



PATIENT

Jax McCord

SPECIES

Canine

BREED

Poodle mix

SEX

Male, neutered

AGE

11/1/2012

WEIGHT

8.6 kg.

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

VCA Palmetto

REFERRING VET

Dr. Ghorzi

INVOICE

13473

DATE

2/11/26

PRESENTING CLINICAL SIGNS

- Diabetic;
- SARDs;
- Hypothyroidism;
- Heart murmur grade IV/VI, louder on left;
- Liver alteration recent BW, diabetes is well controlled on Novolin.

- ALKP 1246

- GGT 174

- PSL 350

- T4 4.7 (on supplementation, no weight loss, clinically stable)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is mildly distended. The wall is of appropriate thickness for the level of repletion. The mucosal surface is relatively smooth. A moderate amount of mineralized sand +/- tiny calculi are observed within the lumen. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.80 cm in width) with smooth peripheral contours. The parenchyma is subtly heterogeneous in appearance. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (4.99 cm in length) with a normal shape, architecture and 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (5.36 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild 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 enlarged (0.72 cm at cranial pole) (0.79 cm at caudal pole) with swollen peripheral contours. The glandular echogenicity and detail are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (0.78 cm at cranial pole) (0.64 cm at caudal pole) with swollen peripheral contours. The glandular echogenicity and detail are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is overall normal in size (0.63 cm in width at the level of the hilus) with slightly undulating peripheral margins. There is appropriate echogenicity and echotexture. Several varying sized hyperechoic nodules are observed throughout the organ. Splenic vasculature is normal.

Liver

The liver is enlarged with irregular peripheral contours. The parenchyma is isoechoic relative to the spleen. A >7 cm heterogeneous expansile mass is observed on the right side adjacent to the diaphragm. In the remainder of the liver, the parenchyma is slightly mottled in appearance. Vascular and biliary



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tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated echogenic to mineralized partially dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen. The duodenal papilla is normal in size (0.39 cm in width).

Gastrointestinal

The gastric lumen is moderately distended with ingesta consistent with a post-prandial presentation. 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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction is normal. The wall of the descending colon is borderline thickened (up to 0.34 cm) with a prominent muscularis layer. Granular appearing fecal material is observed within the lumen. There is no obvious evidence of an obstructive pattern.

Pancreas

The base and limbs of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and heterogeneous in appearance. A 0.69 cm cystic lesion is observed in the left limb. The pancreatic duct is dilated (up to 0.30 cm). There is no evidence of peripancreatic inflammation or effusion.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Large right hepatic mass. Neoplasia (i.e., adenocarcinoma, adenoma, round cell tumor, sarcoma) is suspected with a low possibility of a non-neoplastic process.
- The gallbladder changes could be consistent with cholestasis or a developing mucocele.

Secondary Findings:

- Bilateral nonspecific, age-related renal changes with right dystrophic mineralization.
- Bilateral adrenomegaly
- The pancreatic changes could be consistent with chronic pancreatitis with parenchymal remodeling +/- fibrosis. Pancreatic neoplasia is also possible but considered less likely. A parenchymal cyst is also seen in the left limb.
- Urinary bladder sand
- The prostatic parenchymal changes are most consistent with age-related remodeling.
- The descending colonic wall changes could be consistent with colitis or may be a normal variant for this patient. Correlation with the patient's clinical history is recommended.



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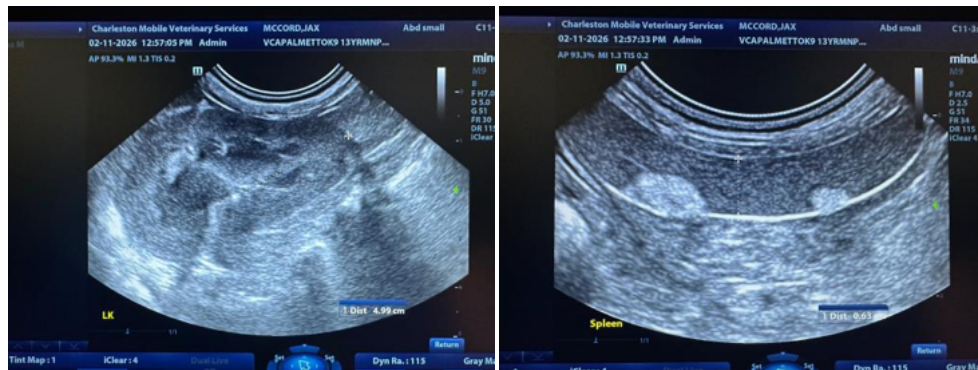
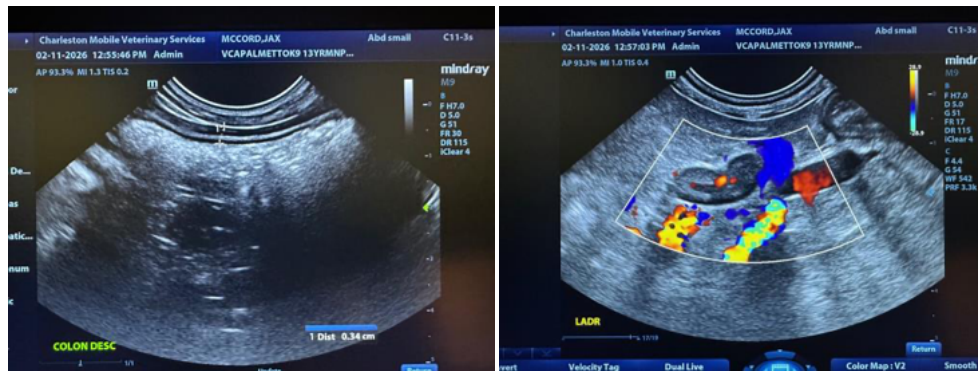
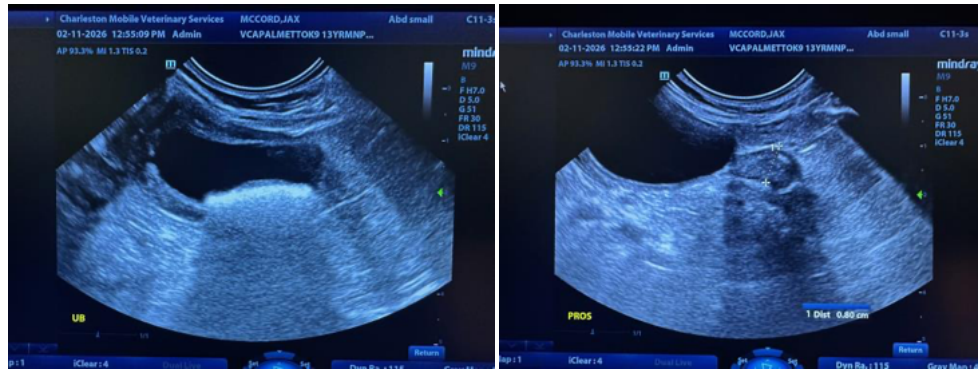
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regarding the hepatic mass, consider the following:

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Consultation with a board-certified surgeon to discuss mass removal or debulking. An abdominal CT scan would be useful for pre-surgical planning.
3. If surgery is not pursued, palliative care, including Ursodiol therapy, is recommended.





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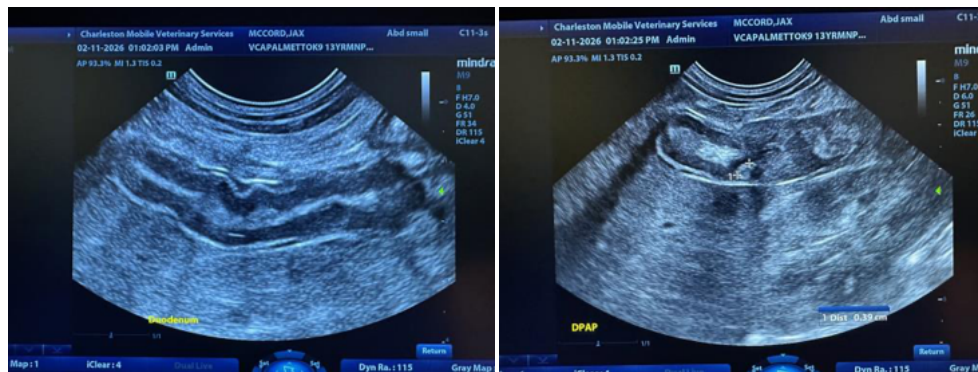
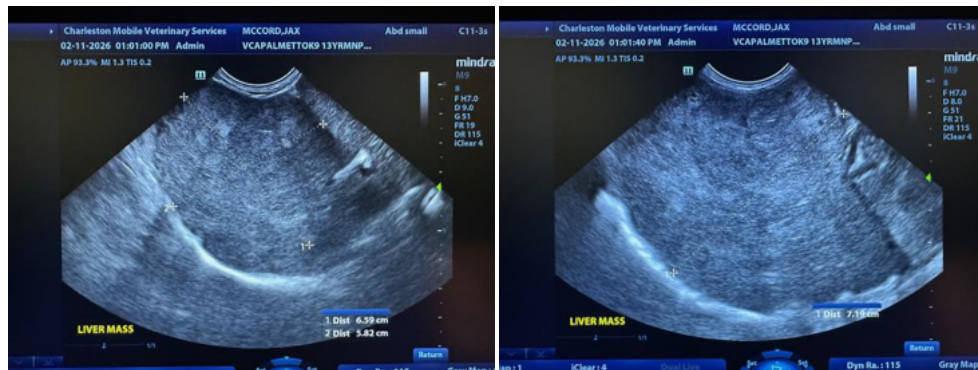
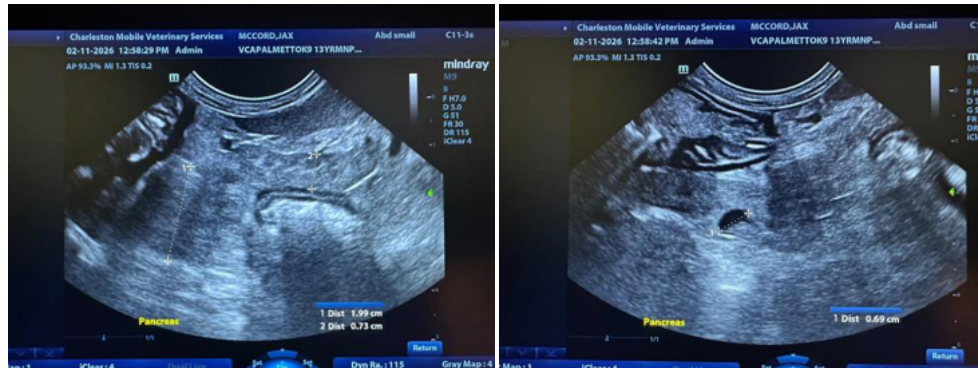
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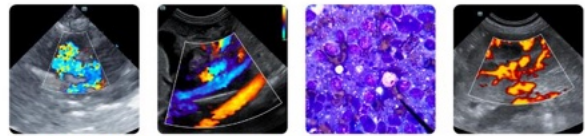
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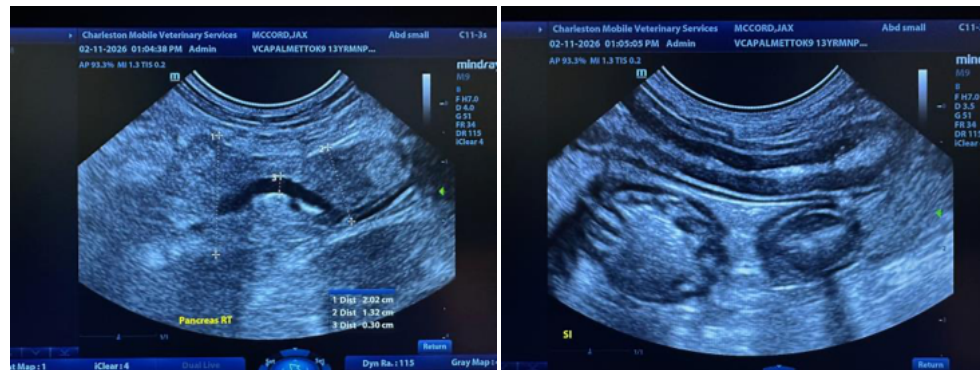
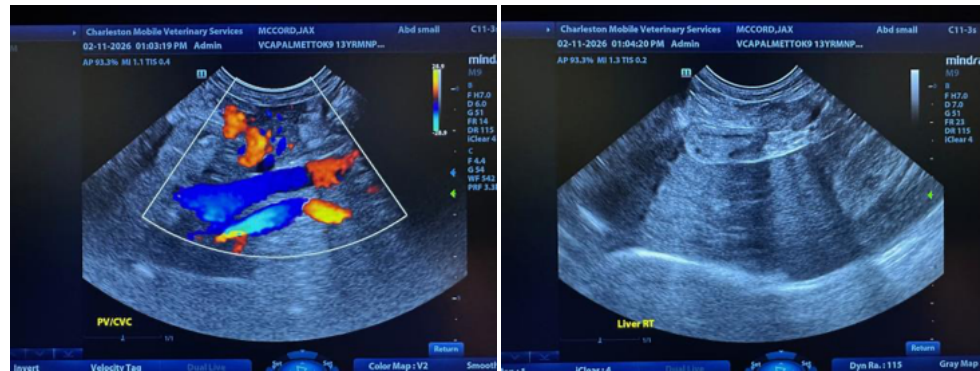
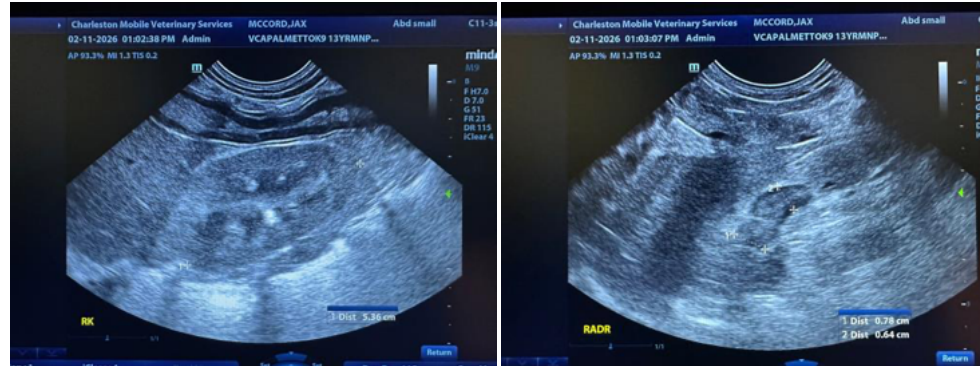
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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