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Clinical Sonography & Telecytology
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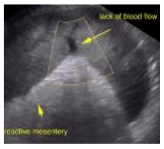
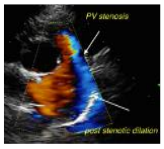
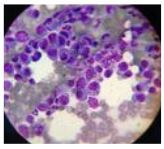
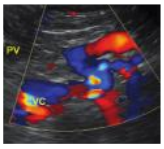

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Pearl Rasimas

SPECIES

Canine

BREED

Golden Retriever

SEX

Female Spayed

AGE

11 years

WEIGHT

80 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Wojcik

HOSPITAL NAME

Hershire AH

REFERRING VET

Meghan Myers VMD

INVOICE

14088

DATE

8.14.23

PRESENTING CLINICAL SIGNS

History: presented for mild lethargy and PU/PD. Hemoabdomen noted.

Abnormal PE/Chem/CBC/UA Results: HCT: 25%. platelets; 90,000.
Rest of CBC and chemistry and elytes all normal. echinocytes on blood smear
PCV of abdominal fluid was 28%

Chest rads read suspicious for metastatic disease by radiologist

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 is normal.

The left kidney is normal in size (8.03 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.75 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed in this region.

The right adrenal gland is in normal size (1.22 cm at cranial pole) (0.52 cm at caudal pole) with a normal shape and 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 (1.86 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 is normal.

Liver

The liver is subjectively enlarged with irregular peripheral contours. In the left lateral lobe, an approximately 2.50-3.00 cm irregular, heterogenous, slightly cavitated mass is visualized. The lesion causes capsular expansion. In addition, an approximately 3.00 cm isoechoic to slightly-heterogenous mass/lesion is observed on the right side, near the diaphragm. In the remainder of the liver, the parenchyma is isoechoic relative to the spleen and mildly heterogenous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is mildly to moderately distended. The wall is thickened (up to 0.63 cm) and hypoechoic with a “double-walled” effect. A moderate amount aggregated, echogenic, to mineralized sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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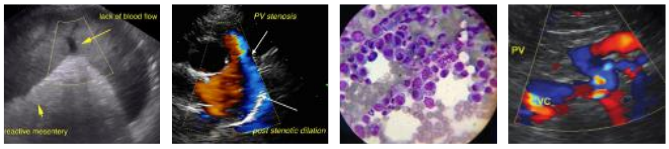

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The lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

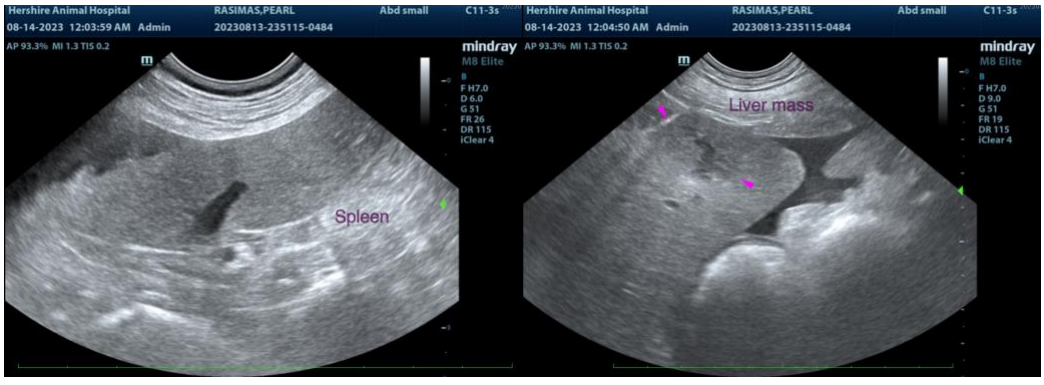
- Hemoabdomen – previously confirmed
- Hepatic masses. Neoplasia (i.e., hemangiosarcoma, hemangioma), other is suspected with a lower possibility of benign lesions (i.e., inflammatory foci, regenerative nodules).
- The gallbladder wall changes could be consistent with cholecystitis, increased hydrostatic pressure, low oncotic pressure, immune-mediated hemolytic anemia, anaphylaxis, other.

Secondary Findings

- Mild bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If an aggressive approach is desired, consider thoracic and abdominal CT scans to further evaluate for neoplasia in the chest and abdomen. However, due to the concern for metastatic disease, palliative care (i.e., Yunnan Bayaio, pain management, etc.) should be considered in lieu or aggressive diagnostics/treatments.



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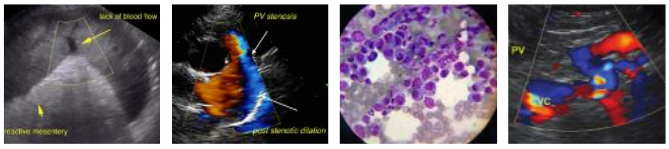

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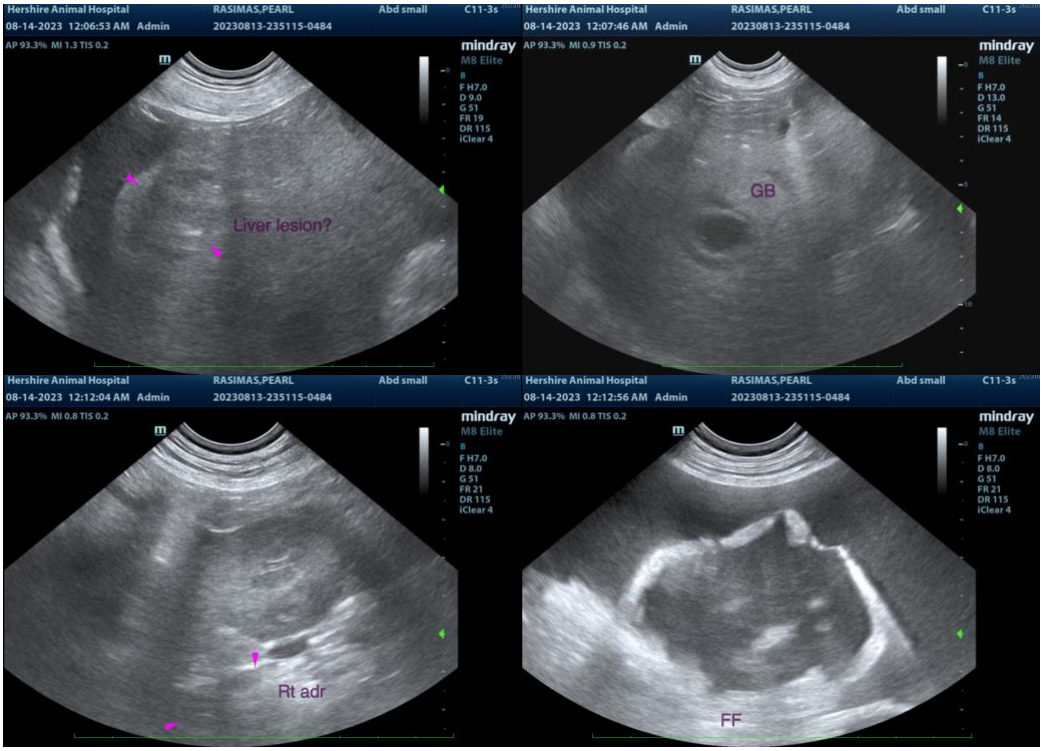

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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