
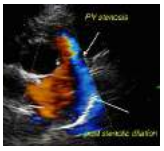
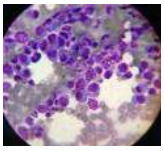
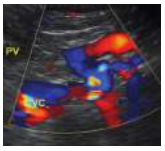

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PATIENT
Teddy Seiter

SPECIES
Canine

BREED
Beagle Mix

SEX
Male Neutered

AGE
7 Years

WEIGHT
39.3 lbs.

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

IMAGING PERFORMED BY
Andrea Nicastro, DVM

HOSPITAL NAME
East Plane Animal Hospital

REFERRING VET
Dr. Rosen

INVOICE
11702kk

DATE
8/26/21

PRESENTING CLINICAL SIGNS

History of being "just not himself". Owner feels mucous membranes are pale. On physical exam, mucous membranes are ok. Abdomen is tense. Questionable splenomegaly. Rule out splenic mass. The patient has been vomiting intermittently for the last few days. He has been on Prednisone for 4-5 days.

Regenerative anemia, hematocrit 35% on 8/14. PCV is 32% on 8/21. Tbili is 0.4. Rest of CBC and chemistry is within normal limits. T4 is 1.6. 4DX is negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The prostate is normal in size (0.74 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (5.18 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.12 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.49 cm at cranial pole) (0.40 cm at caudal pole) (2.11 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.

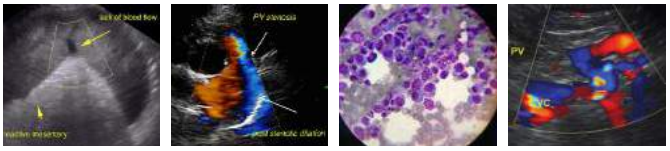
The right adrenal gland is normal size (0.58 cm at cranial pole) (0.48 cm at caudal pole) (1.89 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in size with slightly irregular medial contour. A 1.40 cm hypoechoic nodule is observed at the medial aspect. The lesion causes slight capsular expansion. The remaining parenchyma is homogeneous. Splenic vasculature is normal with no evidence of thrombosis and the spleen width is 1.92 cm.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. A 6.64 cm isoechoic mass is observed on the right side. The remaining parenchyma is isoechoic relative to the spleen and



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mildly heterogeneous 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is moderately distended with ingesta and trapped fluid. Within the lumen of the pyloric antrum, an approximately 2 cm shadowing, tube-like structure is observed. The pyloric wall is normal in thickness with a normal layering pattern. The proximal duodenum is mildly distended with chyme and fluid. The remaining small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal.

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 peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Suspected foreign material within the pyloric antrum with a questionable, intermittent outflow obstruction.
- Hepatic mass. Neoplasia, (i.e., adenoma, adenocarcinoma) is suspected with a lower possibility of a benign pathology (i.e., regenerative nodule/mass). The remaining hepatic parenchymal changes are non-specific and are likely secondary to benign, age-related pathology (i.e., vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling).
- The splenic nodule trends towards the benign with a possibility of emerging neoplasia.

Secondary Findings:

- 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 an aggressive approach is desired, consider an abdominal exploratory to assess for gastric foreign material and to remove the hepatic mass with submission for histopathology. If a more conservative approach is desired, consider an upper GI endoscopy to assess for gastric foreign material +/- a fine needle aspirate of the hepatic mass (if clotting status is appropriate). A 25-guage needle should be used. Alternatively, a repeat abdominal ultrasound can be considered in 1-2 days to determine if the suspected foreign material has passed out of the stomach.

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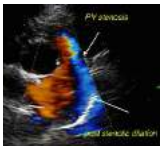
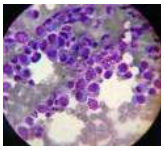
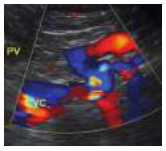

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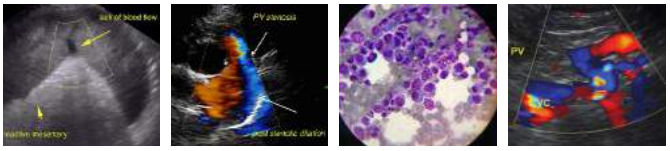

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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