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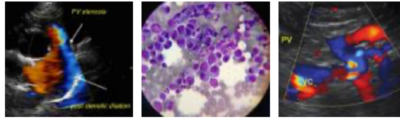

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**DATE**

8/17/21

**PATIENT**

Walker Fisher

**SPECIES**

Canine

**BREED**

Foxhound

**SEX**

Male, neutered

**AGE**

3/24/2009

**WEIGHT**

45 lbs.

**INTERPRETED BY**

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

**HOSPITAL NAME**

Honeygo Animal Hospital

**REFERRING VET**

Dr. Mullenex

**INVOICE**

11895

## PRESENTING CLINICAL SIGNS

History: increased drinking, protein in the urine.

Current Medications: Not provided by the veterinarian.
Lab Results: Not provided by the veterinarian.
Radiographs: Possible mass?
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Sedation not required for scan.
Stat Report: STAT report not requested by the veterinarian.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is mildly distended with anechoic urine. The wall in the region of the apex is mildly thickened (up to 0.48 cm) with a slightly irregular mucosal surface. The wall tapers to a normal thickness as it extends toward the urinary bladder neck. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal in size (7.37 cm in length) with a slightly irregular shape. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild pyelectasia is present (0.48 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (7.35 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Pinpoint hyperechoic cortical foci are visualized as well as hyperechoic shadowing diverticular foci. A few small nephroliths are present. There is no evidence of pyelectasia, infarcts or hydroureter.

### *Adrenal Glands*

The left adrenal gland is enlarged (1.58 cm at cranial pole) (1.48 cm at caudal pole) (3.23 cm in length) with an irregular shape. The parenchyma is heterogeneous with loss of glandular detail. Surrounding vasculature appears normal.

The right adrenal gland is mildly enlarged (1.69 cm at cranial pole) (0.52 cm at caudal pole) (2.95 cm in length) with a slightly irregular shape. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

### *Spleen*

Previously splenectomized. The splenic fossa is unremarkable.

### *Liver*

The liver is subjectively enlarged with irregular peripheral contours. The parenchyma is diffusely heterogeneous. On the left side, a 7 cm irregular, heterogeneous mass is present. The mass causes capsular expansion. In the mid to right liver, a 2.82 x 2.57 cm hypoechoic to slightly heterogeneous cavitated mass is also seen. This lesion also causes mild capsular expansion. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is distended. The wall is slightly thickened and irregular. A large amount of echogenic debris/sludge is observed within the lumen, most of which is gravity dependent and some of which is suspended. The cystic and common bile ducts are 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 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. No obstructive disease is noted.

### *Pancreas*

A portion of the pancreas is obscured by the hepatic mass. In the visualized portion, no obvious pathology is observed.

### *Free Abdomen*

The mesentery in the cranial abdomen adjacent to the liver is hyperechoic. There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

## ULTRASONOGRAPHIC FINDINGS

**Primary Findings:**

- Hepatic masses. Neoplasia (i.e., adenocarcinoma, adenoma) is considered likely with a lower possibility of benign pathology. Regional peritonitis is present.

- The gallbladder wall changes could be consistent with cholecystitis, age-related hyperplasia and/or neoplastic infiltration. The gallbladder distention may be secondary to compression of the cystic/common bile ducts by the mass, cholestasis, fasting, other.

**Secondary Findings:**

- Bilateral adrenomegaly.

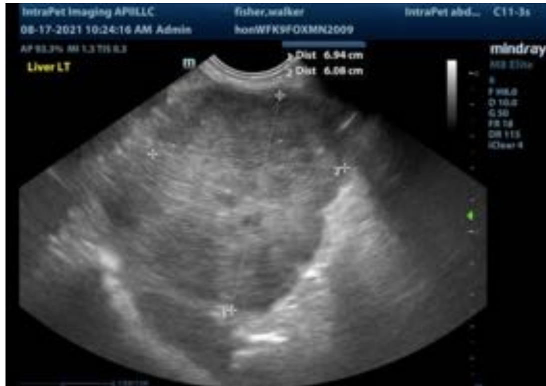
- Bilateral age-related renal changes with dystrophic mineralization and left pyelectasia.

- The urinary bladder wall changes may be artifactual due to lack of luminal distention. Alternatively, low-grade cystitis is possible. Correlation with clinical findings is recommended.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

- If there is no evidence of pulmonary metastatic disease and an aggressive approach is desired, consider referral to a board-certified veterinary surgeon to discuss mass removals or debulking. An abdominal CT scan would be useful in pre-surgical planning. If the patient's spleen was previously removed due to cancer, the hepatic masses may represent disease recurrence. Therefore, the decision to proceed with surgery should be based on the patient's clinical history. Given that there are multiple hepatic masses, the prognosis for this patient is considered guarded.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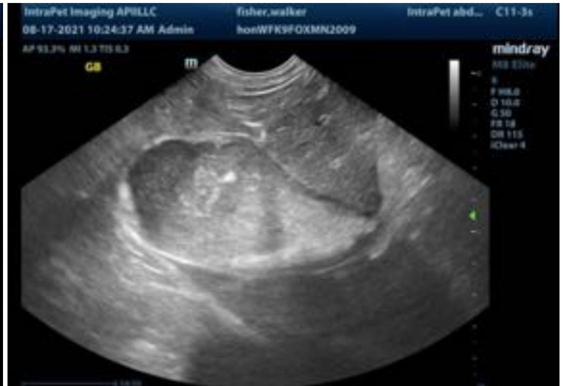
Liver LT
1 Dist 6.94 cm
2 Dist 6.08 cm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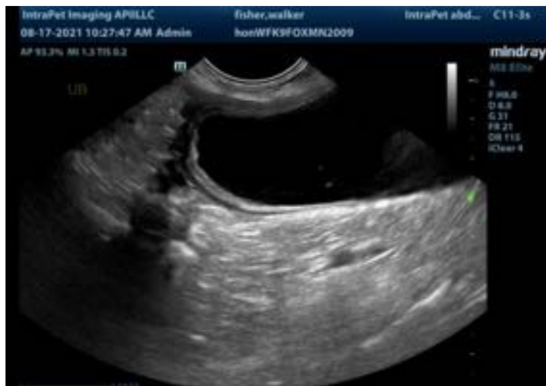
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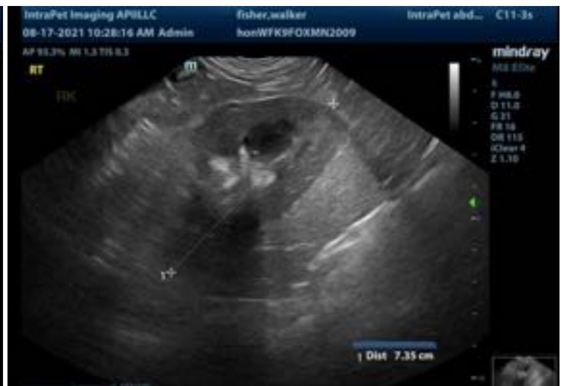
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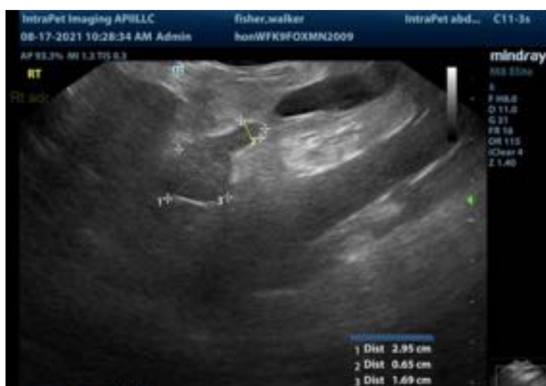
RT
RK
1 Dist 7.35 cm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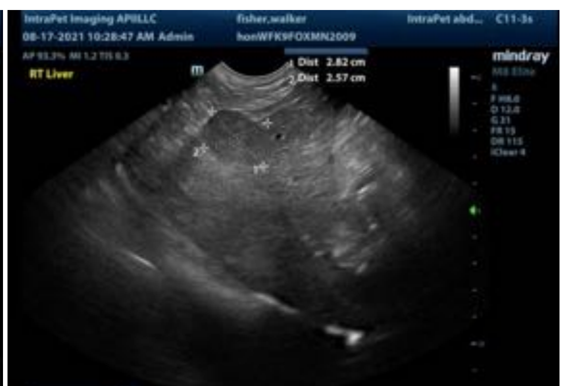
RT
1 Dist 2.95 cm
2 Dist 0.65 cm
3 Dist 1.69 cm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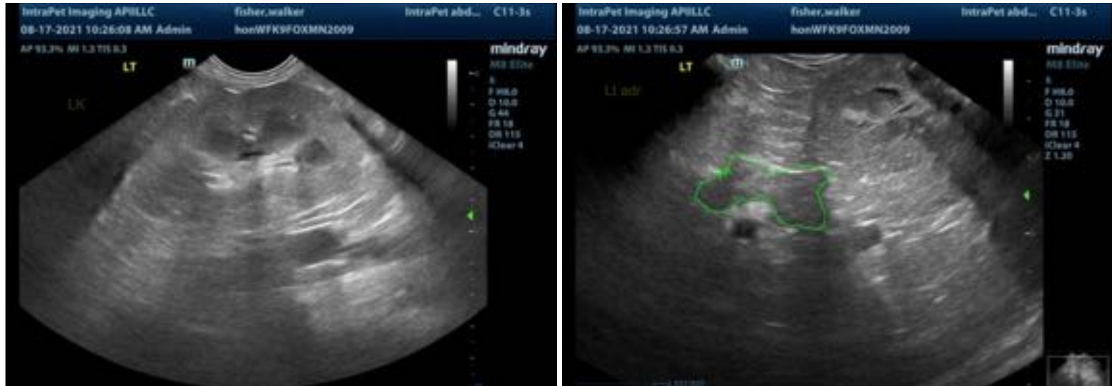
RT Liver
1 Dist 2.82 cm
2 Dist 2.57 cm




**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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