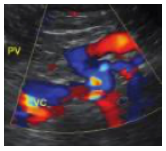

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- Bilateral age-related renal changes with dystrophic mineralization and pyelectasia.
- The bladder wall changes are most consistent with cystitis with a lower possibility of infiltrative neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the abdominal fluid with submission for fluid analysis and cytology is recommended if clotting status is appropriate. If results are inconclusive and an aggressive approach is desired, consider referral to a board-certified veterinary surgeon to discuss mass removal or debulking. An abdominal CT scan would be beneficial in pre-surgical planning.

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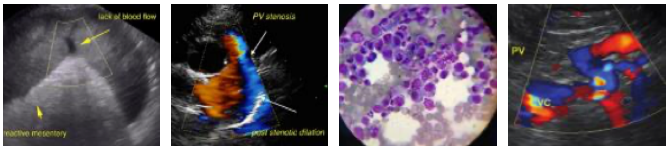

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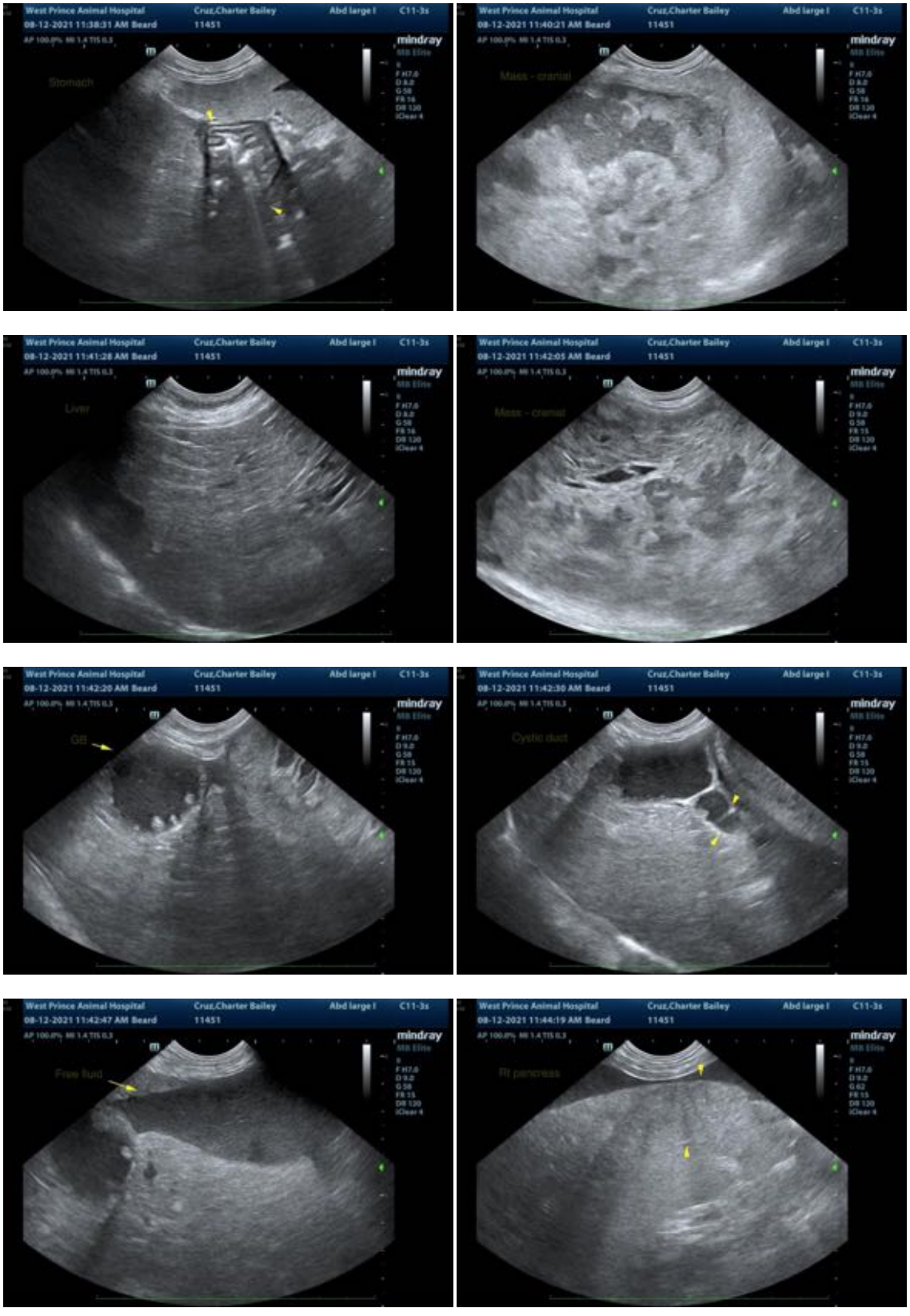

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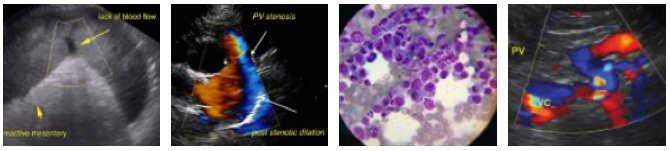

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

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