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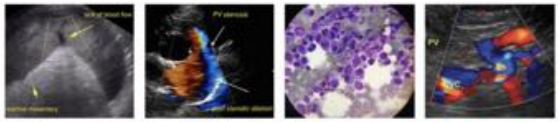


Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Dany Wylie

SPECIES

Canine

BREED

Husky

SEX

Spayed Female

AGE

7.24.2012

WEIGHT

60.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Flowertown AH

REFERRING VET

Dr. Kaitlin Guffey

INVOICE

11707

DATE

9.26.22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Unexplained weight loss, increased liver values, ALP>2000. Recent doubling of ALT.

Overall Health and Body score -- 5/9, BAR Hydration: Appears well hydrated Eyes -- Normal OU. No ocular discharge noted Ears -- Normal AU. No discharge noted Oral cavity -- mm: pink CRT < 2 seconds. Mild dental calculus (Grade 1/3)
Integument-- Haircoat is smooth and shiny. No palpable masses or ectoparasites appreciated. Dermal wart like mass approx 8mm at dorsal metacarpal region, just ventral to this there is an approx 2cm region of alopecia/hair starting to grow back in (O states P chronic foot licker)
Lymphatics -- Submandibular and popliteal lymph nodes are unremarkable. Prescapular, axillary or inguinal lymph nodes are not palpable
Cardiovascular -- Normal sinus rhythm. No murmur, no arrhythmia auscultated. Pulses are strong and synchronous.
Respiratory -- No nasal discharge observed. Eupneic. Normal bronchovesicular sounds in all quadrants.
Abdominal -- Soft and non-painful abdomen. No palpable masses or organomegaly Urogenital -- Normal Musculoskeletal -- Ambulatory x 4. No apparent lameness
Neurologic -- No obvious neurological deficits. A full neuro exam was not performed. Pain Assessment (Ranked 0-4) -- 0

Abnormal lab-work values: ALP >2000 ALT 312
Current Medications: Phenobarbital 60mg PO BID
Radiographic Findings: N/A

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.

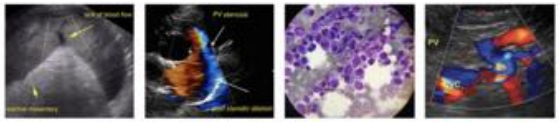
The **left kidney** is normal size (7.00 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (7.05 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.

Adrenal Glands

The **left adrenal gland** is normal size (0.73 cm at cranial pole) (0.68 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.

The **right adrenal gland** is normal size (1.01 cm at cranial pole) (0.61 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.



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Spleen

The **spleen** is normal in size (1.78 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 severely enlarged with irregular peripheral contours. On the right side, at the caudal aspect, a >10.00 cm irregular, mildly heterogenous, vascular, cavitated mass is visualized. The mesentery effacing the serosal surface is mildly hyperechoic. In addition, a 4.09 x 2.03 cm heterogenous cavitated mass is observed in the region of the right medial lobe. There is also a 1.98 cm mildly heterogenous nodule/mass also in the region of the right medial lobe. A 0.87 cm cystic lesion is also seen. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The **gall bladder** is distended. The wall is mildly thickened (0.34 cm) irregular and hyperechoic to mineralized. A moderate amount of mineralized sand +/- tiny choleliths are visualized 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 pathology is observed.

Free Abdomen

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

Other

A **brief echocardiogram** reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

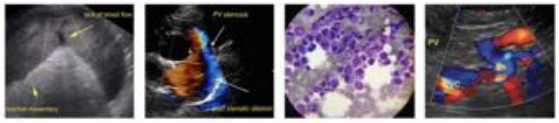
- Large hepatic mass. Neoplasia (i.e., adenoma, adenocarcinoma, hemangiosarcoma) is considered likely with a lower possibility of benign pathology. The additional hepatic nodules are concerning for metastatic disease, particularly the cavitated lesion.

Secondary Findings

- The gall bladder mineralized (aka “porcelain” gall bladder) is most consistent with cholecystitis. However, in rare instances, this finding can be associated with biliary carcinoma. The mineralized sand +/- choleliths is likely an incidental finding.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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



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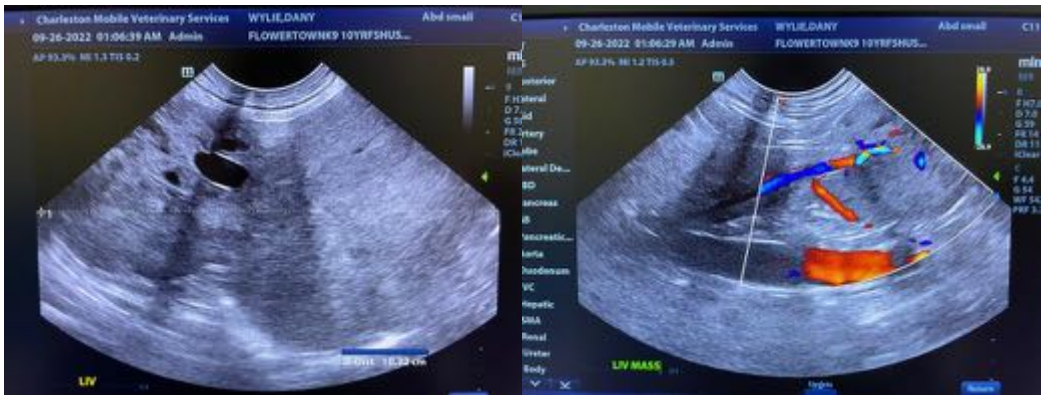
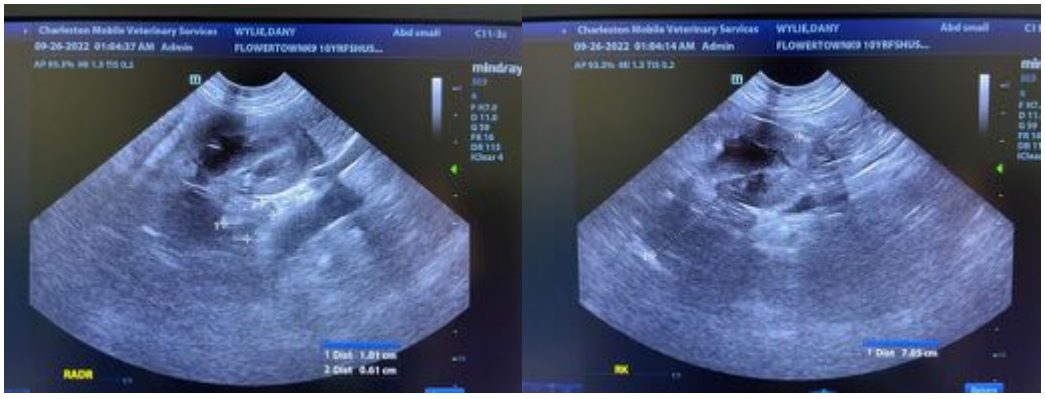
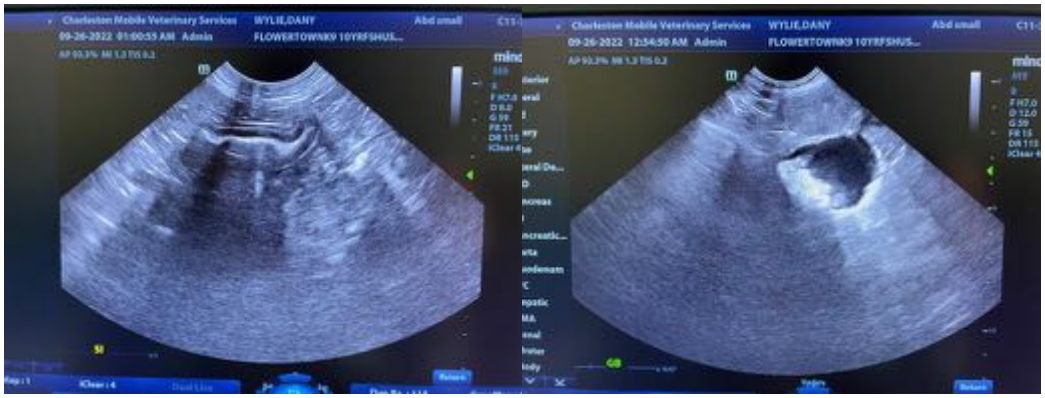
If an aggressive approach is desired, consider referral to a board-certified surgeon to discuss mass debulking. An abdominal CT scan would be useful in presurgical planning. If surgery is not to be pursued, palliative symptomatic care is recommended.

Also consider slowly weaning the patient off phenobarbital while initiating treatment with another anticonvulsant (i.e., Levetiracetam).







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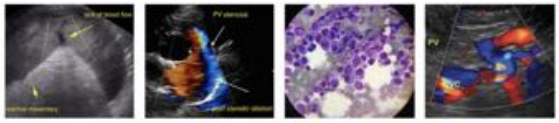

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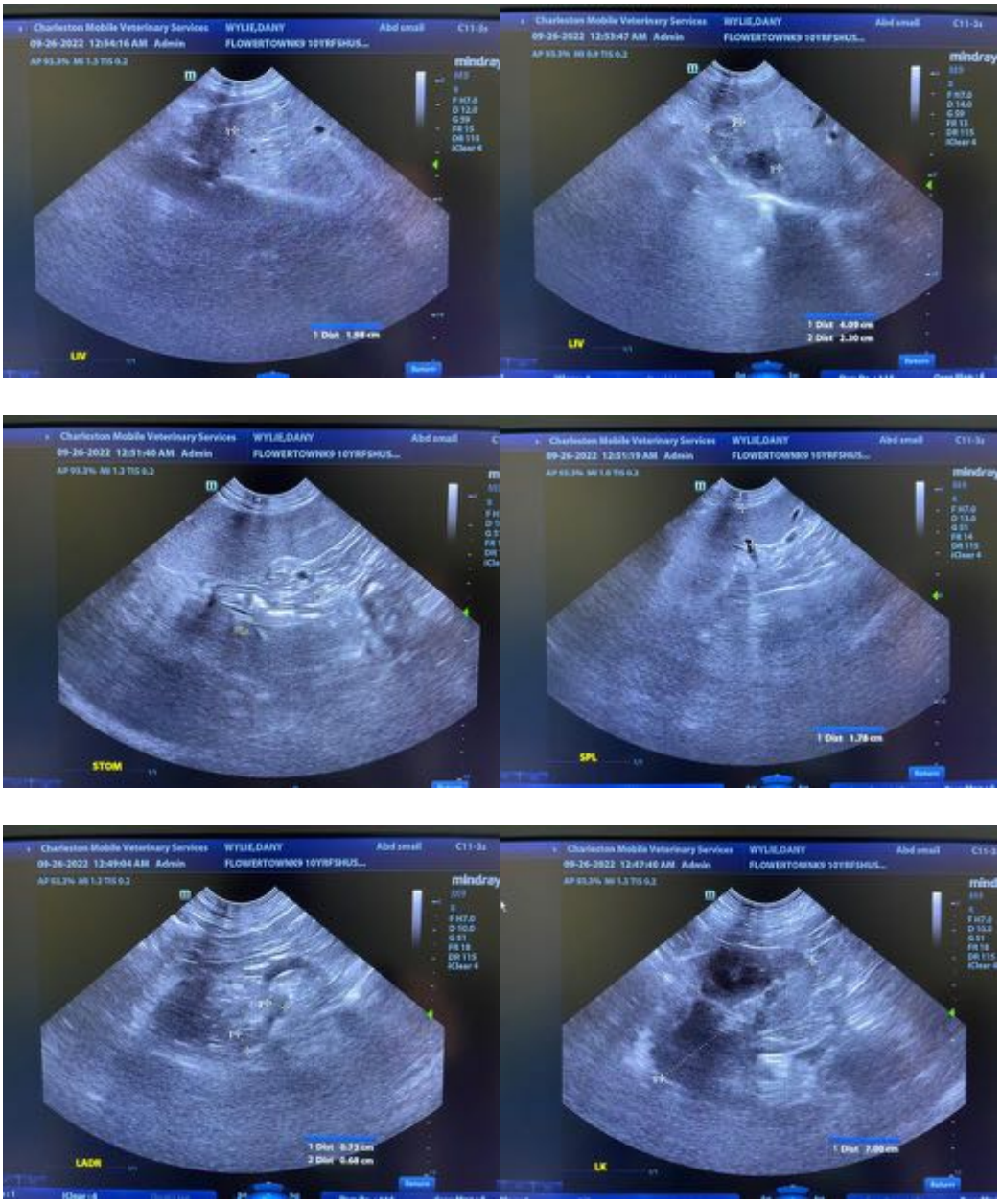

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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