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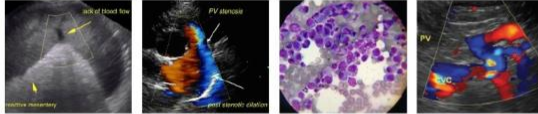


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT
Zora Flesher-AAH

SPECIES
Canine

BREED
Austr Cattle Dog Mix

SEX
Female Spayed

AGE
13 years

WEIGHT
17 kg

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

IMAGING PERFORMED BY
Loetitia Saint-Jacques, LVT

HOSPITAL NAME
Alpine AH

REFERRING VET
Dr Lindsay Sjolin

INVOICE
14187

DATE
8.21.23

PRESENTING CLINICAL SIGNS

History: No sedation- History of CKD. For the past 1-2 months appetite has been decreasing and patient has less energy. Some intermittent diarrhea. No vomiting. There are now mild elevations in liver values. MEDS DES 1mg PO q 5 days. Benazepril 5mg PO BID. Gabapentin 100mg q PO 12-24 hours. Client also feels the patient's thorax has expanded. This started in June. Chest and abdominal radiographs were WNL

Abnormal PE/Chem/CBC/UA Results: Cre 2.1 (0.5-1.5), BUN 41 (9-31), ALT 299 (18-121), AST 209 (16-55), ALP 235 (5-160). Spec cPL 216 (0-200). USG1.013 HCT 42.4% (38.3 - 56.5) - low normal

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 and the proximal urethra, visible to a depth of 1-2 cm, are normal.

The left kidney is normal in size (5.49 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 to moderate loss of corticomedullary distinction. Two-to-three small cortical cysts are visualized. Mild-to-moderate pyelectasia is present (0.33 cm in the longitudinal plane) There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.98 cm in length) with a slightly irregular shape. 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 1.66 cm cortical cyst is observed at the cranial pole. Trace pyelectasia is suspected. There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands
The left adrenal gland is normal in size (0.60 cm at cranial pole) (0.57 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.

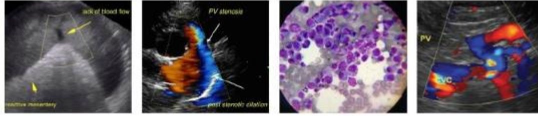
The region of the right adrenal gland is obscured by the large, right, hepatic mass.

Spleen
The spleen is subjectively normal in size 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. A >11.00 cm irregular, heterogenous mass is arising from the right side. 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.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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



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outflow tract is patent. The small intestinal lumen is not dilated. The small 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.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

Trace free fluid is observed. 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

- Large right hepatic mass. Neoplasia (i.e., adenoma, adenocarcinoma, round cell tumor, sarcoma) is suspected) with a lower possibility of a non-malignant process.

- Trace ascites

Secondary Findings

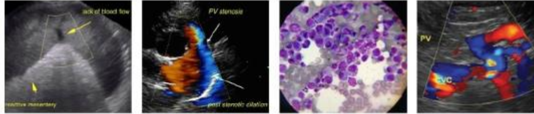
- Bilateral chronic renal changes with cortical cysts. The left pyelectasia may be secondary to pyelonephritis, age-related remodeling, fluid therapy, PU/PD (if applicable) or some combination thereof.

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 consultation with a board-certified surgeon to discuss hepatic mass removal or debulking. An abdominal CT scan would be useful in presurgical planning.

- If surgery is not pursued, palliative care is recommended.



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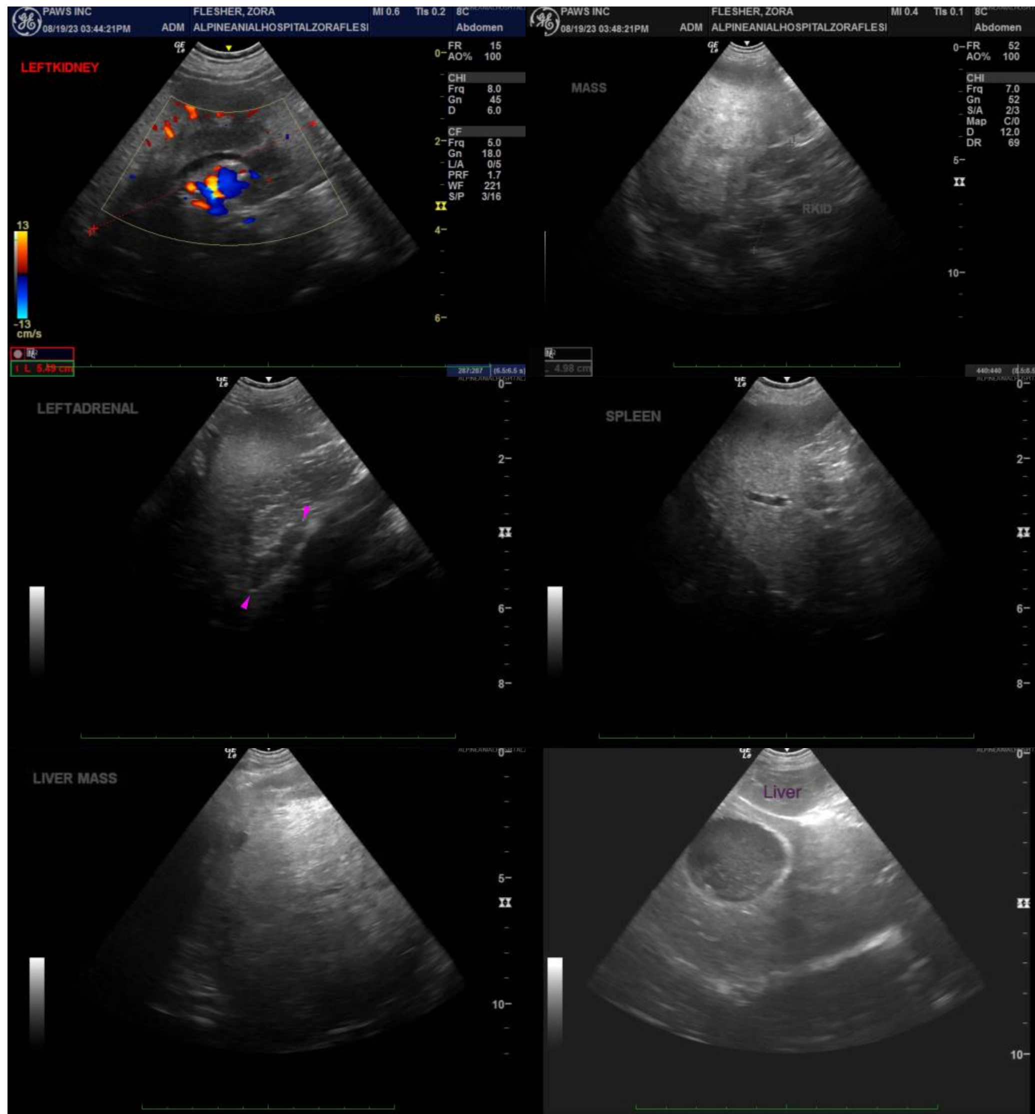

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com