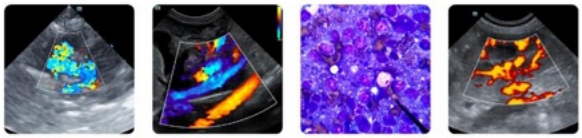



**PATIENT**

Maria Forcey

**SPECIES**

Canine

**BREED**

Haveanese

**SEX**

Female, spayed

**AGE**

6/15/2015

**WEIGHT**

7.25 kg.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

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**REFERRING VET**

Dr. Devin Soileau

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## PRESENTING CLINICAL SIGNS

Ultrasound to further evaluate elevated liver values. ALT 273, ALP 426.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder wall is normal in thickness and the mucosal surface in the region of the apex is slightly irregular. The bladder is mildly distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (4.48 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A few small cortical cysts are seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.66 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 normal in size (0.46 cm at cranial pole) (0.56 cm at caudal pole) with a normal shape and 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 mildly enlarged (0.57 cm at cranial pole) (0.59 cm at caudal pole) with a normal shape and 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*

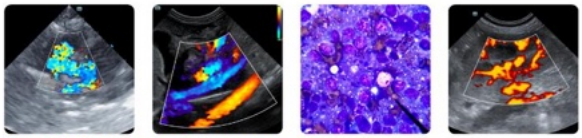
The spleen is normal in size (0.83 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

### *Liver*

The liver is enlarged with irregular peripheral contours. On the left side, a 6.2 x 5.4 cm hyperechoic to heterogeneous mass with microcavitations is visualized. Also on the left side, a 3.4 x 2.7 cm hypoechoic mass is seen. In the remainder of the liver, the parenchyma is isoechoic relative to the spleen and mildly heterogeneous in appearance. Vascular and biliary 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.

### *Gastrointestinal*





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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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

***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.

***Lymph nodes***

The abdominal lymph nodes are normal/not visible.

***Free Abdomen***

There is no obvious evidence of free fluid.

***Other***

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

## ULTRASONOGRAPHIC FINDINGS

**Primary Findings:**

- Left hepatic masses. The larger mass trends toward neoplasia (i.e., adenoma, adenocarcinoma, biliary cystadenoma, biliary cystadenocarcinoma, round cell tumor) with a lower possibility of a benign process (i.e., large regenerative nodule). The smaller hepatic mass could be consistent with a regenerative nodule, inflammatory focus, emerging tumor (i.e., adenoma, adenocarcinoma, round cell tumor), other.
- The gallbladder changes could be consistent with cholestasis, fasting or an emerging mucocele.

**Secondary Findings:**

- Bilateral nonspecific, age-related renal changes with left cortical cysts and right 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.
- Mild bilateral adrenomegaly

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Regarding the hepatic masses, consider the following:
    a. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
    b. Fine needle aspiration (assuming normal clotting status). 25-gauge needles should be used. It should be noted, however, that it can be difficult to distinguish hyperplasia from adenomas, from adenocarcinomas cytologically and histopathology may be necessary to get a definitive diagnosis.

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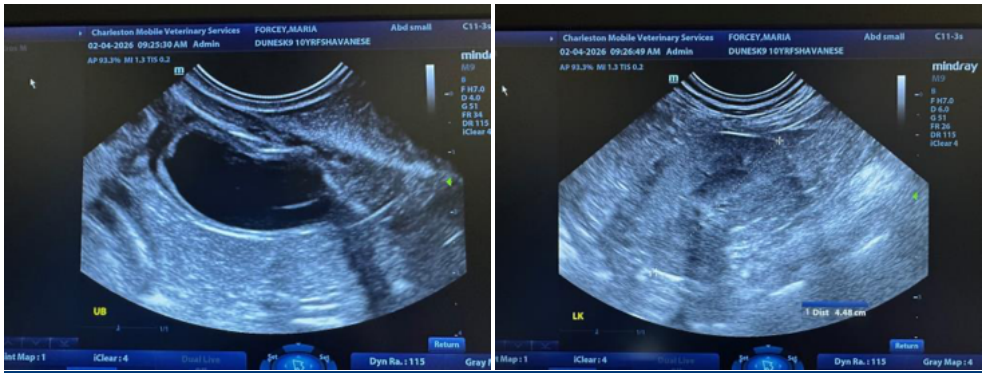
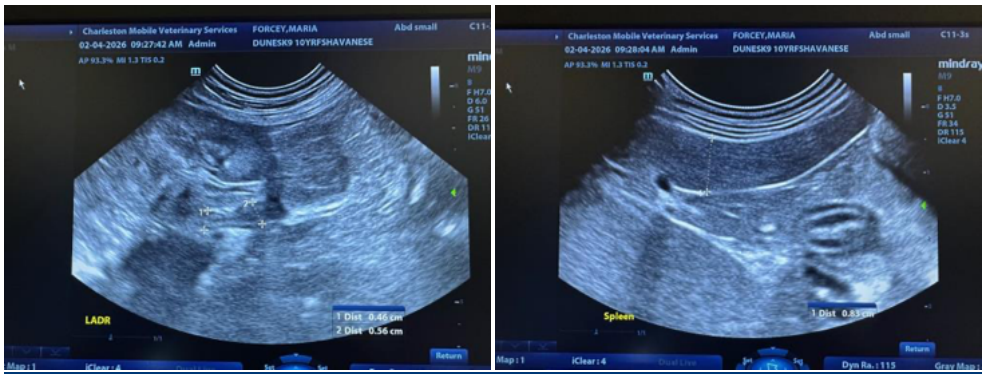
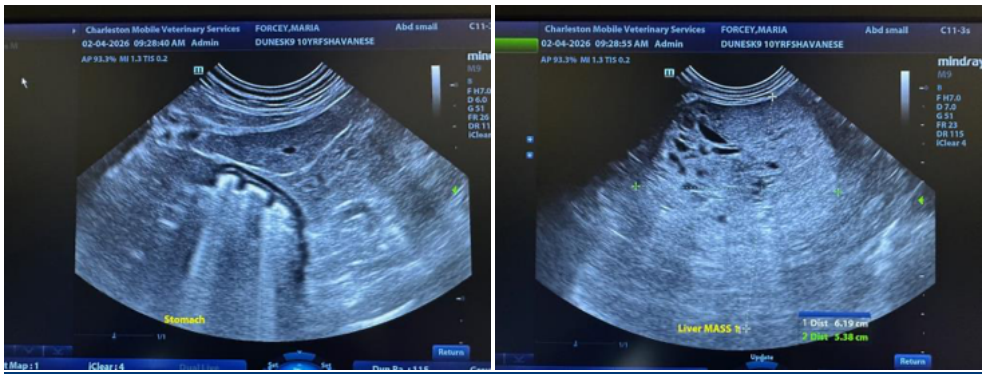
c. If a more aggressive approach is desired, consider consultation with a board-certified surgeon to discuss mass removal or debulking. An abdominal CT scan would be useful in pre-surgical planning.



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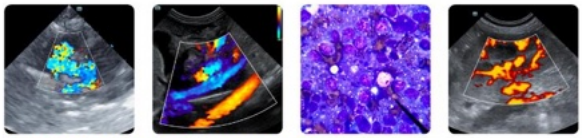

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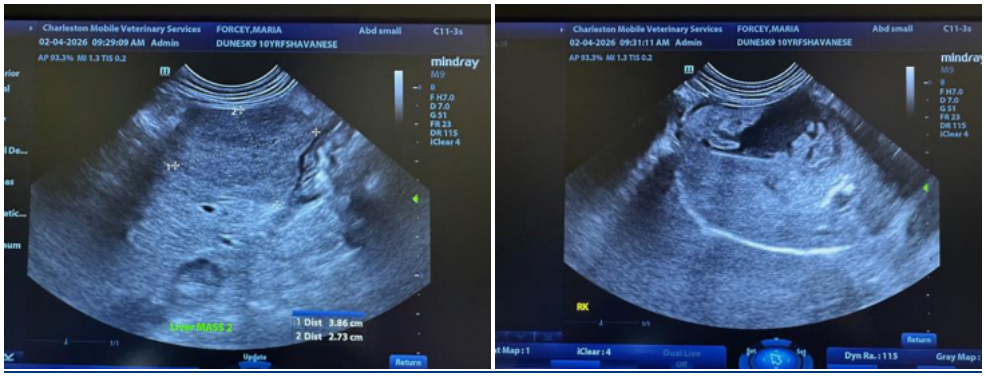


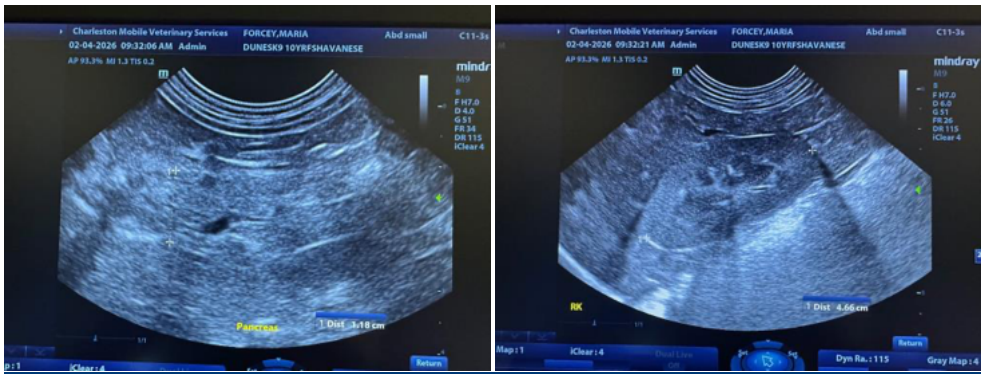


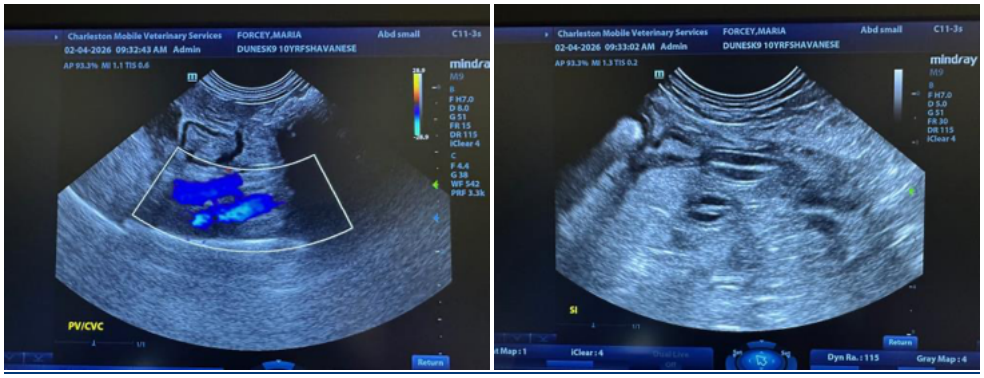


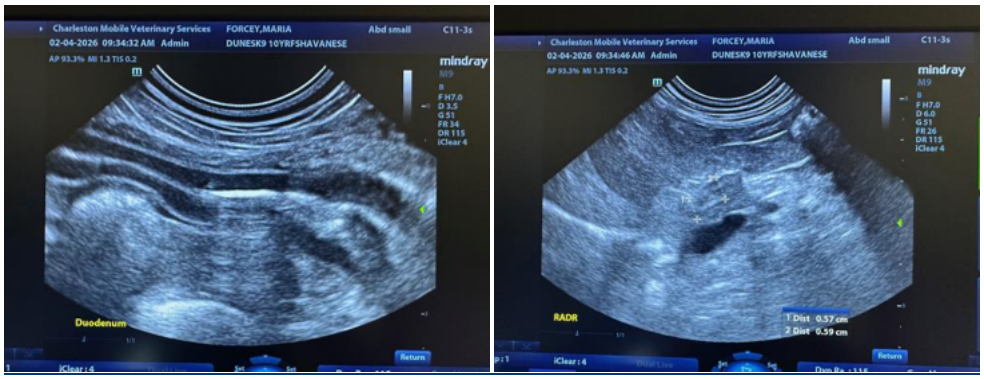

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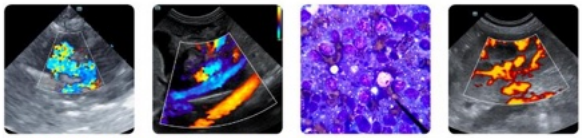

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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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