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Clinical Sonography & Telecytology
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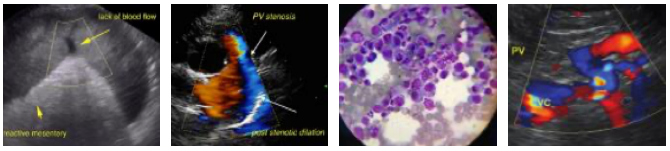

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PATIENT
Rylie Schuck

SPECIES
Canine

BREED
Beagle Mix

SEX
Female Spayed

AGE
13 Years

WEIGHT
32.6 lbs.

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

IMAGING PERFORMED BY
Kelly Vazquez , CVT

HOSPITAL NAME
Westwood Regional Vet Hospital

REFERRING VET
Dr. McConnell

INVOICE
12049

DATE
9/8/21

PRESENTING CLINICAL SIGNS

History: Possible neoplasia hepatopathy - R/O adenocarcinoma vs. carcinomatosis vs age related changes vs gallbladder vs other.

Abnormal PE/Chem/CBC/UA Results: Snap cPL abnormal, (9/3/21) HCT 28%, (9/5/21) HCT 46%, RBC 4.53, HGB 10.4, Retic 21.9, ALT 319, ALP >2000, GGT 14, amylase >2500, lipase 2445.

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.

The left kidney is normal size (5.40 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (5.55 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.48 cm at cranial pole) (0.57 cm at caudal pole) (2.36 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 normal size (0.60 cm at cranial pole) (0.58 cm at caudal pole) (1.72 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 (1.92 cm in width at the level of the hilus) with a normal capsular contour. A light micronodular pattern is present throughout the parenchyma. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely mottled in appearance. A 1.86 x 0.86 cm hypoechoic nodule is observed on the left side. In addition on the left side, a few ill-defined areas of cavitation are present. See also *Free Abdomen*. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is normal in thickness. Several polypoid like lesions are arising from the luminal surface. Some echogenic debris is also seen within the lumen. The cystic and common bile ducts are normal/not seen.

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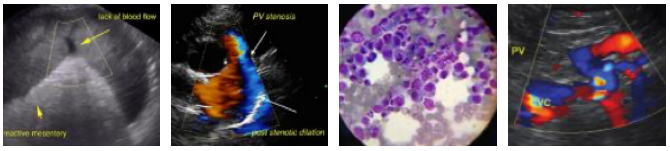

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Gastrointestinal

A 2.58 cm hard shadowing structure is observed within the gastric lumen along with a small amount of ingesta. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. There is suspected thickening of the wall in the region of the pyloric antrum, particularly along the greater curvature. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. The colonic wall is normal.

Pancreas

In the region of the left limb, the pancreas is isoechoic relative to surrounding omental fat. No pathology is observed in this region. See also *Other*.

Free Abdomen

A >8 cm irregular heterogeneous mass is observed in the mid to caudal abdomen. A clear attachment to an organ is not seen. Surrounding mesentery is mildly hyperechoic. The abdominal lymph nodes are normal/not visible.

Other

A 3.22 x 1.80 cm hypoechoic to heterogeneous lesion is observed in the right cranial quadrant.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

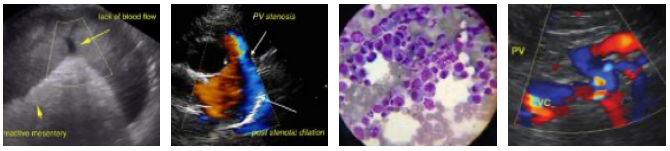
- Large mid to caudal abdominal mass the origin of which is unclear. It may be arising from mesentery, a stalk from the liver, pancreas, lymph node, other. Neoplasia (i.e., sarcoma, carcinoma) is suspected. Regional peritonitis is present.
- The origin of the hypoechoic lesion in the right cranial quadrant is also unclear. It may be arising from the wall of the pyloric antrum, pancreas, liver, other. Neoplasia is suspected. However, an inflammatory process cannot be excluded.
- The hepatic parenchymal changes could be consistent with metastatic disease. Alternatively, an inflammatory process or age-related pathology may be present.

Secondary Findings:

- Gastric foreign body.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Minor age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine needle aspirate of the mid-abdominal mass (if clotting status is appropriate). A 25-gauge needle should be used. If cytologic evaluation is inconclusive and an aggressive approach is desired, consider referral to a board-certified veterinary surgeon to discuss abdominal exploratory with



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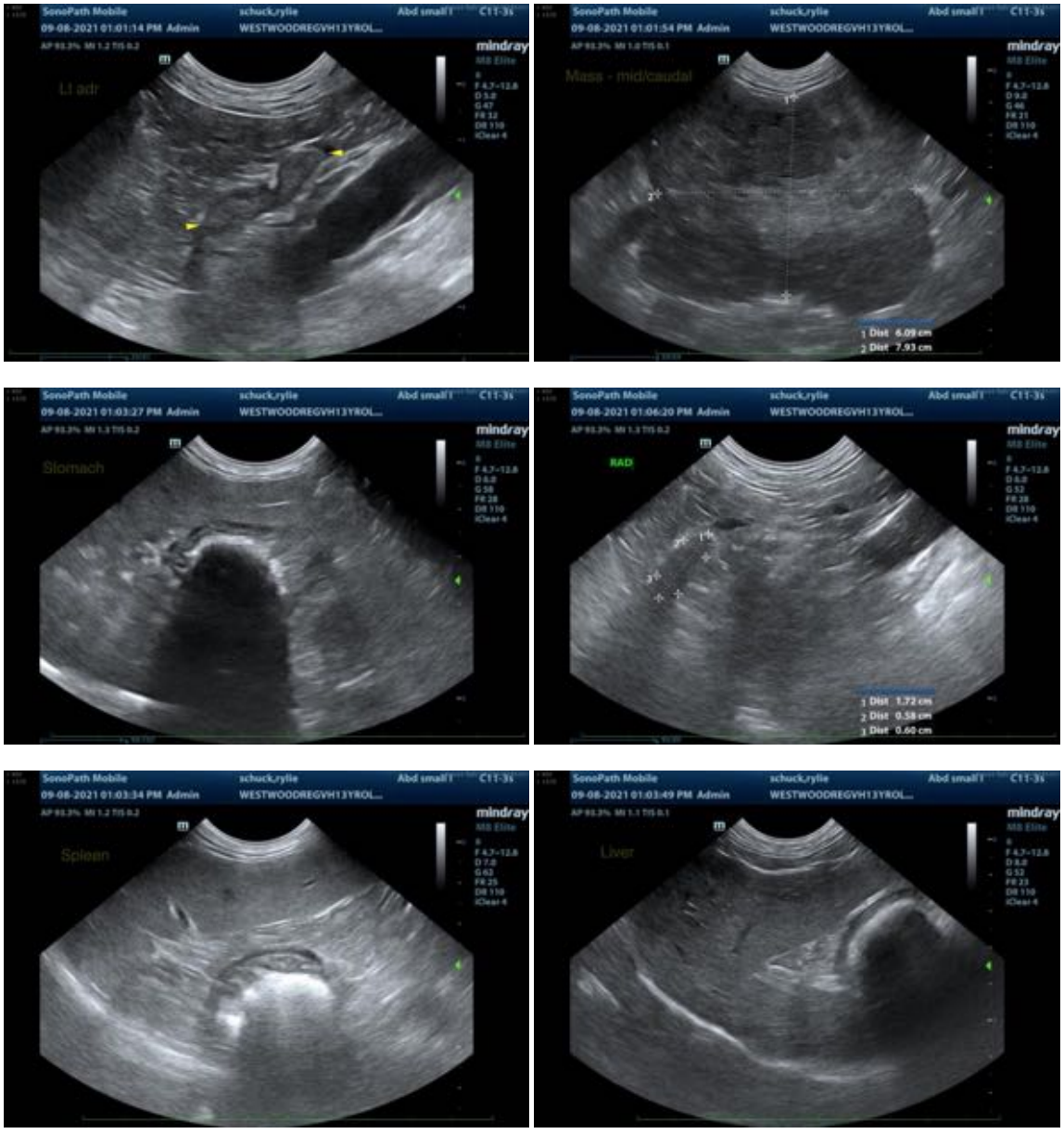
mass removal and assessment of other organs for pathology. An abdominal CT scan would be useful in pre-surgical planning. If a conservative approach is desired, palliative care is recommended.



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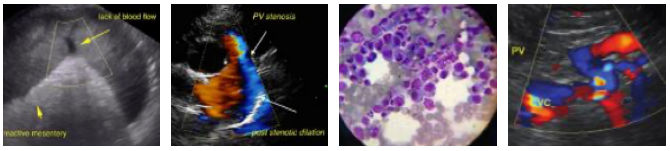

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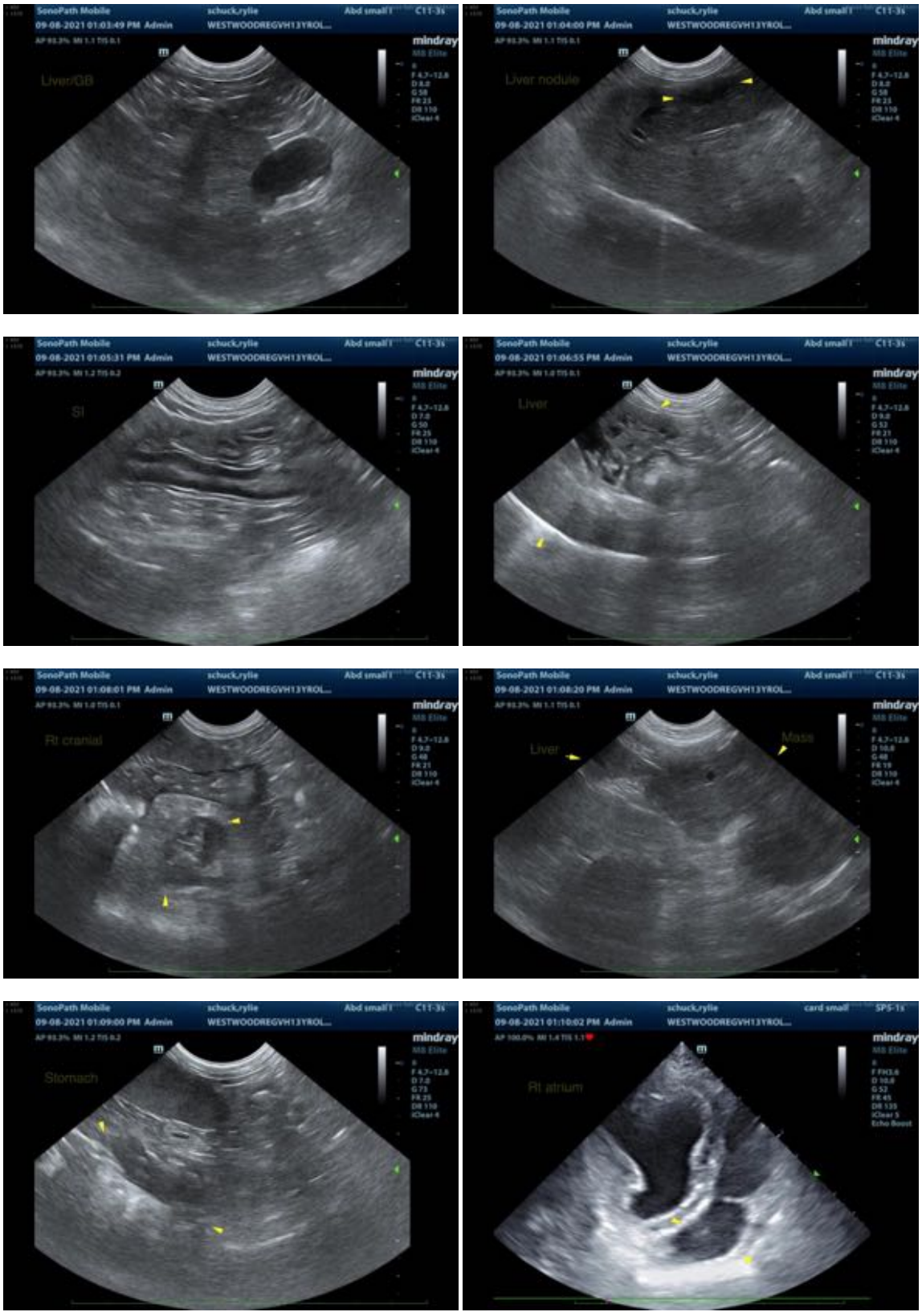

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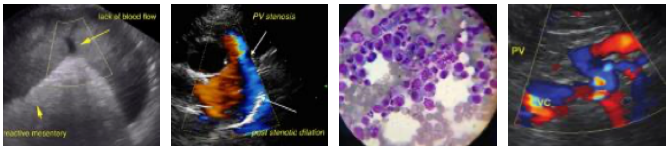

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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