

**DATE PRESENTING CLINICAL SIGNS**

8/16/21

History: Diarrhea w/ mucus and intermittent blood for the past month past week has been lethargic and decreased appetite and has some weight loss

PATIENT

Gracie Mindel

Current Medications: Not provided by the veterinarian.

Lab Results: Increased ALKP at 998 and ALT at 293 in June. CBC is August was normal.

SPECIES

Canine

Radiographs: Report attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

BREED

Yorkshire Terrier

Sedation: not needed

Stat Report: not requested

SEX

Female Spayed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

4/8/08

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

WEIGHT

14 lbs.

The left kidney is normal size (4.21 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. Several nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

The right kidney is normal size (5.03 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. Several nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Charm City
 Veterinary Hospital

Adrenal Glands

The left adrenal gland is normal size (0.57 cm at cranial pole) (0.50 cm at caudal pole) (2.01 cm in length); 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.

REFERRING VET

Dr. Karbonik

The right adrenal gland is mildly enlarged (0.88 cm at cranial pole) (0.58 cm at caudal pole) (2.00 cm in length) with a prominent cranial pole. A 0.69 x 0.56 cm hyperechoic nodule is observed at the cranial aspect. Glandular echogenicity and detail at the caudal aspect are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

INVOICE

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Spleen

The spleen is normal in size (1.17 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.54 cm irregular, hyperechoic nodule is observed at the hilus. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen. A > 6 cm heterogeneous, vascular mass is observed approximately mid-liver and is adjacent +/- adhered to the diaphragm. The remaining hepatic parenchyma is relatively homogeneous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic, mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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 segmentally dilated with chyme. The small intestinal wall is borderline thickened (up to 0.41 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis to mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The pancreas is diffusely prominent in size, particularly the right limb with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.22 cm in diameter). The mesentery effacing the serosal surface is hyperechoic.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Large mid-hepatic mass. Neoplasia (i.e., adenoma, adenocarcinoma) is considered likely with a lower possibility of benign pathology.
- The pancreatic changes are consistent with acute or chronic active pancreatitis.

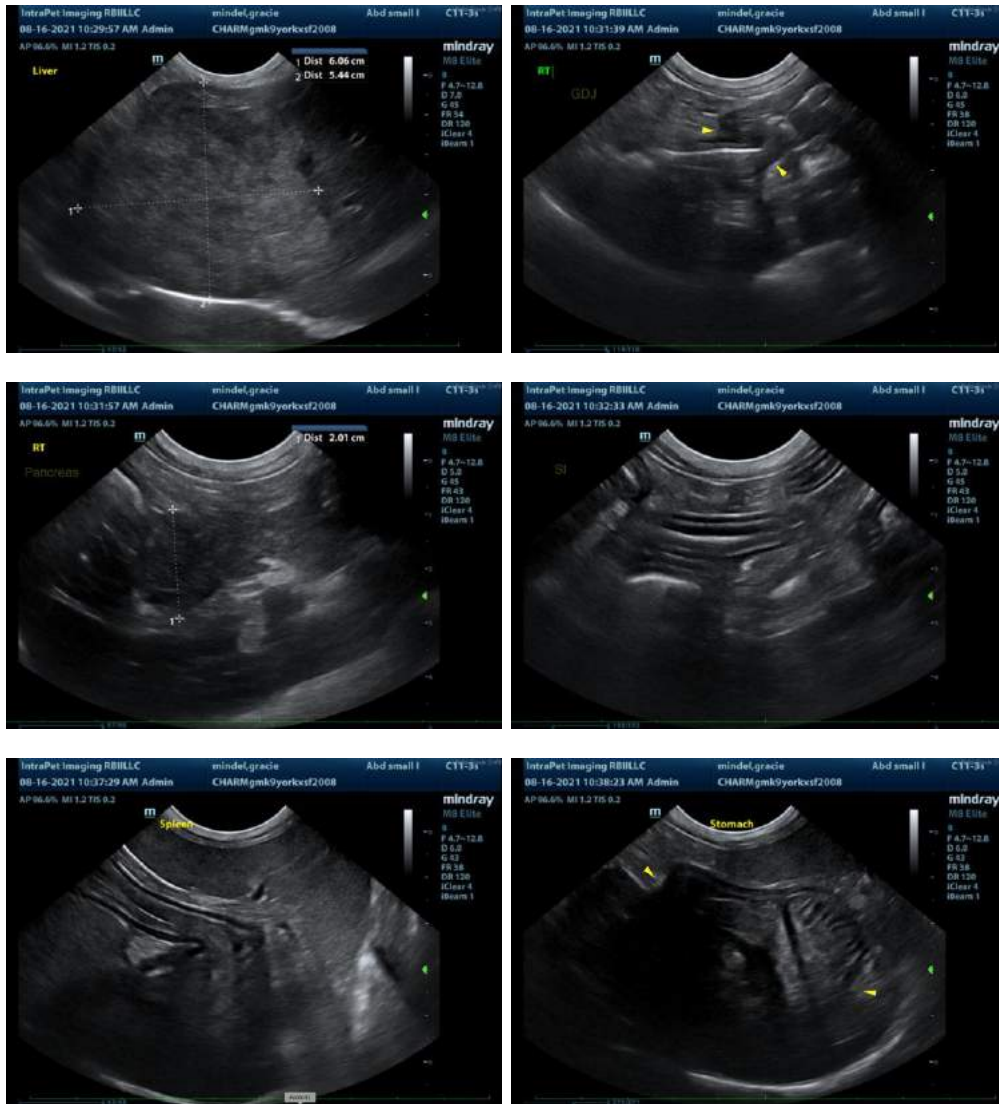
Secondary Findings:

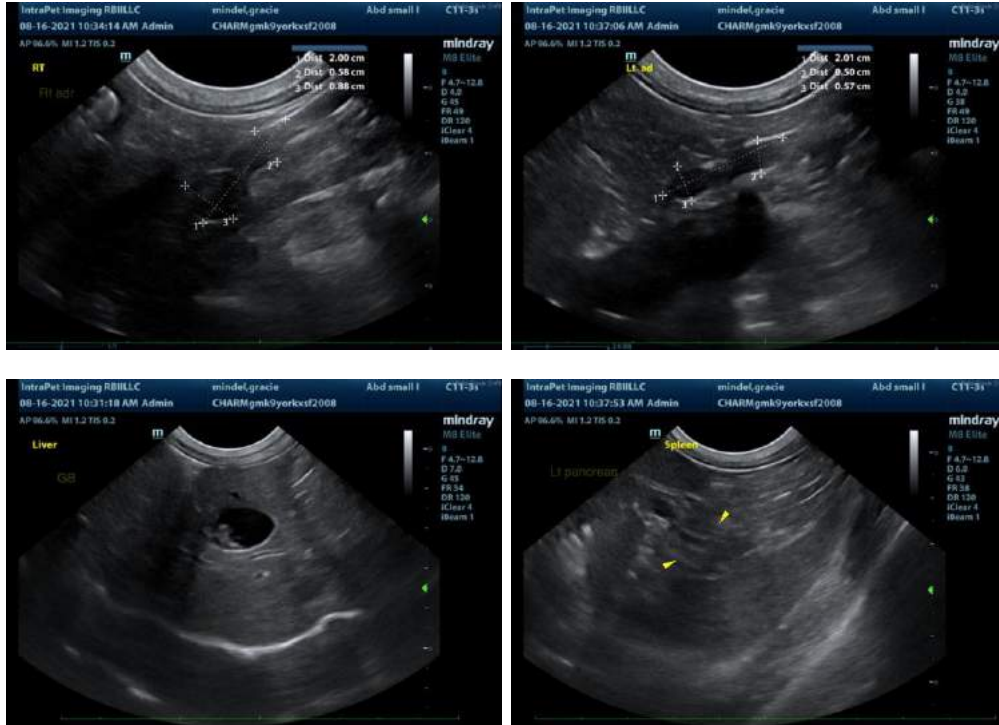
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The right adrenal changes are most consistent with benign pathology (i.e., regenerative hyperplasia) with a lower possibility of an early neoplastic process.
- Bilateral, non-obstructive nephroliths.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. If an aggressive approach is desired, consider referral to a board-certified veterinary surgeon to discuss hepatic mass removal or debulking. An abdominal CT scan would be useful in pre-surgical planning. If surgery is pursued, consider obtaining gastrointestinal biopsies.

3. If a more conservative approach is desired, a fine needle aspirate of the mass can be considered (if clotting status is appropriate). A 25-gauge needle should be used. However, it should be noted that cytologic evaluation of primary hepatic masses is often inconclusive.





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*)
 Andrea.nicastro@sonopath.com