SonoPath
Clinical Sonography & Telecytology
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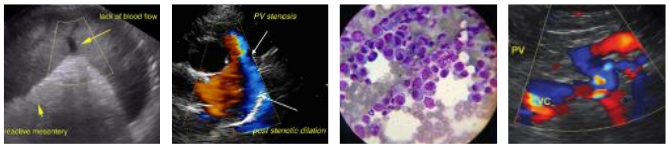


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Annabelle Apostolos

SPECIES

Canine

BREED

Schnauzer

SEX

Female Spayed

AGE

7 years

WEIGHT

5.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lauren Kuzimski

HOSPITAL NAME

Animal EH Volusia

REFERRING VET

Lauren Kuzimski

INVOICE

14129

DATE

8.17.23

PRESENTING CLINICAL SIGNS

History: Owner stated the patient was normal this morning. O left the patient with a rawhide treat, patient seems to be hacking and shaking now. Patient has also be vomiting rawhide pieces throughout home. Patient presented with a temp of 106.8

Abnormal lab-work values:
NSF ON PE:
CPL: Normal
CBC: NSF
COMP: elevated ALP, ALT, GGT, mild hypocalcemia
EPOC: NSF

Radiograph: Three-view whole body radiographs dated August 16, 2023 are reviewed.

Thorax: The heart, pulmonary vessels and pulmonary parenchyma are within normal limits. No pulmonary nodules, pleural effusion or intrathoracic lymph node enlargement is noted. The trachea and larynx are normal. There is no esophageal dilation. No opaque foreign material is noted in the esophagus. No mediastinal abnormalities are noted. No skeletal abnormalities are noted.

Abdomen: The liver is of normal size and has rounded margins. The spleen is of normal size and shape. The kidneys appear asymmetric, with the left kidney larger than the right. The stomach contains a small amount of gas. The gastric pylorus is appropriately gas-filled on the left lateral projection. The small intestine is mostly empty and has no abnormal dilation or plication. The colon is mostly empty. There is gas and a small amount of feces in the cecum. The urinary bladder is small. There is good peritoneal and retroperitoneal serosal detail. No free peritoneal gas is noted. No skeletal abnormalities are noted.

Conclusion: Unremarkable neck and thoracic radiographs. There is no evidence of an esophageal foreign body.Rounded hepatic margins. This is a nonspecific finding. Differentials include hyperplasia, vacuolar hepatopathy or hepatitis. This finding should be correlated with bloodwork and clinical signs. Abdominal ultrasound may also be helpful for further evaluation.
Asymmetric kidneys. The left kidney is mildly enlarged, and this may be due to compensatory hypertrophy. Other differentials include pyelonephritis, hydronephrosis, perinephric pseudocyst or less likely neoplasia. Bloodwork, urinalysis, and abdominal ultrasound can be considered for further evaluation. The cause of the patient's fever is not identified on the radiographs.

Forty still images and 17 video clips are available for interpretation.

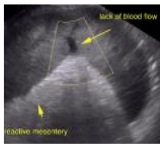
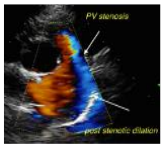
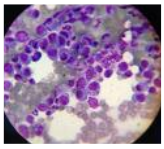
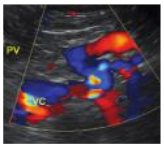
ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (5.09 cm in length) with a normal shape and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with no loss of corticomedullary distinction. Hydronephrosis is present (1.78 cm in the transverse plane). There is also hydroureter (up to 0.72 cm proximally). Only a few centimeters of the proximal ureter is visualized. There is no evidence of nephroliths, infarcts.

The right kidney is normal in size (5.39 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 loss of corticomedullary distinction. There is no evidence of pyelectasia,

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nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.38 cm at cranial pole) (0.46 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.

The right adrenal gland is not definitively visualized. No obvious abnormalities are observed in this region.

Spleen

The spleen is normal in size (1.14 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 swollen/irregular peripheral contours. A >7.00 cm irregular, hyperechoic-to-heterogenous, slightly-cavitated mass is observed mid-liver. The lesion causes capsular expansion. The remaining parenchyma appears homogenous. 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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. 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

Trace ascites is suspected. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- Large hepatic mass. Neoplasia (i.e., adenoma, adenocarcinoma, round cell tumor) is suspected, with a lower possibility of a non-neoplastic process (i.e., inflammatory).
- Left hydronephrosis/hydroureter. Differentials include urethral stricture, stone, tumor, other. Concurrent pyelonephritis is also possible. Correlation with the patient's urinalysis findings is recommended. Mild age-related changes in the right kidney.
- Trace ascites

*An obvious cause for the patient's high fever is not definitively identified in this study. Considerations include infection, inflammatory disease, heat stroke, autoimmune disease, neoplasia, other.

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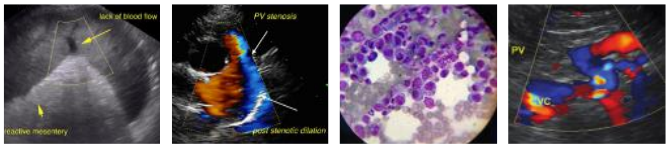

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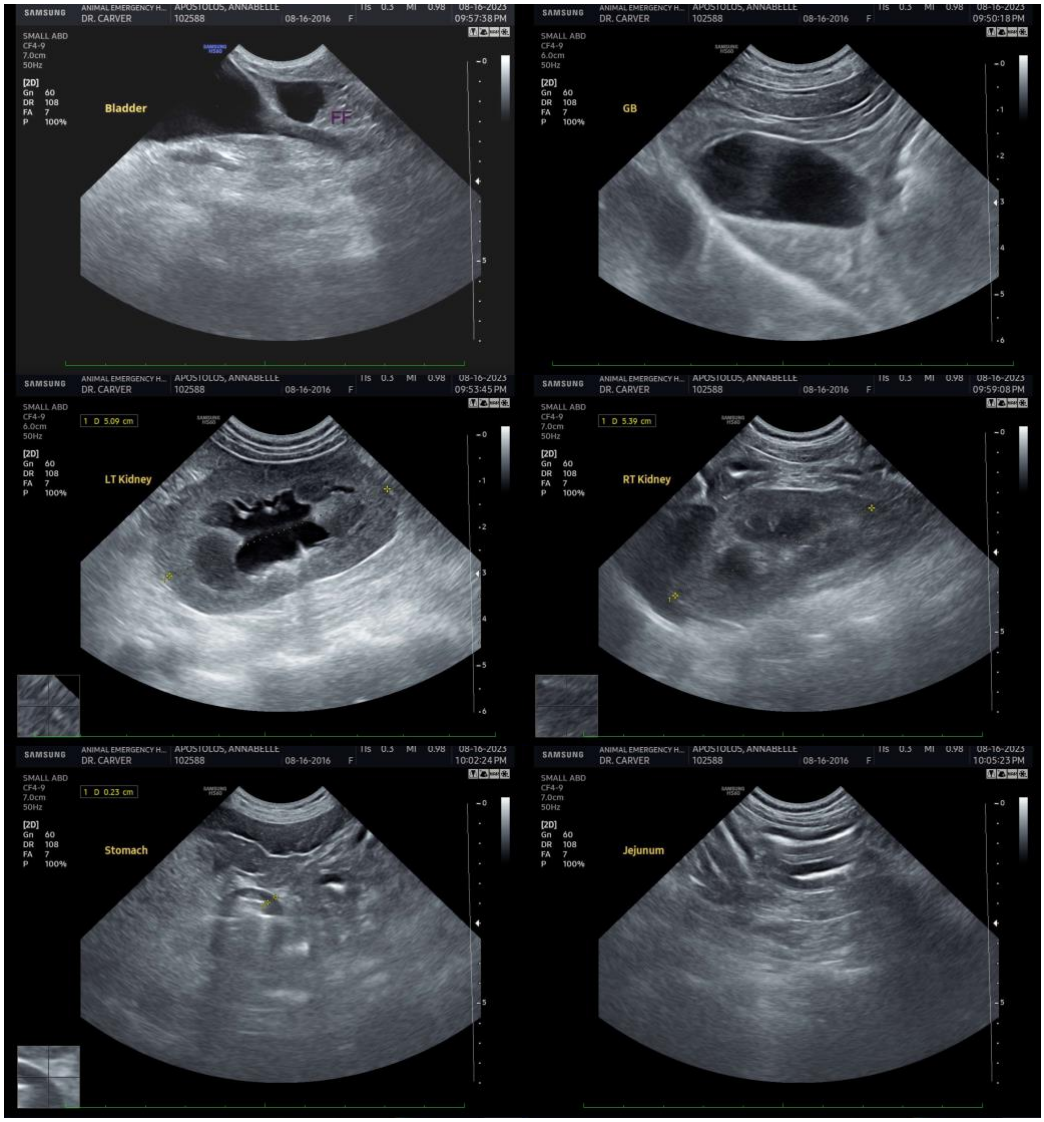
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the left renal changes, urinalysis with culture and sensitivity is recommended to assess for pyelonephritis.
- Consider a fine-needle aspirate of the hepatic mass (if clotting status is appropriate). A 25-gauge needle should be used. Depending on cytology results, consider consultation with a board-certified surgeon to discuss hepatic mass debulking. An abdominal CT scan would be useful in presurgical planning.



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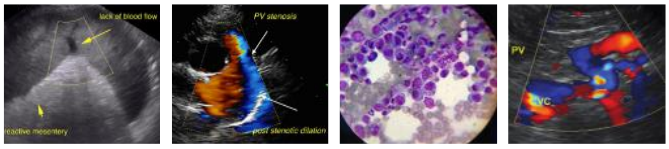

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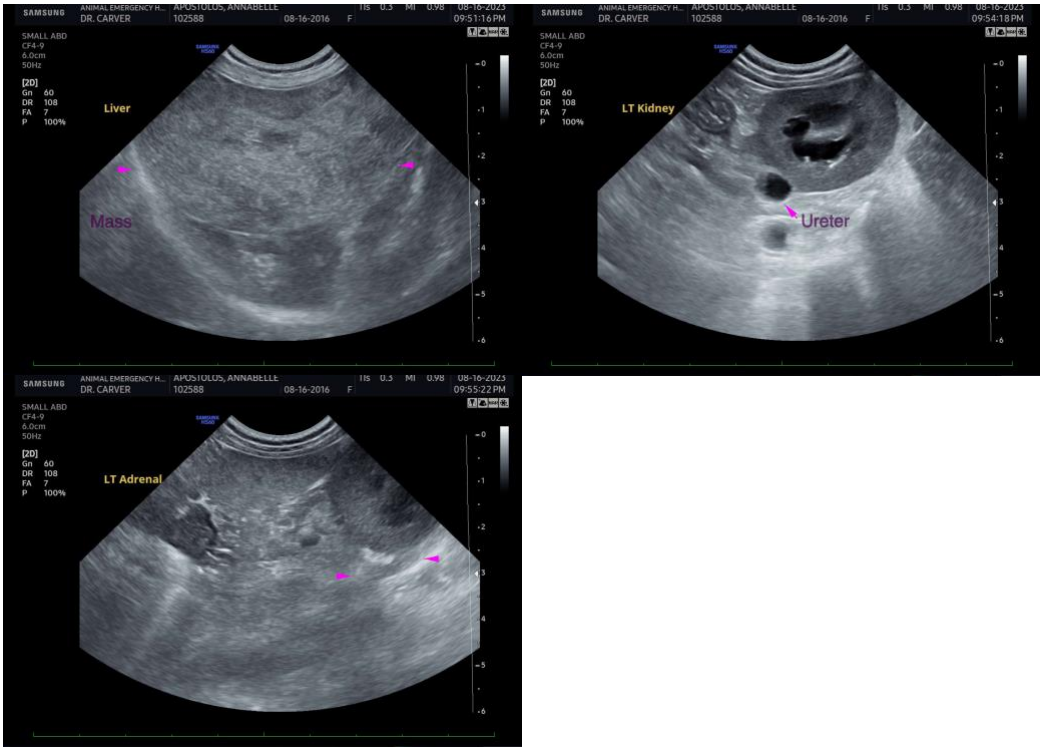

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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