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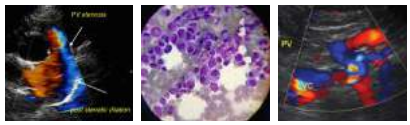

SonoPath
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DATE

9/16/21

PATIENT

Bandit Miles

SPECIES

Canine

BREED

Bulldog Mix

SEX

Male Neutered

AGE

4/20/11

WEIGHT

57.8 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Bayside Animal Medical Center

REFERRING VET

Dr. Buchanan

INVOICE

11832kk

PRESENTING CLINICAL SIGNS

History: Presented w/hx of vomiting over the last 12 hours; lethargy; not eating. Weight loss of 10lbs since February. Abdomen painful on palpation with concern for mass effect in right cranial quadrant. Hx of chronic low dose Pred for masticatory myositis management.

Current Medications: Prednisone – dose not provided by the veterinarian.

Lab Results: ALP > 1,000, ALT is 144.

Radiographs: concern for enlarged right kidney and mass effect right rostral quadrant.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Butorphanol administered prior to scan.

Stat Report: STAT report not requested by the veterinarian.

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 mildly 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 not definitively visualized due to its pelvic location.

The left kidney is normal size (6.33 cm in length) with a normal shape and smooth peripheral contours. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Hyperechoic, shadowing, diverticular foci are visualized. A 0.78 cm cortical cyst is observed at the medial aspect. There is no evidence of pyelectasia, infarcts or hydroureter.

The right kidney is normal size (7.05 cm in length) with a normal shape and smooth peripheral contours. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Hyperechoic, shadowing, diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.42 cm at cranial pole) (0.60 cm at caudal pole) (1.86 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 caudal pole of the right adrenal gland is visualized and is normal size (0.75 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature is normal.

Spleen

The spleen is contracted in size (0.90 cm in width at the level of the hilus) with normal curvilinear peripheral contours. 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 cm irregular, heterogeneous, slightly cavitated, vascular mass is present on the left side. The mesentery effacing the serosal surface of the mass is hyperechoic. The remaining parenchyma on the right side is homogeneous in appearance. Hepatic vasculature is of normal volume with no evidence of congestion. The gall bladder is cranially displaced due to the presence of a large liver mass. The lumen is mildly distended. The wall is normal in thickness. 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 gas-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 right limb of the pancreas is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. Surrounding mesentery is mildly hyperechoic.

Free Abdomen
There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Large left hepatic mass. Neoplasia (i.e., adenocarcinoma, adenoma) is considered likely with a low possibility of benign pathology.

Secondary Findings:

- Bilateral age-related renal changes with dystrophic mineralization.
- The splenic contraction is likely secondary to dehydration.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. If an aggressive approach is desired, consider referral to a board-certified veterinary surgeon to discuss hepatic mass removal or de-bulking. An abdominal CT scan would be useful in pre-surgical planning. If a more conservative approach is desired, a fine needle aspirate of the hepatic mass can be considered (if clotting status is appropriate). A 25-guage needle should be used. However, it should be noted that primary hepatic tumors are difficult to diagnose cytologically.


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Liver
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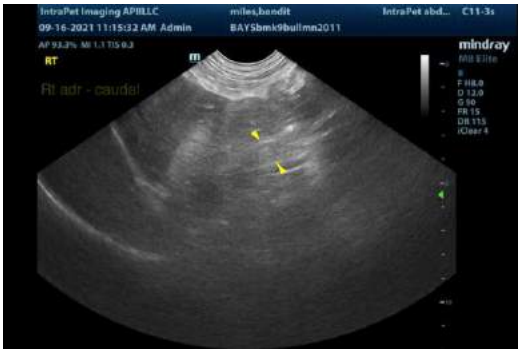
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RT
Rt adr - caudal
mindray

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