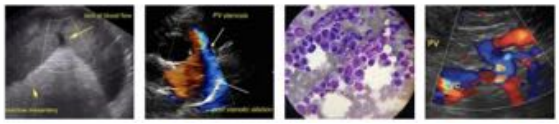




**PATIENT**

Remy Milewski

**SPECIES**

Canine

**BREED**

Cocker spaniel mix

**SEX**

Male, neutered

**AGE**

3/14/2013

**WEIGHT**

46.2 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**

Flowertown AH

**REFERRING VET**

Dr. McLaughlin

**INVOICE**

14806

**DATE**

4/12/23

## PRESENTING CLINICAL SIGNS

Lethargic, sleeping very heavily when pt does sleep but also getting up in the middle of the night to find new places to sleep. Eating and drinking a lot of water, losing weight (somewhat intentionally but this is more than intended) and having mixed stools (some normal, some diarrhea) and vomiting. Has been circling and having head tremors.

4/7 - HCT 35%, HGB10.6g/dL, LYMPHS 4%, NEUT 78%, MCH 18.8PG, PLATELETS 1329 10^3/ul, ALP 347, ALT 1006, AMYL 1559 IU/L, AST 79 IU/L, GLU 38mg/dL, Potassium 6.0 mEq/L, Na/K ration 25, T4 <0.5ug/dL

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is mildly to moderately distended with anechoic urine. The wall is diffusely thickened (up to 1.21 cm), irregular and heterogeneous with a slightly irregular mucosal surface. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (1.37 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (8.01 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.42 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter. Hyperechoic shadowing diverticular foci are visualized. Several small cortical cysts are seen. Renal vasculature is normal.

The right kidney is normal in size (8.51 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. The cortex is isoechoic relative to the spleen. There is moderate 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*

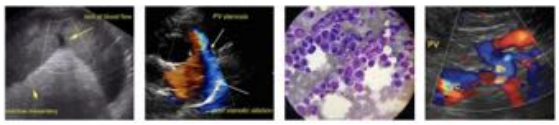
The left adrenal gland is normal size (0.63 cm at cranial pole) (0.57 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (1.29 cm at cranial pole) (0.54 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.

### *Spleen*

The spleen is normal in size (2.01 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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

**PATIENT**
Remy Milewski

**SPECIES**
Canine

**BREED**
Cocker spaniel mix

**SEX**
Male, neutered

**AGE**
3/14/2013

**WEIGHT**
46.2 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**
Flowertown AH

**REFERRING VET**
Dr. McLaughlin

**INVOICE**
14806

**DATE**
4/12/23

### *Liver*

The liver is enlarged with irregular peripheral contours. A >17 cm irregular heterogeneous slightly cavitated mass appears to be arising from the left lateral lobe. The mass extends into the mid/caudal abdomen and causes caudal displacement of the bowel loops. In the remainder of the liver, the parenchyma is relatively homogeneous. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is distended. The wall is thin and smooth. A moderate amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

### *Gastrointestinal*

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.

### *Pancreas*

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

### *Free Abdomen*

There is no obvious evidence of free fluid. 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:**

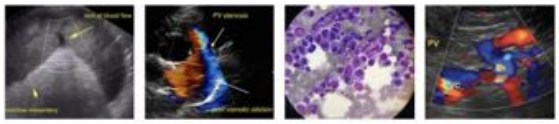
- Large left hepatic mass. Neoplasia (i.e., adenocarcinoma, adenoma, hemangiosarcoma, round cell tumor) is suspected with a lower possibility of a non-malignant process (i.e., focal inflammatory disease).
- The urinary bladder wall changes could be consistent with emerging neoplasia or cystitis. Correlation with the patient's clinical history is recommended.

**Secondary Findings:**

- Bilateral, chronic, age-related renal changes with dystrophic mineralization with left pyelectasia and cortical cysts.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.





**PATIENT**

Remy Milewski

**SPECIES**

Canine

**BREED**

Cocker spaniel mix

**SEX**

Male, neutered

**AGE**

3/14/2013

**WEIGHT**

46.2 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**

Flowertown AH

**REFERRING VET**

Dr. McLaughlin

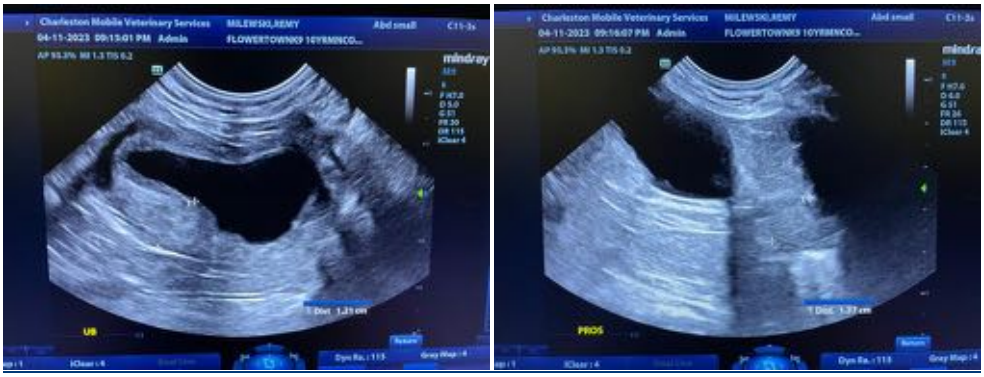
**INVOICE**

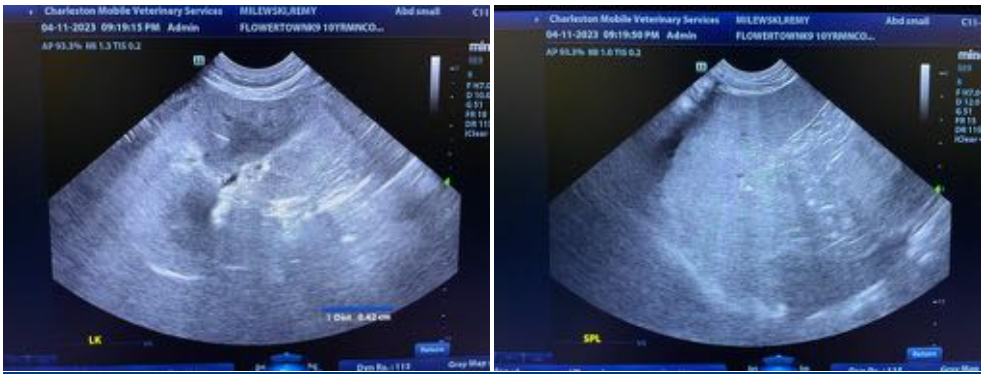
14806

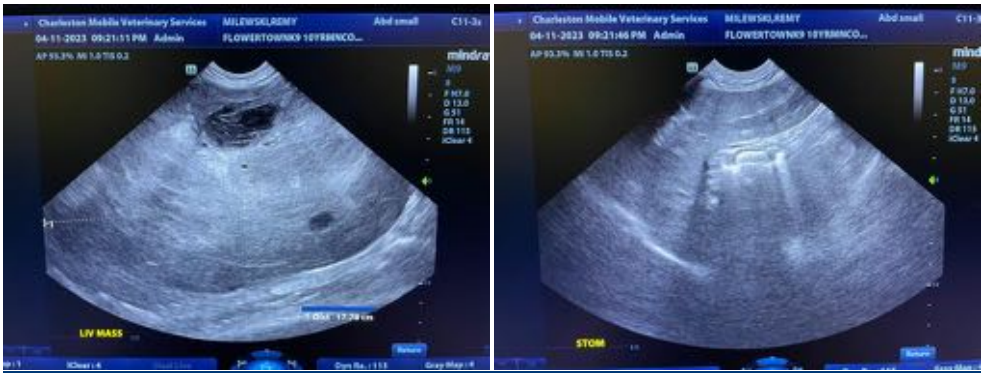
**DATE**

4/12/23

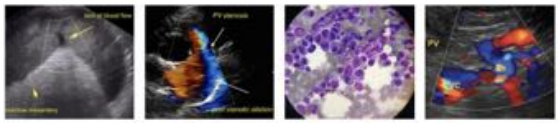
- If an aggressive approach is desired, consider referral to a board certified surgeon to discuss hepatic mass removal or debulking. An abdominal CT scan would be useful in pre-surgical planning.
- Regarding the urinary bladder wall changes, consider a urine BRAF test to further assess for lower urinary tract neoplasia. A urine culture and sensitivity should also be considered but preferably obtained from a catheterized or free catch sample due to the risk of potential seeding of the abdomen with neoplastic cells.
- If aggressive treatments are not pursued, palliative care is recommended.







SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

**PATIENT**

Remy Milewski

**SPECIES**

Canine

**BREED**

Cocker spaniel mix

**SEX**

Male, neutered

**AGE**

3/14/2013

**WEIGHT**

46.2 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**

Flowertown AH

**REFERRING VET**

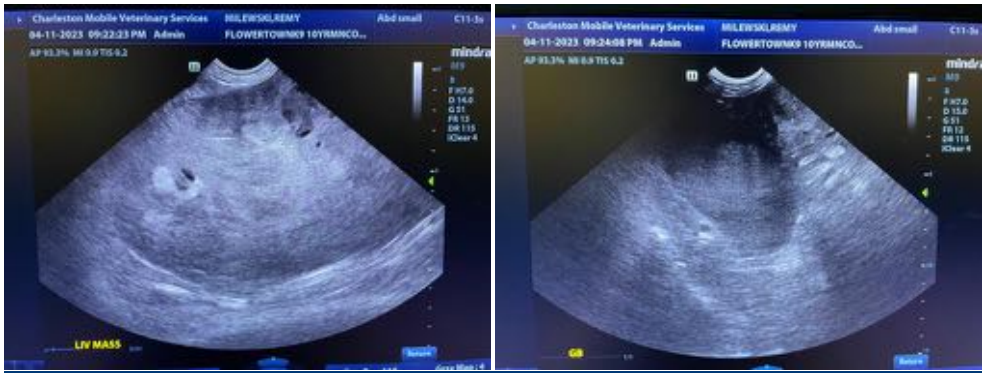
Dr. McLaughlin

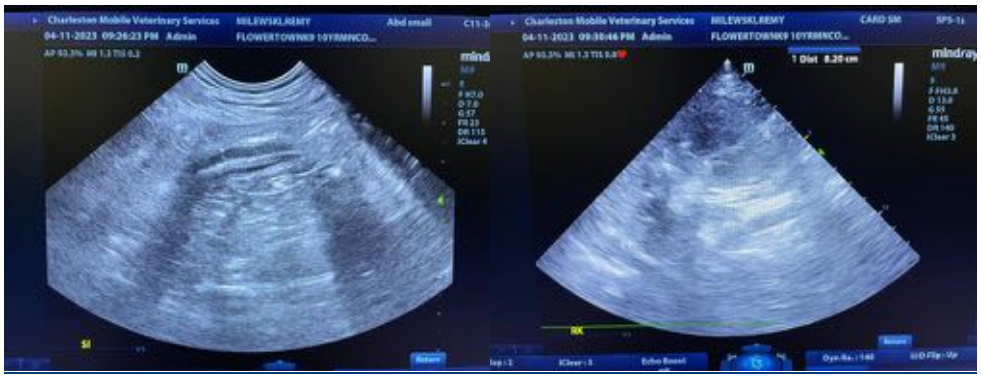
**INVOICE**

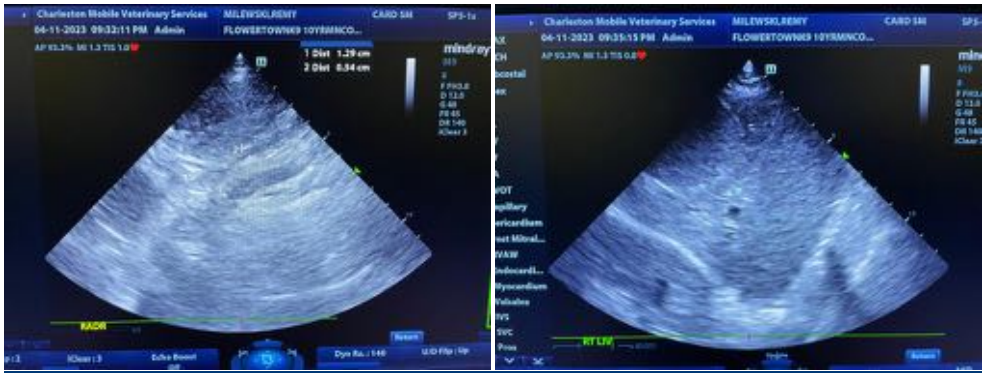
14806

**DATE**

4/12/23







**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