

**DATE PRESENTING CLINICAL SIGNS**

9/7/2021

History: Presented for recheck of ears when owner noted poor appetite and lethargy on 8/31/21.

Current Medications: None

Lab Results: AST 178, ALT 628, ALP 1673, GGT 17, TBIL 2.7

**PATIENT**

Date of Previous IntraPet Ultrasound: No previous

Sedation: Not needed.

Angel WEber

Stat Report: Not requested.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder is mildly distended with mostly anechoic urine. The wall is diffusely thickened (up to 0.53 cm) with an irregular mucosal surface. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

**BREED**

Beagle mix

The left kidney is normal size (6.60 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. A small cortical cyst is observed at the caudal pole. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**SEX**

Female, spayed

**AGE**

2011

The right kidney is normal size (5.43 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.

**WEIGHT**

40 lbs.

**Adrenal Glands**

The left adrenal gland is normal size (0.50 cm at cranial pole) (0.67 cm at caudal pole) (2.25 cm in length); normal shape and smooth peripheral contours. A 0.60 x 0.58 cm irregular hyperechoic to slightly heterogeneous nodule is observed at the caudal pole. The remaining glandular echogenicity and detail are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**

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

The right adrenal gland is normal size (0.62 cm at cranial pole) (0.50 cm at caudal pole) (1.90 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.

**HOSPITAL NAME**

Abbey AH

**Spleen**

The spleen is normal in size (1.32 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.

**REFERRING VET**

Dr. Coughlin

**Liver**

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen with a few small ill-defined hypoechoic nodules/areas. In addition, a 3.11 x 2.73 cm irregular target like lesion/mass is observed approximately mid-liver. Other smaller target like lesions are also visualized. Vascular and biliary tracts are of normal volume with no evidence of congestion.

**INVOICE**

12034

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic mostly gravity dependent 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:**

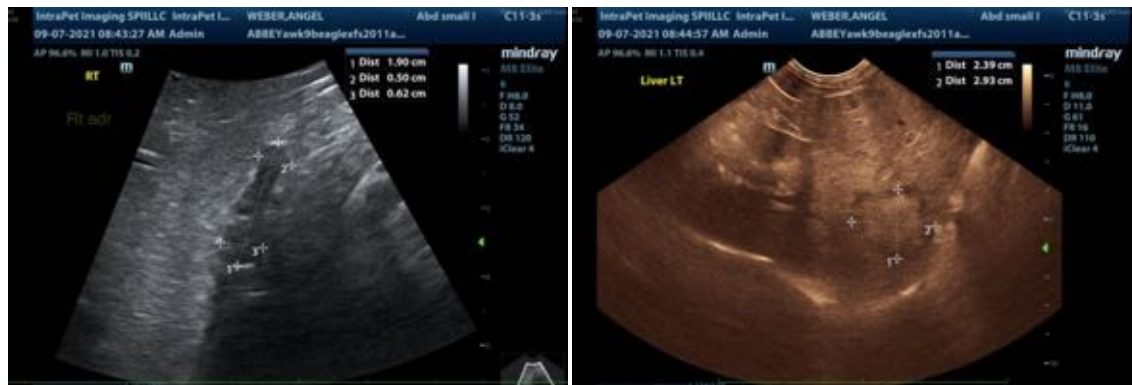
- The hepatic lesions are concerning for a neoplastic process (i.e., round cell tumor). However, a multifocal inflammatory process cannot be excluded.

### **Secondary Findings:**

- Gallbladder debris- incidental.
- Bilateral age-related renal changes.
- The thickened urinary bladder wall may be artifactual due to lack of luminal distention. However, cystitis is also a differential. Correlation with clinical findings is recommended.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine needle aspirates of the hepatic lesions are recommended (if clotting status is appropriate). 25-gauge needles should be used. If cytology results are inconclusive, consider surgical liver biopsies.





**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