



PATIENT PRESENTING CLINICAL SIGNS

Bailey Crane Recent history of lethargy and hypersalivation. Prior history of pancreatitis.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine Urinary System

The urinary bladder wall is moderately distended. The wall in the region of the apex is mildly thickened (up to 0.49 cm) with a slightly irregular mucosal surface. The wall tapers to normal thickness as it extends toward the cystourethral junction. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

BREED

Labrador Retriever

SEX

Female, spayed

The left kidney is normal size (6.39 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.

AGE

7/31/2008

The right kidney is normal size (6.78 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.

WEIGHT

30.9 kg.

Adrenal Glands

The left adrenal gland is normal size (0.56 cm at cranial pole) (0.66 cm at caudal pole) (2.63 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.

INTERPRETED BY

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(Small Animal Internal
Medicine)

The right adrenal gland is normal size (1.09 cm at cranial pole) (0.57 cm at caudal pole) (1.65 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.

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Spleen

The spleen is normal in size (1.43 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few, small ill-defined myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

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Liver

The liver is subjectively enlarged with irregular peripheral contours. Multiple coalescing heterogeneous cavitated masses are seen left to mid-liver. The mesentery adjacent to the hepatic masses is hyperechoic. Some normal appearing hepatic tissue is observed on the right side. 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. A moderate amount of aggregated, echogenic, partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

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The gastric lumen is moderately distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with



PATIENT

Bailey Crane

chyme. 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.

SPECIES

Canine

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the area of the right limb, the pancreas is visible with minimal deviation from the normal peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

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Free Abdomen

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A few nodules are observed within the mesentery cranial to the liver, the largest measuring 2.07 cm in its longest dimension. The abdominal lymph nodes are normal/not visible.

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Other

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

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings:

- Multiple coalescing hepatic masses. Neoplasia (i.e., adenocarcinoma, hemangiosarcoma) is considered likely with a lower possibility of benign pathology (i.e., multifocal abscessation). Cranial peritonitis is present, likely secondary to hepatic pathology.
- Ascites may represent neoplastic effusion, hemorrhage, other.
- The mesenteric nodules in the cranial abdomen are concerning for metastatic lesions. However, reactive change cannot be excluded.

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Secondary Findings:

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Minor, age-related renal changes.
- The urinary bladder wall changes could be consistent with cystitis or may be artifactual due to lack of full repletion. Correlation with the patient's urinalysis and clinical history is recommended.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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



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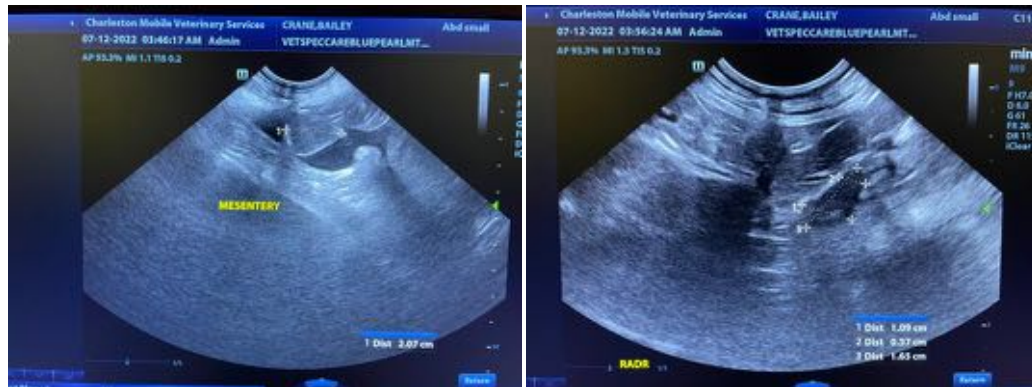
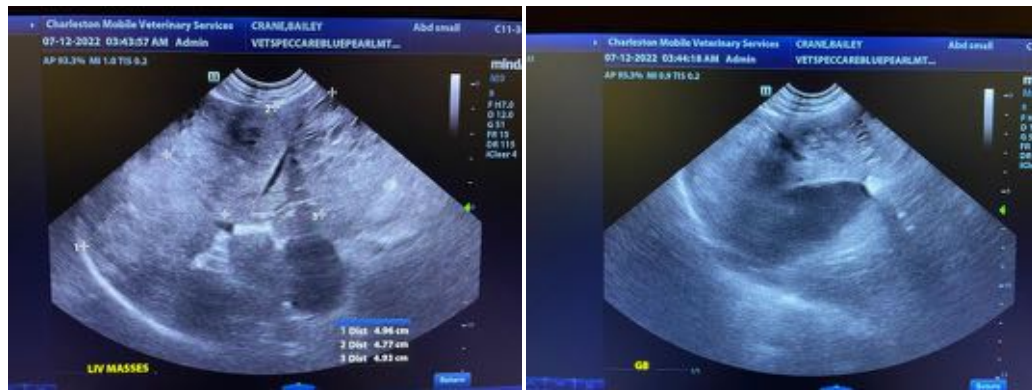
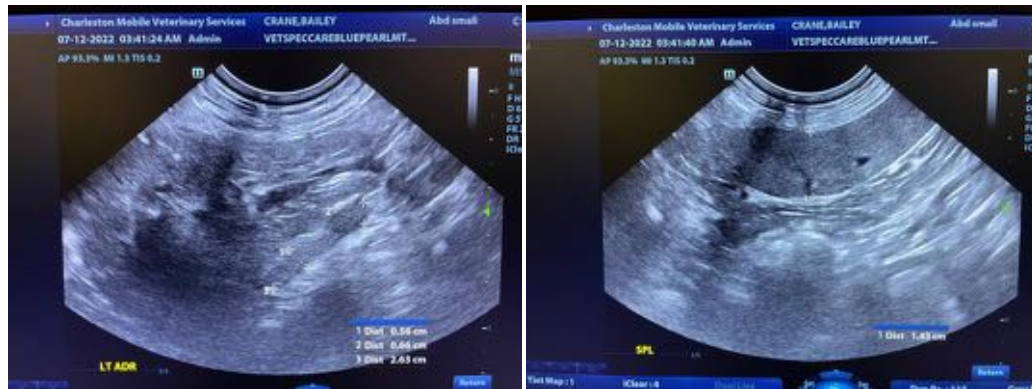
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- If there is no evidence of pulmonary metastatic disease and an aggressive approach is desired, consultation with a board-certified surgeon can be considered to discuss debulking of the hepatic masses. An abdominal CT scan would be useful in presurgical planning. However, due to the possibility of metastatic disease as well as the diffuse nature of the hepatic pathology, palliative/symptomatic care should be considered.





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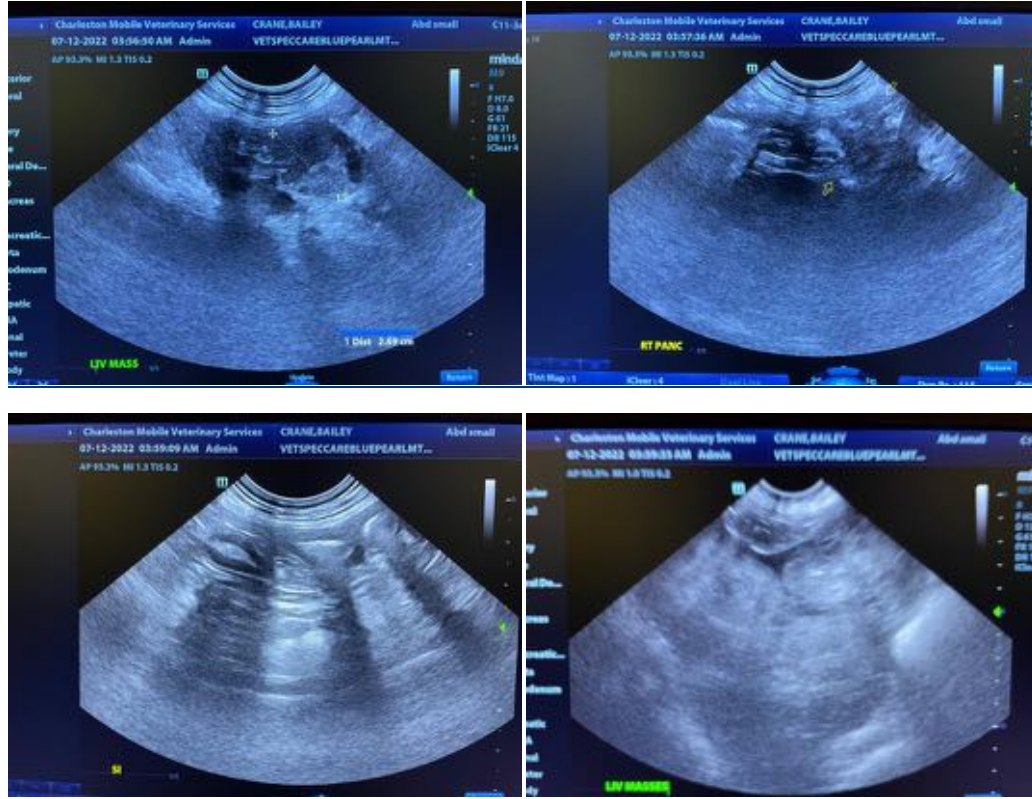
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

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.

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