

PATIENT PRESENTING CLINICAL SIGNS

Taffy Oliver History: Abdominal pain. Concern for a septic abdomen based on the fluid in the abdomen cytology.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A 0.67 cm cystic calculus is observed, as well as a moderate amount of suspended echogenic debris. The region of the trigone and visible portion of the proximal urethra are normal.

Labrador Retr Mix

SEX

The left kidney is normal in size (6.86 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. Several, small, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Spayed Female

AGE

12 years

The right kidney is normal in size (6.54 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. A few small, mineralized foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

NP

Adrenal Glands

INTERPRETED BY

The left adrenal gland is mildly enlarged (0.65 cm at cranial pole) (0.87 cm at caudal pole) with a slightly irregular 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.

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

IMAGING PERFORMED BY

The right adrenal gland is in normal size (0.97 cm at cranial pole) (0.70 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.

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

HOSPITAL NAME

Spleen

The spleen is normal in size (1.60 cm in width at the level of the hilus) with slightly irregular peripheral contours. The parenchyma is subjectively hypoechoic and mottled in appearance. A few, ill-defined myelolipomas are observed in the region of the hilus. Splenic vasculature is normal with no evidence of thrombosis.

Blue Pearl Summerville

REFERRING VET

Liver

The liver is enlarged with a >11.00 cm hyperechoic-heterogenous, with a slightly cavitated mass arising from the left- to mid-liver. The lesion causes capsular expansion. In the remainder of the liver, the parenchyma is slightly mottled in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

Mark Mackenzie

INVOICE

14181

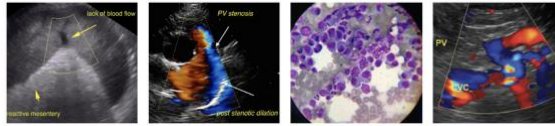
The gall bladder is distended. The wall is normal in thickness. A large amount of aggregated, echogenic, suspended sludge in a stellate pattern observed within the lumen. The mesentery adjacent to the gallbladder is hyperechoic, reactive and adhered to the serosal surface. A scant amount of free fluid is also observed adjacent to the gallbladder. The cystic and common bile ducts are normal/not seen.

DATE

8.19.23

Gastrointestinal

The stomach is difficult to visualize due to the cranial abdominal pathology and patient discomfort. The visible portion of the gastric wall is normal in thickness with a normal layering pattern. The proximal duodenal lumen is mildly fluid-distended. The remaining small intestinal segments are empty. The small



PATIENT intestinal wall is normal in thickness 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.

Taffy Oliver

SPECIES

Canine

BREED

Labrador Retr Mix

SEX

Spayed Female

AGE

12 years

WEIGHT

NP

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Blue Pearl Summerville

REFERRING VET

Mark Mackenzie

INVOICE

14181

DATE

8.19.23

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The mesentery in the cranial abdomen is hyperechoic. A small amount of free fluid. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

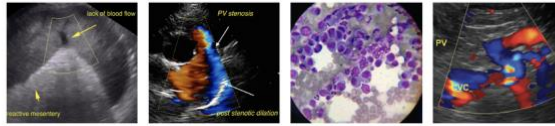
- Fully-formed gallbladder mucocele with adjacent peritonitis. Rupture or impending rupture is suspected.
- Large, left-to-mid-hepatic mass. Neoplasia (i.e., adenoma, adenocarcinoma, round cell tumor) is suspected with a lower possibility of a benign process (i.e., inflammatory).
- Cranial peritonitis is present.

Secondary Findings

- Mild bilateral chronic renal changes with nonobstructive nephrolithiasis
- Mild left adrenomegaly
- Cystic calculus with urinary bladder debris
- The splenic parenchymal changes could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation or emerging neoplasia.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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 an abdominal exploratory with a cholecystectomy and hepatic mass removal or debulking. An abdominal CT scan would be useful in presurgical planning. However, due to the guarded prognosis, palliative care or humane euthanasia should be considered in lieu of aggressive diagnostics/treatments.



PATIENT

Taffy Oliver

SPECIES

Canine

BREED

Labrador Retr Mix

SEX

Spayed Female

AGE

12 years

WEIGHT

NP

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Blue Pearl Summerville

REFERRING VET

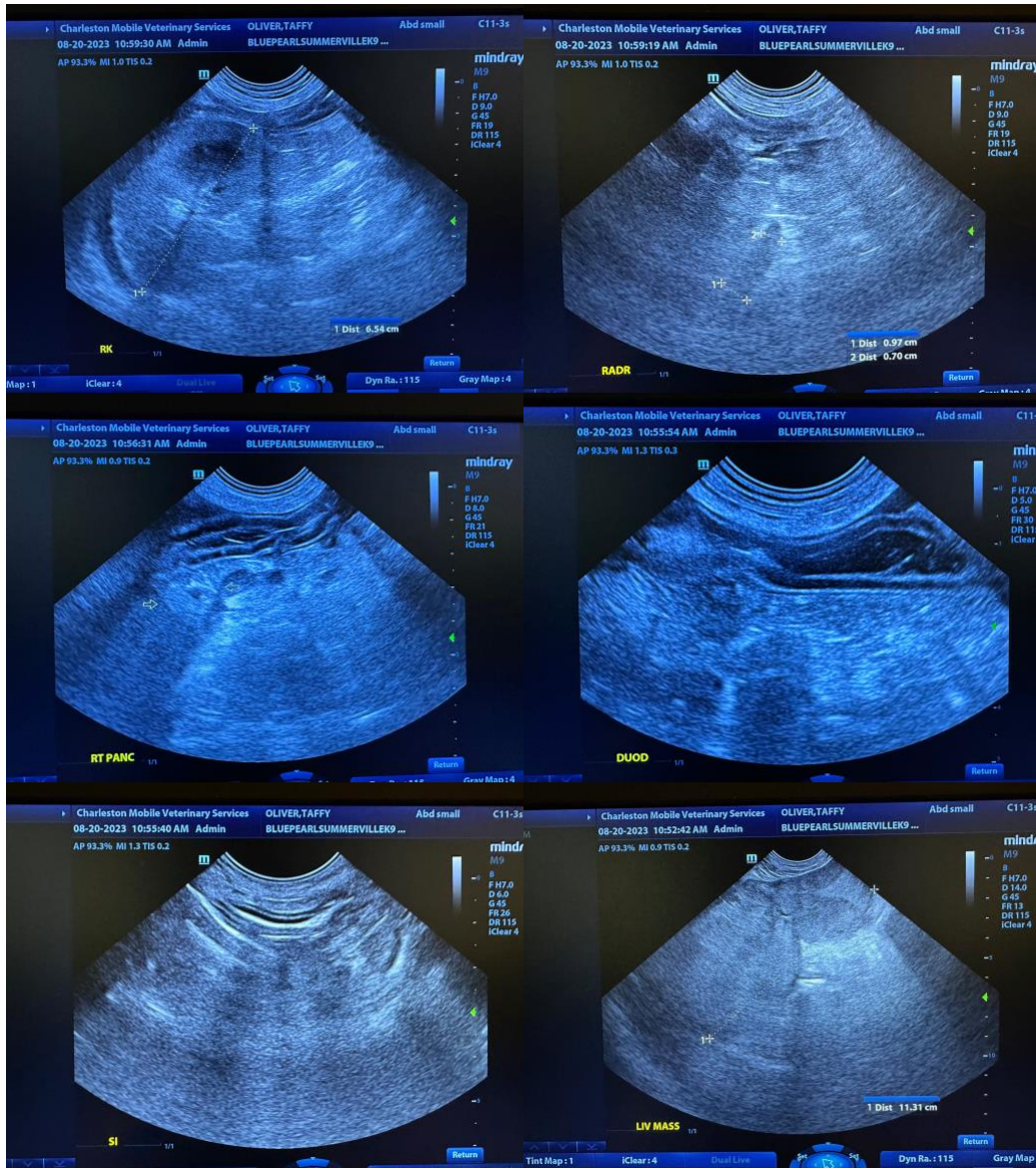
Mark Mackenzie

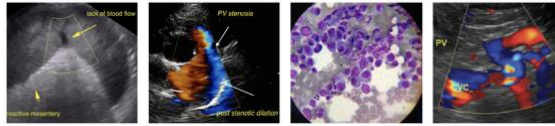
INVOICE

14181

DATE

8.19.23





PATIENT

Taffy Oliver

SPECIES

Canine

BREED

Labrador Retr Mix

SEX

Spayed Female

AGE

12 years

WEIGHT

NP

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Blue Pearl Summerville

REFERRING VET

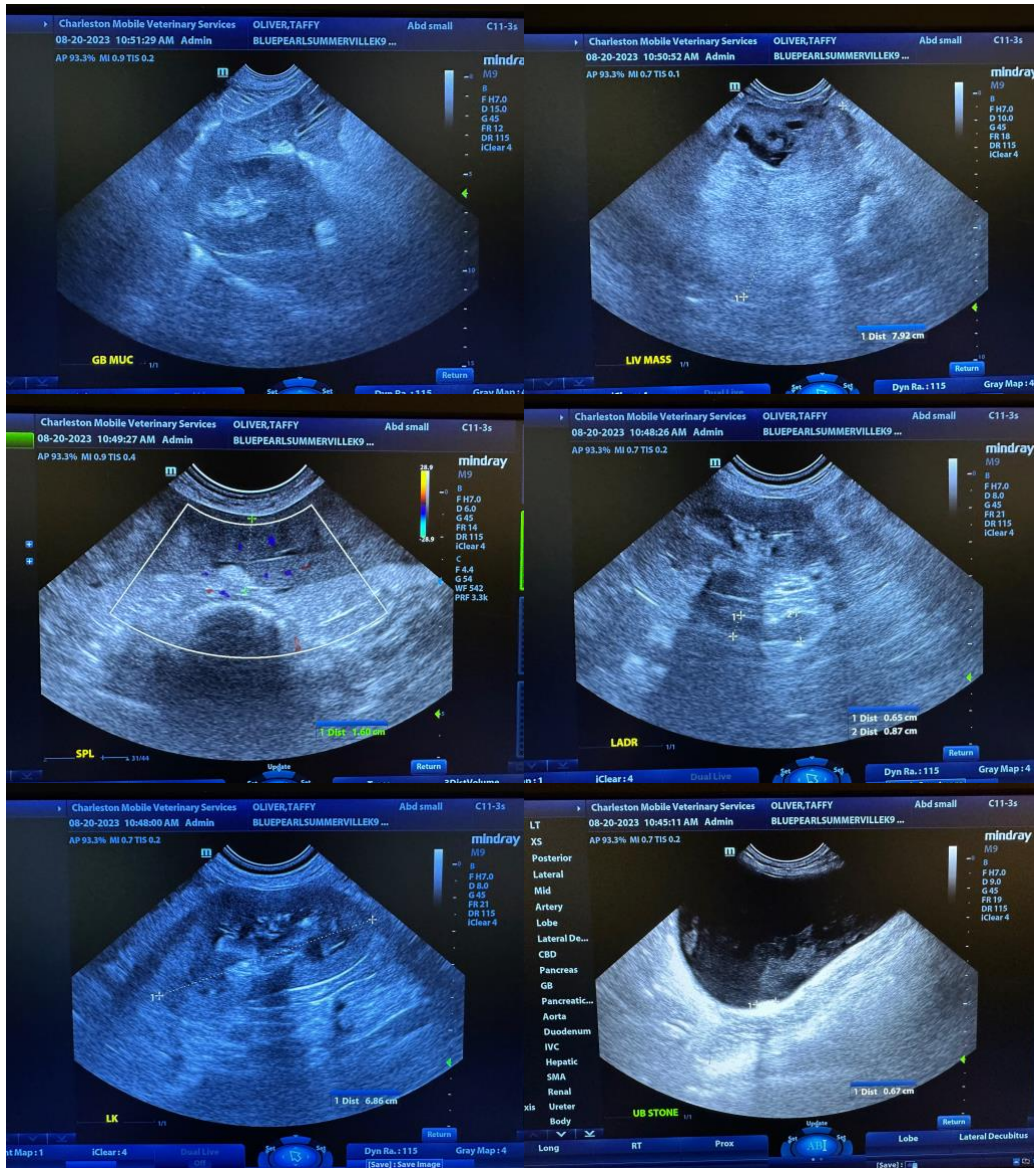
Mark Mackenzie

INVOICE

14181

DATE

8.19.23



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)
info@SonoPath.com