



PATIENT

Lexi Hamburger

SPECIES

Canine

BREED

Welsh Corgi

SEX

Female, spayed

AGE

11 yrs.

WEIGHT

60.8 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jessica Miller

HOSPITAL NAME

Milburn VH

REFERRING VET

Dr. Turowsky

INVOICE

11989

DATE

9/1/21

PRESENTING CLINICAL SIGNS

History: Hx of lethargy and decreased appetite approx a week. Current meds: Cefpodoxime
Abnormal PE/Chem/CBC/UA Results: RBC 2.78, Hct 20.1, Platelets 68 L, ALT 815, AST 139, SDMA 18, BUN 32 UA: 2+ protein, 30-50 WBCs, 50-75 RBCs, mod rods SG: 1.035

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. A 2.21 x 1.71 cm irregular mass is arising from the dorsoapical wall. The remaining wall along the dorsal aspect is slightly irregular. A scant amount of echogenic debris is suspended within the lumen. No cystic calculi are observed. The proximal urethra appears normal.

The left kidney is normal size (6.72 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (7.17 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.62 cm at cranial pole) (0.68 cm at caudal pole) (2.79 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 mildly enlarged (0.91 cm at cranial pole) (0.97 cm at caudal pole) (2.82 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 normal in size (1.66 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 subjectively enlarged with irregular peripheral contours. A mass effect is observed throughout the parenchyma, which is heterogeneous and cavitated in appearance. There is no visibly normal hepatic tissue. Hepatic vasculature is of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of 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



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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

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A portion of the pancreas is obscured by the hepatic pathology. In the visualized regions, no obvious abnormalities are seen.

Free Abdomen

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A small to moderate amount of anechoic free fluid is present within the abdomen. The mesentery throughout the abdomen is hyperechoic and slightly irregular in appearance. A 1.40 cm lymph node is observed at the aortic trifurcation. The lymph node contains a hyperechoic nodule.

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Other

A brief echocardiogram reveals no evidence of pericardial effusion.

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ULTRASONOGRAPHIC FINDINGS

Primary Finding:

- The hepatic parenchymal changes are most consistent with infiltrative neoplasia (i.e., round cell tumor, hemangiosarcoma) with a lower possibility of a severe inflammatory process (i.e., diffuse abscessation).
- Urinary bladder mass. Differentials include transitional cell carcinoma or polypoid cystitis.

Secondary Findings:

- Minor age-related pathology.
- Mild right adrenomegaly.
- The prominent caudal abdominal lymph node is most likely reactive with potential for metastatic disease from the urinary bladder mass.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Given the diffuse hepatic pathology, the patient's prognosis is considered guarded and palliative care is recommended. However, if a definitive diagnosis is desired, an abdominal exploratory with a liver biopsy and biopsy of the urinary bladder mass can be considered.

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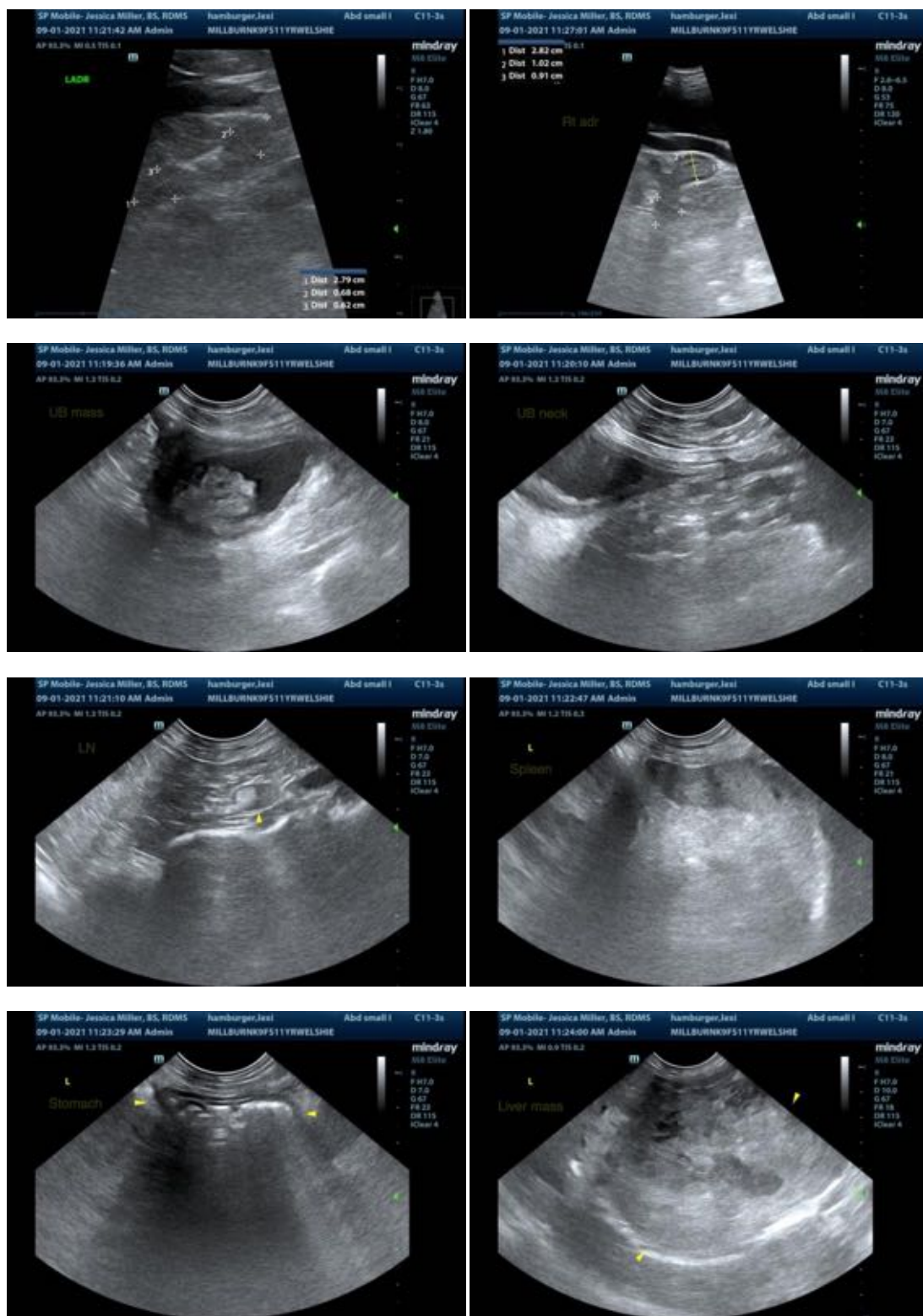
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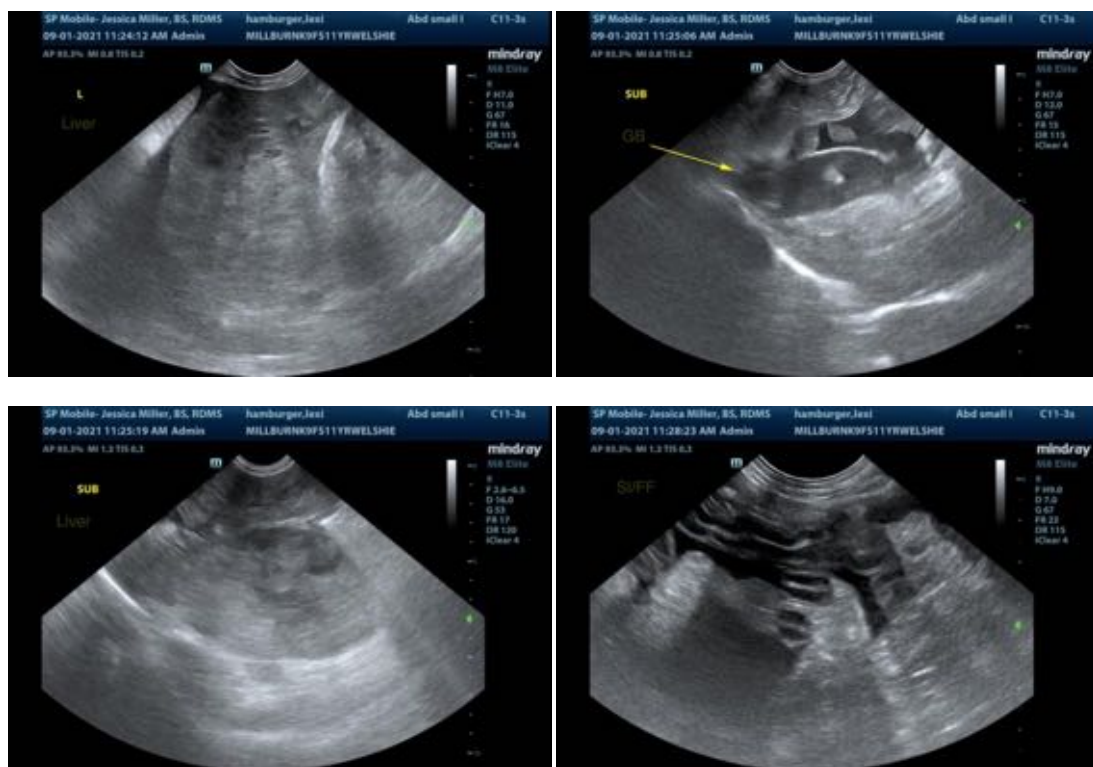
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

Andrea.nicastro@sonopath.com