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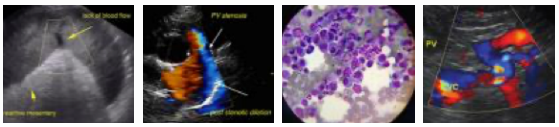

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Tinker Gehrig

SPECIES
Canine

BREED
Australian Cattle Dog mix

SEX
Female, spayed

AGE
10 Yrs.

WEIGHT
55.8 lbs.

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

IMAGING PERFORMED BY
Jenna Walsh

HOSPITAL NAME
Santa Clara AH

REFERRING VET
Dr. Thomas

DATE
4/10/23

INVOICE
14796

PRESENTING CLINICAL SIGNS

History: - Ascites/abdominal distention - Lethargy - Decreased appetite
Abnormal PE/Chem/CBC/UA Results: AFAST Pt Position: Standing Abdominal Fluid Score (AFS): 4/4 Location: All Amount: Large DH: Large amount FF noted throughout. Liver: Entire liver has cavitated areas and masses ranging from 1cm to 4cm in size. Mix echogenicity and "swiss cheese" appearance to the entire parenchyma. GB: Present, dorsal 1/3 portion filled with sludge. Halo sign: Absent Pericardial Effusion (racetrack sign): Absent Pleural Effusion: Absent Caudal Vena Cava: Bounce noted Hepatic Vein Distention: Absent SR: Large amount FF noted. Left Kidney: Unremarkable Focused Spleen: Unable to visualize due large amount of FF present and pt in standing. CC: Large amount of FF noted. Urinary bladder Visualized: Yes Contour, lumen, wall: Unremarkable HR-U: Large amount of FF noted. Right Kidney: Indeterminate due to stool in colon shadowing Comments: Severe ascites present with marked signs of liver mass. Concern for end stage liver neoplasia and ascites secondary to hypoalbuminemia Recommend Full ultrasound, coags and FNA of the liver is COAG panel is normal. Note: The AFAST is a point-of-care abbreviated ultrasound exam that serves as a screening test to better detect conditions and need for additional imaging. AFAST is not meant to replace a complete abdominal ultrasound. NRT: 04-06-23 at 1:12p: ABNORMAL Laboratory Findings GGT: 55 (0-11) ALP: 2102 (23-212) ALT: 1731 (10-25) ALB: 2.1 (2.2-3.9)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

The left kidney is normal size (5.41 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 (7.96 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 (0.71 cm at cranial pole) (0.58 cm at caudal pole) (2.62 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 (1.70 cm at cranial pole) (0.74 cm at caudal pole) (2.91 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

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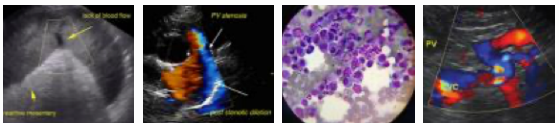

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An approximately 6 cm irregular hypoechoic to heterogeneous mass is arising from what appears to be the cranial aspect. The lesion causes capsular expansion. In the remainder of the spleen, the margins appear curvilinear and the parenchyma homogeneous. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely infiltrated with varying sized hypoechoic to heterogeneous nodules/masses. A few of the lesions contain cavitated areas. There is no visibly normal hepatic parenchyma. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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

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 mesentery throughout the abdomen is hyperechoic. A large amount of echogenic free fluid is present. 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

- The hepatic changes are most concerning for diffuse infiltrative neoplasia (i.e., round cell tumor, adenocarcinoma, hemangiosarcoma, other) with a lower possibility of a multifocal inflammatory process.
- The splenic mass is also concerning for a neoplastic process. However, a benign lesion (i.e., inflammatory focus, other) cannot be completely excluded.
- The ascites is likely secondary to hepatic and splenic pathology.

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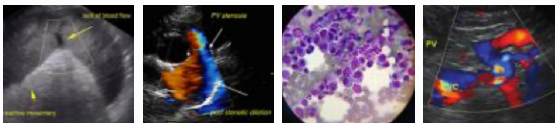

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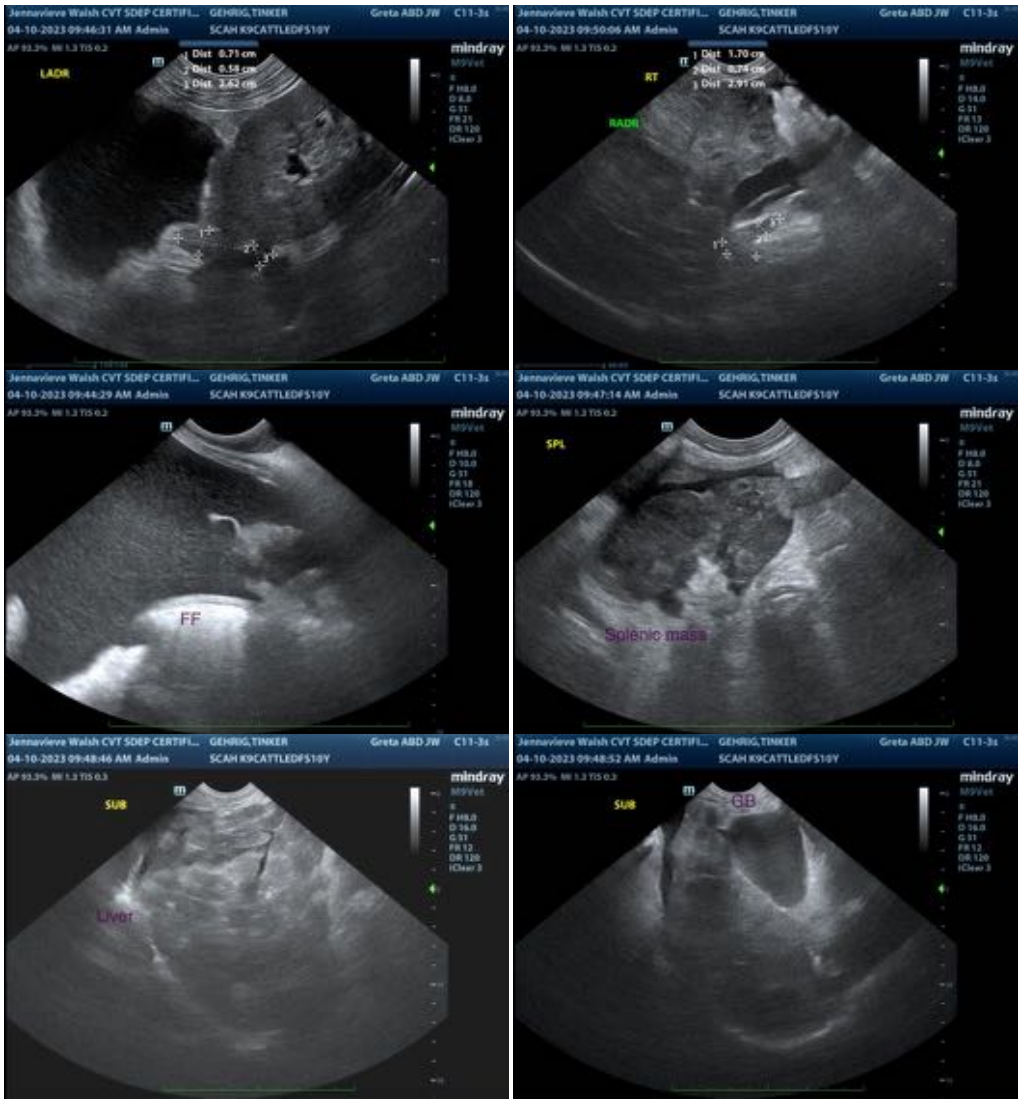
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If further testing is desired, consider three-view thoracic radiographs to assess for pulmonary metastatic disease and fine needle aspirates of the liver and splenic masses (if clotting status is appropriate). 25-gauge needles should be used. Otherwise, palliative care should be considered.



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.

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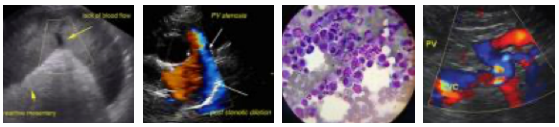

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