

**DATE**

8/9/21

PRESENTING CLINICAL SIGNS

History: 2 seizures witnessed within past 30 days. Elevated hepatic enzymes on screening lab work.

PATIENT

Current Medications: No current medications.

Cleo Dawson

Lab Results: CBC is unremarkable. Elevated ALKP (1392), ALT (166), CK, Low T4, Isosthenuria. Specific gravity is 1.006 with 1+ proteinuria.

SPECIES

Radiographs: Not provided by the veterinarian.

Canine

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

BREED

Sedation: not needed

Poodle Mix

Stat Report: not requested

SEX

Spayed Female

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.

AGE

10/30/10

WEIGHT

78 lbs

The left kidney is normal size (7.30 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.

INTERPRETED BY

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

The right kidney is normal size (6.61 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. Renal vasculature is normal.

HOSPITAL NAME

Bay Country VH

Adrenal Glands

The left adrenal gland is mildly enlarged (0.97 cm at cranial pole) (0.96 cm at caudal pole) (2.99 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.

REFERRING VET

Dr. McLean

The right adrenal gland is mildly enlarged (0.99 cm at cranial pole) (0.97 cm at caudal pole) (3.40 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.

INVOICE

11603kk

Spleen

The spleen is subjectively normal in size (2.37 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is subtly mottled in appearance with at least one ill-defined, hypoechoic area. A few small myelolipomas are observed in the region of the hilus. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with slightly irregular peripheral contours. The parenchyma is isoechoic relative to the spleen. A 5.28 cm heterogeneous mass is observed in the left lateral lobe. The

remaining parenchyma is heterogeneous/mottled in appearance with at least one hyperechoic nodule. 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 suspended 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. No obstructive disease is noted.

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

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:

- Left hepatic mass. Neoplasia (i.e., adenocarcinoma) is considered likely with a lower possibility of benign pathology. The diffuse hepatic parenchymal changes could be consistent with infiltrative neoplasia, inflammatory/immune-mediated disease, hepatotoxicosis, and/or concurrent age-related pathology (i.e., regenerative nodular hyperplasia, vacuolar hepatopathy, remodeling).

Secondary Findings:

- Bilateral adrenomegaly.
- Minor right renal age-related pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Pre- and post-prandial serum bile acids and a blood ammonia level would be useful to determine if hepatic encephalopathy is present and may be contributing to the patient's seizures.
3. Fine needle aspirates of the liver, particularly in the region of the mass in the left lateral lobe, is recommended (if clotting status is appropriate). 25-gauge needles should be used.
4. Depending on the results of the above diagnostics, surgical hepatic biopsies with removal of the left hepatic mass may be warranted.



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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com