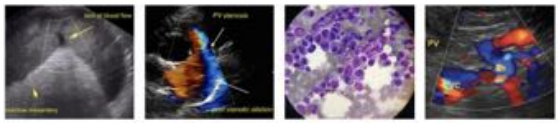


PATIENT
Arabella Watson

SPECIES
Canine

BREED
Terrier mix

SEX
Female, spayed

AGE
12 Yrs. 1 month

WEIGHT
48.2 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
Trinity Island VC

REFERRING VET

INVOICE
14414

DATE
1/10/23

PRESENTING CLINICAL SIGNS

Couple week history of lethargy, diarrhea, weight loss. Hematocrit 26%, ALT 595, ALP off the scale.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is moderately distended with anechoic urine. The wall in the region of the apex is moderately thickened (up to 0.47 cm) with an irregular mucosal surface. The wall tapers to a normal thickness as it extends toward the cystourethral junction. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (6.20 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A small cortical cyst is observed at the lateral aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (7.09 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild 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 enlarged (0.90 cm at cranial pole) (0.90 cm at caudal pole) (3.00 cm in length) with a slightly irregular shape. The parenchyma is mildly heterogeneous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (1.14 cm at cranial pole) (0.64 cm at caudal pole) (2.83 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

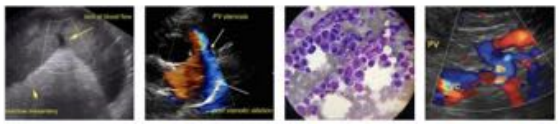
The spleen is normal in size (1.65 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is severely enlarged with a mass effect throughout the organ. The peripheral margins are irregular and the left side extends to the mid-abdominal region. The parenchyma is heterogeneous with small cavitated areas throughout the organ. Vascular is of normal volume with no evidence of congestion. The gall bladder lumen is distended. The wall is normal in thickness. A cant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta and hypoechoic avascular, mobile, non-shadowing structures that appear mobile. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is



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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 pancreas is largely obscured by the large hepatic mass. In the visualized portions, no obvious abnormalities are seen.

Free Abdomen

A large amount of slightly 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

Primary Findings:

- Large hepatic mass effect. Neoplasia (i.e., adenocarcinoma, adenoma, round cell tumor) is considered likely with a lower possibility of excessive regenerative nodular hyperplasia or inflammatory disease.
- The large amount of ascites is likely secondary to the hepatic mass.

Secondary Findings:

- The hypoechoic structures within the gastric lumen likely represent recently ingested sweet potatoes. Foreign material is possible but considered unlikely.
- Mild bilateral, age-related renal changes.
- The left adrenal changes are most consistent with hyperplasia with a lower possibility of an emerging tumor.
- The urinary bladder wall changes are suggestive of cystitis. However, correlation with the patient's clinical history and urinalysis findings is recommended.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Thoracic radiographs can be considered to assess for metastatic disease.
- Fine needle aspiration of the liver is also a consideration, if clotting status is appropriate. However, given the likelihood of diffuse hepatic neoplasia, palliative care should be considered in lieu of invasive diagnostics.

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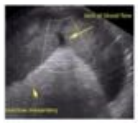
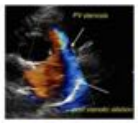
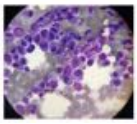
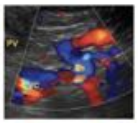

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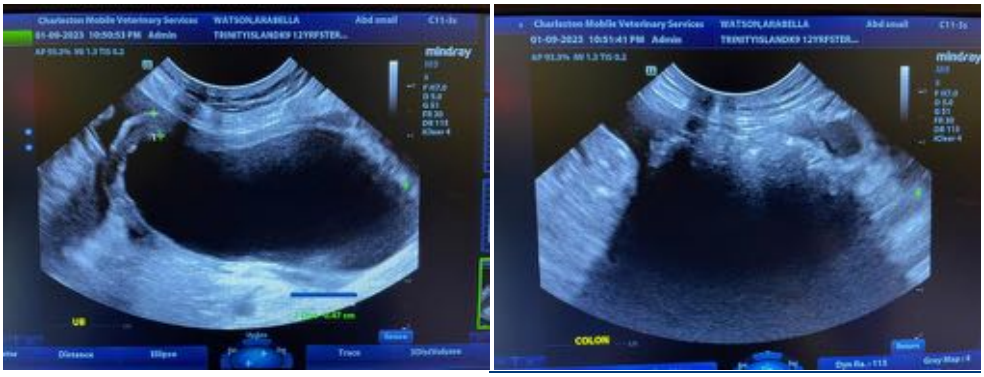

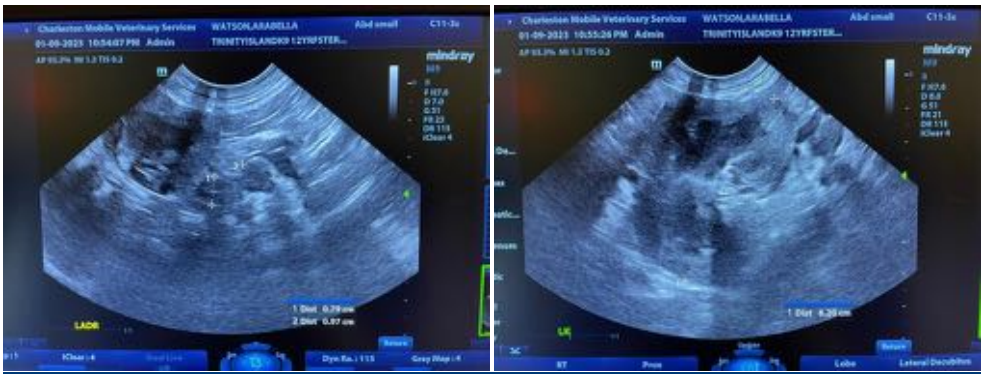

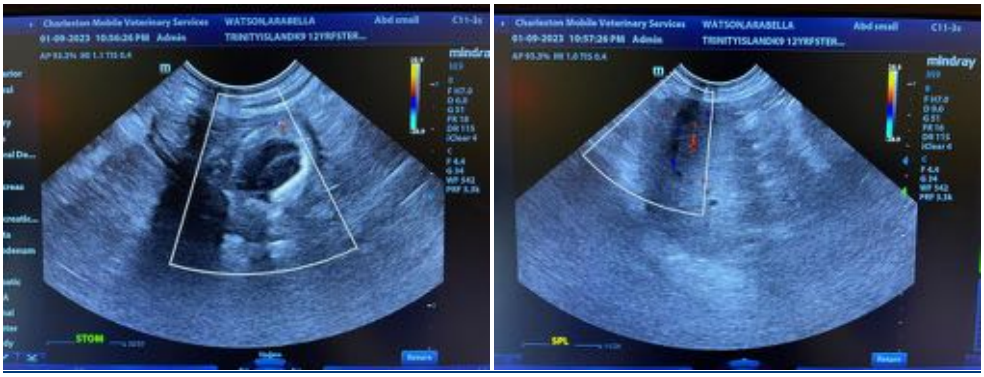

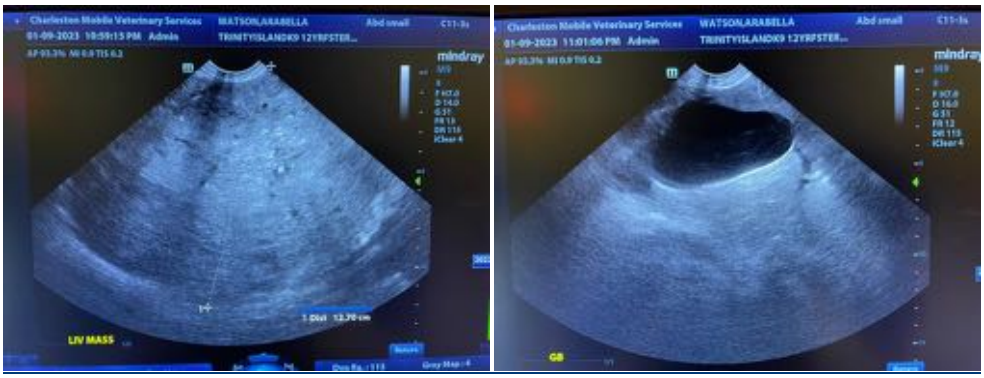

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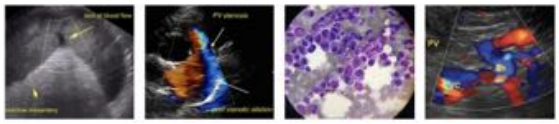

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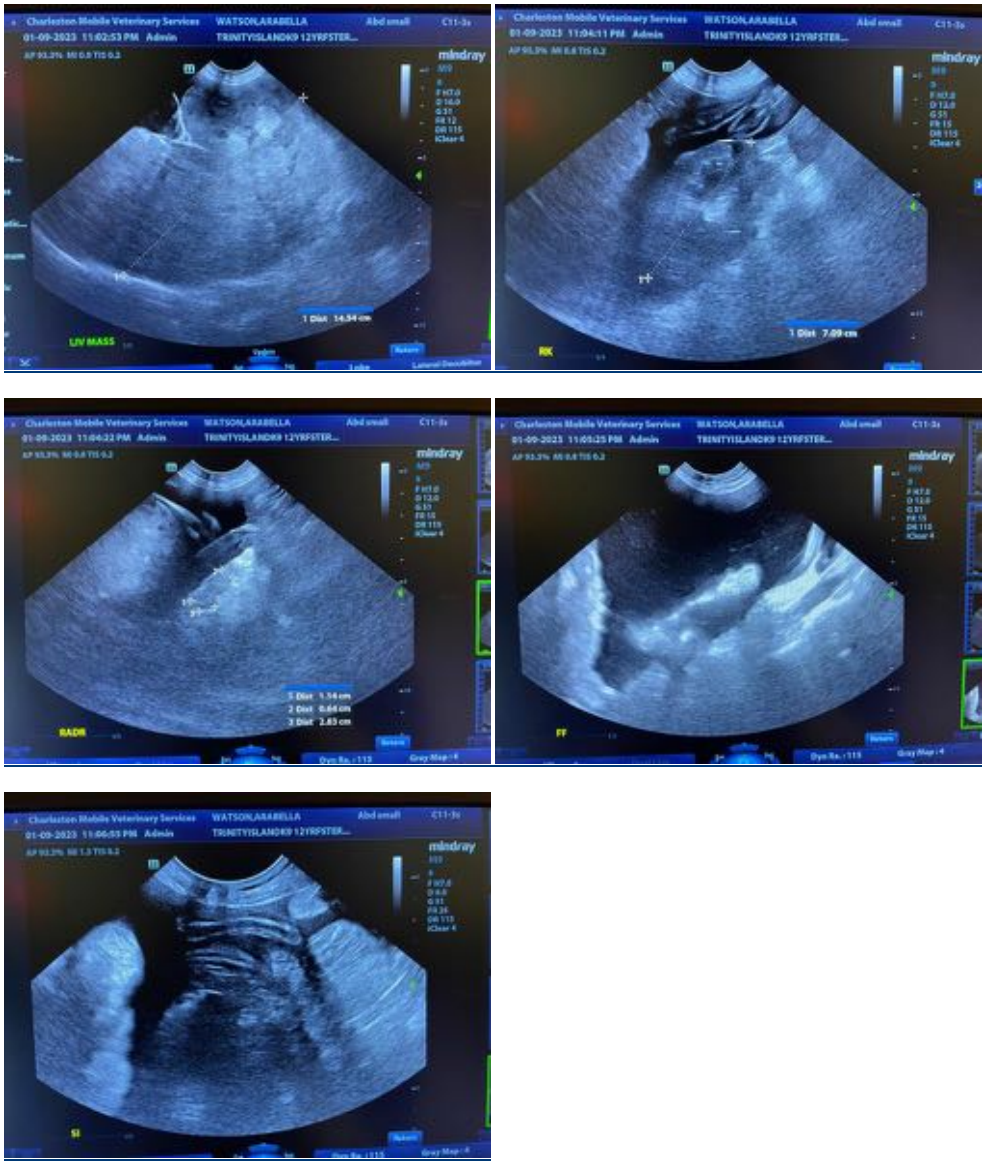

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com