



PATIENT PRESENTING CLINICAL SIGNS

Tucker Feeley BCS 6/9
EENT: Ears/eyes clean & clear. Periodontal disease stage 2/4. MMs pink & moist, crt <2s. No nasal discharge noted.

SPECIES Integumentary: No external parasites noted.
Canine Cardiovascular: No heart murmur ausculted, normal heart rate & rhythm. Lungs clear, normal respiratory rate.

BREED Abdomen: Soft, non-painful. No masses palpated. No overtly distended or potbellied appearance noted, although O feels abdomen is more pronounced recently.
Musculoskeletal: Ambulatory x 4
Neuro: Appropriate mentation.
Genitourinary: WNL.
Rectal: Very loose stools with small amt of frank blood present.

SEX Had a hepatocholangiocarcinoma resected January 2022. Has mildly elevated liver enzymes. Frequent urinations and also urinating in bed. USG 1.028. Trace proteinuria. Negative urine culture.
Male, neutered

AGE

1/3/2012

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

WEIGHT

22.4 lbs.

The urinary bladder is mildly distended with mostly anechoic urine. The wall in the region of the apex and at the ventral aspect is mildly to moderately thickened (up to 0.59 cm). The wall tapers to a normal thickness as it extends toward the cystourethral junction. However, at the level of the cystourethral junction, there is a slight irregularity in the mucosal surface. A small cystic calculus (0.50 cm in diameter) is observed. The region of the trigone is normal.

INTERPRETED BY

Andrea Nicastro, DVM,
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The prostate is enlarged (2.64 cm in width) with an irregular shape. The parenchyma is heterogeneous with numerous foci of mineralization. The prostatic urethra is not overtly dilated.

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The left kidney is normal in size (4.73 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.

HOSPITAL NAME

Salt Marsh AH

The right kidney is normal size (4.58 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

REFERRING VET

Dr. Wiles

The left adrenal gland is normal size (0.43 cm at cranial pole) (0.60 cm at caudal pole); 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.

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The right adrenal gland is normal size (0.84 cm at cranial pole) (0.42 cm at caudal pole); 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.

DATE

2/14/23



PATIENT

Spleen

Tucker Feeley

The spleen is normal in size (0.85 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.

SPECIES

Canine

Liver

BREED

Canapoo

The liver is subjectively is subjectively enlarged with irregular peripheral contours. An approximately 8 cm heterogeneous mass is observed on the left side. A large, ill-defined cavitated area is observed within the mass. Within the cavitated region, echogenic free fluid is present. In the remainder of the liver, the parenchyma is homogeneous. 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

SEX

Male, neutered

Gastrointestinal

AGE

1/3/2012

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.

WEIGHT

22.4 lbs.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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Free Abdomen

A 5.41 cm heterogeneous mass effect is observed within the mesentery in the left cranial abdomen. Hyperechoic to mineralized foci are observed within this region. The mesentery, overall, appears diffusely nodular and heterogeneous with hyperechoic to mineralized foci. A moderate to large amount of highly echogenic free fluid is also present. A few prominent to enlarged slightly rounded lymph nodes are observed at the aortic trifurcation, the largest measuring 1.14 cm in diameter.

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Other

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

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*A fine needle aspirate of the abdominal fluid was collected at the end of the study without incident.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

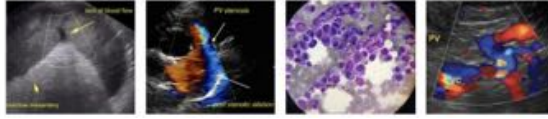
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- Large left hepatic mass with a cavitated center. Neoplasia (i.e., recurrence of the hepatocholangiocarcinoma) is suspected with a possible necrotic center. However, a large hepatic abscess cannot be completely excluded.

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BREED

Cavapoo

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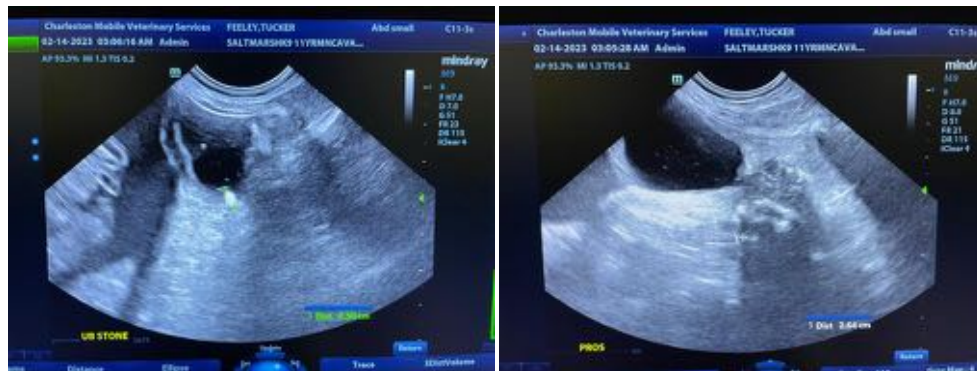
- Prostatic mass. Again, neoplasia (i.e., prostatic adenocarcinoma, transitional cell carcinoma) is suspected with a lower possibility of an inflammatory process. There is questionable extension of the mass effect into the cystourethral junction.
- The diffuse mesenteric changes, including the mass effect in the left cranial abdomen, are concerning for carcinomatosis. However, diffuse panniculitis or reactive mesentery are also possible.
- The caudal abdominal lymphadenopathy could be consistent with metastatic disease or reactive change.
- Diffuse ascites, suspected to be secondary to hepatic pathology.

Secondary Findings:

- Mild bilateral age-related renal changes with dystrophic mineralization.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The urinary bladder wall changes in the region of the apex may be artifactual due to lack of full repletion or may be secondary to cystitis or less likely, infiltrative neoplasia. A small cystic calculus is observed within the bladder lumen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended if not recently performed.
- A urine BRAF test can be considered to further evaluate for lower urinary tract neoplasia.
- Depending on cytology results from the abdominal fluid, consultation with a board certified oncologist can be considered. However, due to the likelihood of multi-organ neoplasia, palliative care should be considered in lieu of aggressive diagnostics or treatment.





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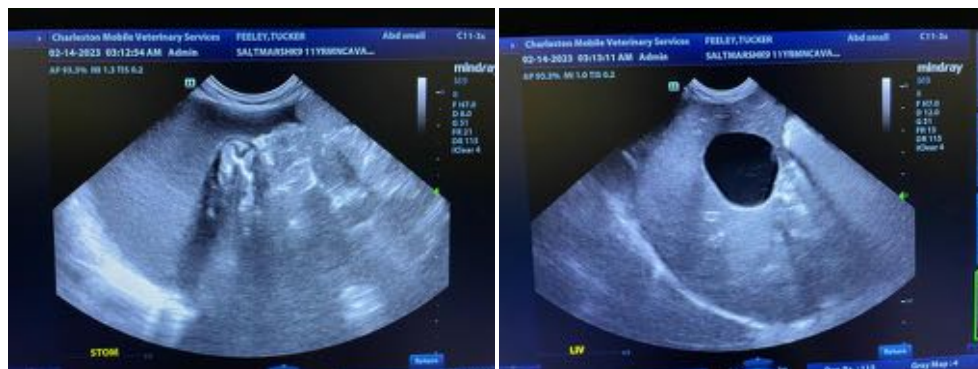
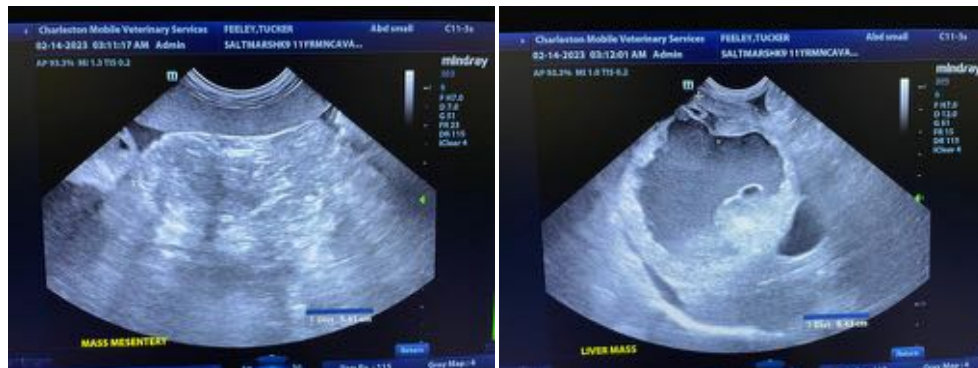
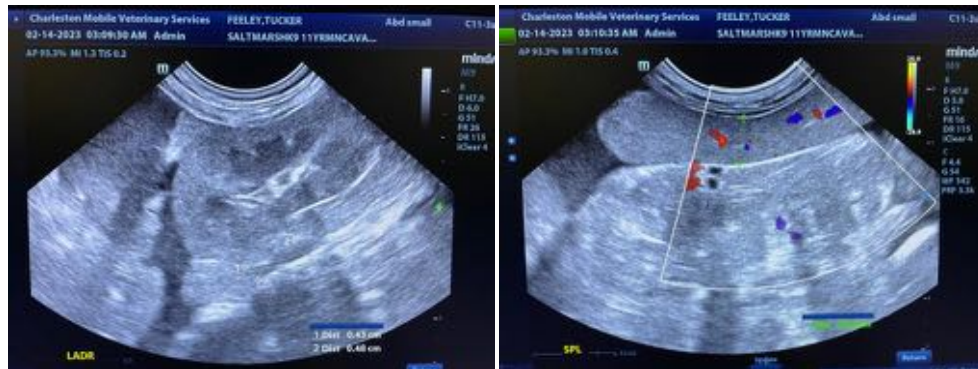
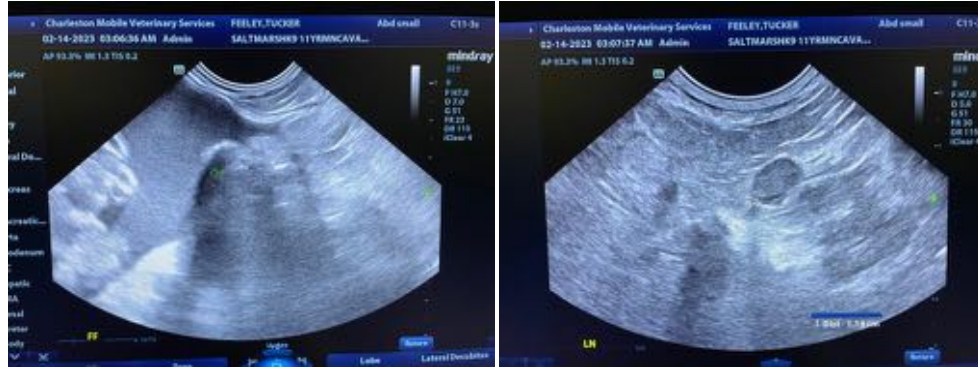
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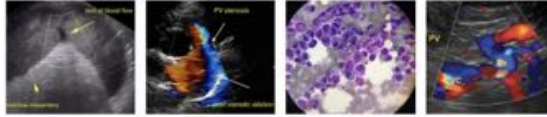
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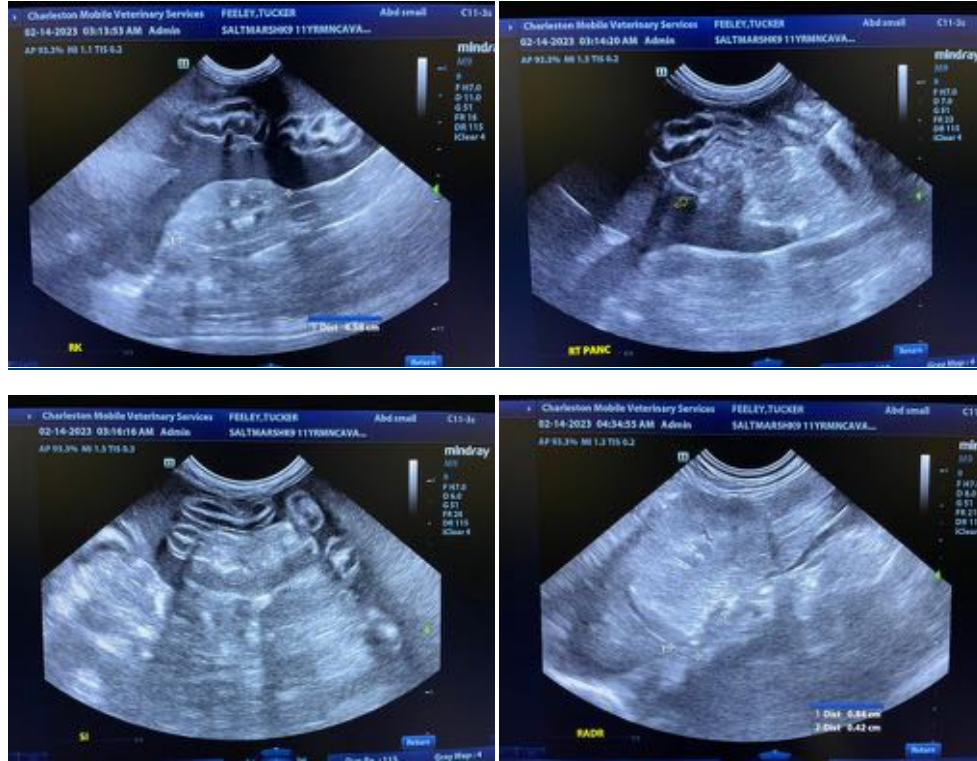
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

HOSPITAL NAME

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