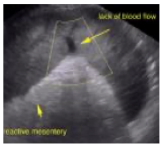
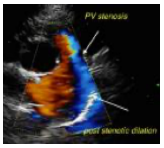
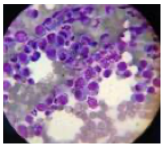
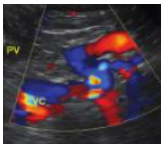
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Maya Cardona

SPECIES
Canine

BREED
Shar Pei

SEX
Spayed Female

AGE
10 years

WEIGHT
45 lbs

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

IMAGING PERFORMED BY
Dr. G. Ferrer, DVM

HOSPITAL NAME
Paseos VC

REFERRING VET
Jose J. Ramirez, DVM

INVOICE
11546

DATE
8.31.22

PRESENTING CLINICAL SIGNS

History: Maya presented as a referral for an abdominal ultrasound for evaluation of increase liver enzyme. In March 2022 she presented to rDVM with pasty fees and anorexia of 4 days. Blood work showed elevated liver enzyme and leukocytosis. She was hospitalized did well and was and sent him with Clavamox and metronidazole. Food was changed to RC hepatic. She has done very well since, but blood work was done 8/23/22. showed that liver enzyme still elevated ALP >2,000. She was stared in Denamarin and recommended abdominal ultrasound.

Abnormal PE/Chem/CBC/UA Results: CBC: MCV: 52 MCH:18.2 RDWc: 29.0 Chem: ALB: 4.5 ALP:2,244 ALT:424 GLU:114 An FNA of the changes noticed in the liver were done and sent to pathologist: it is pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall is 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 **left kidney** is normal size (6.87 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The **right kidney** is normal size (6.39 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The **left adrenal gland** is normal size (0.59 cm at cranial pole) (0.69 cm at caudal pole) (2.58 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 (0.46 cm at cranial pole) (0.63 cm at caudal pole; 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 normal in size (1.50 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 enlarged with normal irregular peripheral contours on the right side. A >11.00 cm heterogenous, vascular mass is observed on the right. The mass causes capsular expansion. The remaining parenchyma is 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. A small amount of mobile echogenic debris is observed within the lumen. 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 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. There is no evidence of an obstructive pattern.

Pancreas

A portion of the **pancreas** is obscured by the large hepatic mass. In the visualized portions, no obvious abnormalities are seen.

Free Abdomen

There is no evidence of free fluid. A 1.23 cm medial iliac **lymph node** is visualized. Two to three prominent mesenteric lymph nodes are also seen, the largest measuring 1.46 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large right hepatic mass. Neoplasia (i.e., adenocarcinoma, adenoma, round cell tumor) is considered likely with a lower possibility of a benign pathology (i.e., excessive regenerative nodular hyperplasia).

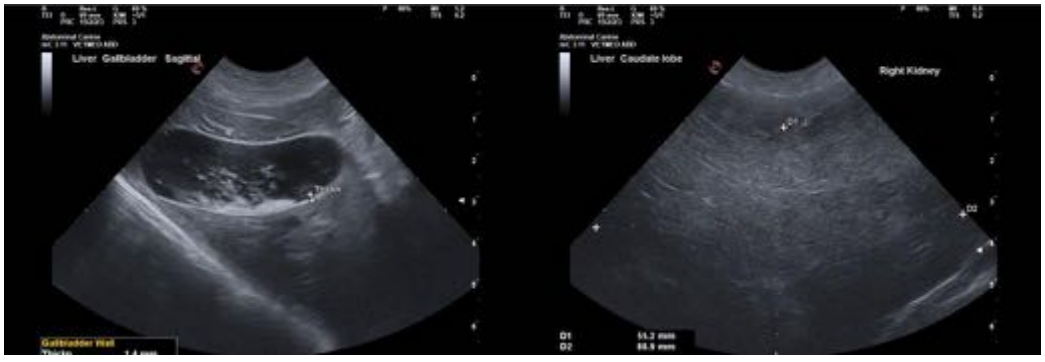
Secondary Findings

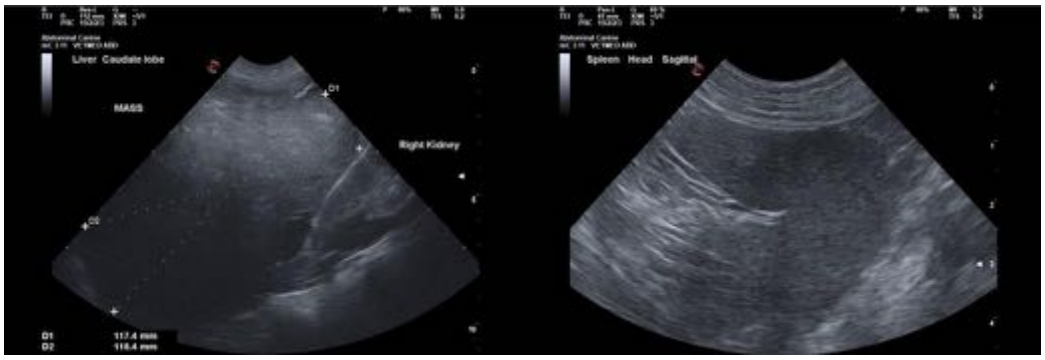
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

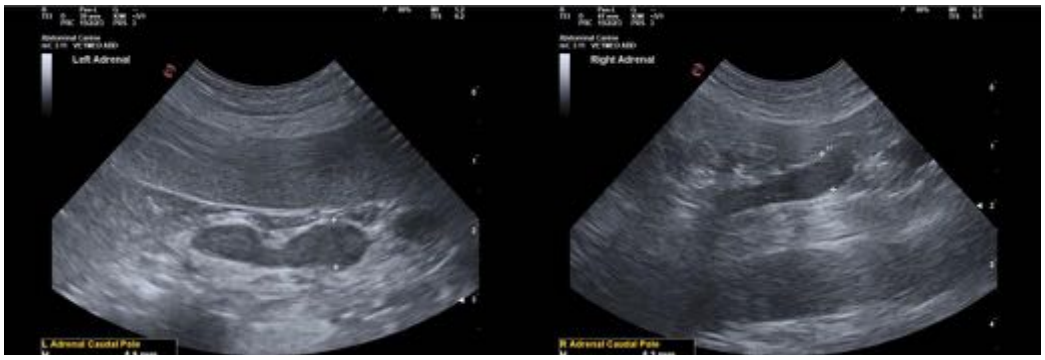
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

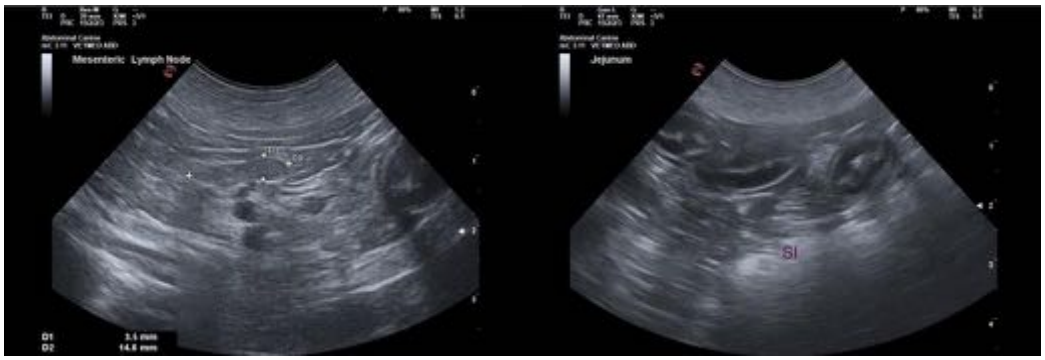
Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

Depending on the hepatic cytology results, hepatic mass removal or debulking can be considered. An abdominal CT scan would be useful in pre-surgical planning.









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