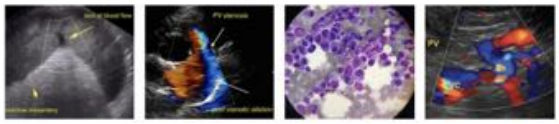

PATIENT

Rossi Carter

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Male neutered

AGE

12 Yrs.

WEIGHT

18 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

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HOSPITAL NAME

Veterinary Dental Care

REFERRING VET

Dr. Shannon

INVOICE

13823

DATE

8/16/22

PRESENTING CLINICAL SIGNS

Per owner, Rossi has a history of elevated liver enzymes and so no dental care has been pursued due to concern with anesthesia. Patient has been experiencing jaw swelling and had an episode of epistaxis after which he presented to urgent care. Urgent care referred him here. Per rdvm records, Rossi has a history of enlarged lymph nodes on examination 6/27/22- fna/cytology revealed blood and fat. Patient had low normal Hct 38% and ALP 1307 and ALT 149 on 6/27/22 and on 8/11/22, patient had Hct 29% and ALP 679.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. A 0.67 x 0.57 cm avascular echogenic nodule is observed along the dorsal wall. The remaining wall is normal in thickness with a smooth mucosal surface. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.85 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 (4.70 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is mild to moderate loss of corticomedullary distinction. A few non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.48 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is mild to moderate loss of corticomedullary distinction. A few non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.52 cm at cranial pole) (0.48 cm at caudal pole) (1.60 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.

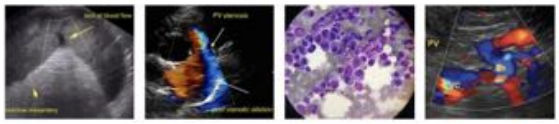
The right adrenal gland is normal size (0.87 cm at cranial pole) (0.55 cm at caudal pole) (1.72 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is overall normal in size (1.11 cm in width at the level of the hilus). At the caudomedial aspect, a 2.48 cm ill-defined hypoechoic to slightly heterogeneous area/mass is observed. 1-2 small myelolipomas are visualized in the region of the hilus. The lesion causes capsular expansion. The remaining margins are curvilinear. The remaining parenchyma is homogeneous. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with irregular peripheral contours. Throughout the liver, numerous irregular heterogeneous slightly cavitated masses are seen, some of which are multi-lobulated. The



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largest mass measures approximately 7 cm in its longest dimension. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is moderately distended with ingesta and irregular shadowing structures. 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 segmentally dilated with 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.

Pancreas

Throughout the region of the pancreas, an ill-defined, multilobulated, heterogeneous mass effect is observed measuring approximately 8 cm at its longest dimension. The pancreatic duct is not overtly dilated.

Free Abdomen

The mesentery in the cranial abdomen is hyperechoic. Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

Other

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

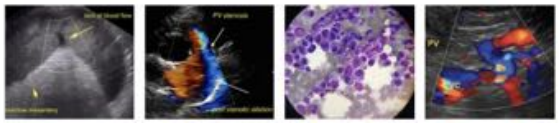
ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Multiple hepatic masses. Neoplasia (i.e., adenocarcinoma, hemangiosarcoma, round cell neoplasia) is considered likely with a lower possibility of multifocal inflammatory disease.
- Mass effect involving the pancreas. It is unclear whether this effect is an extension of a hepatic mass or if the pancreas itself was infiltrated. Again, neoplasia is suspected.
- The splenic lesion is also concerning for neoplastic process although infarction, inflammatory disease or extramedullary hematopoiesis or other pathology cannot be excluded.
- Cranial peritonitis is present, likely secondary to hepatic/pancreatic pathology.
- The bladder nodule may represent an inflammatory polyp or neoplastic lesion.

Secondary Findings:

- Bilateral renal changes are consistent with chronic interstitial nephrosis/nephritis with non-obstructive nephrolithiasis.
- Gallbladder sludge, non-mucocele.



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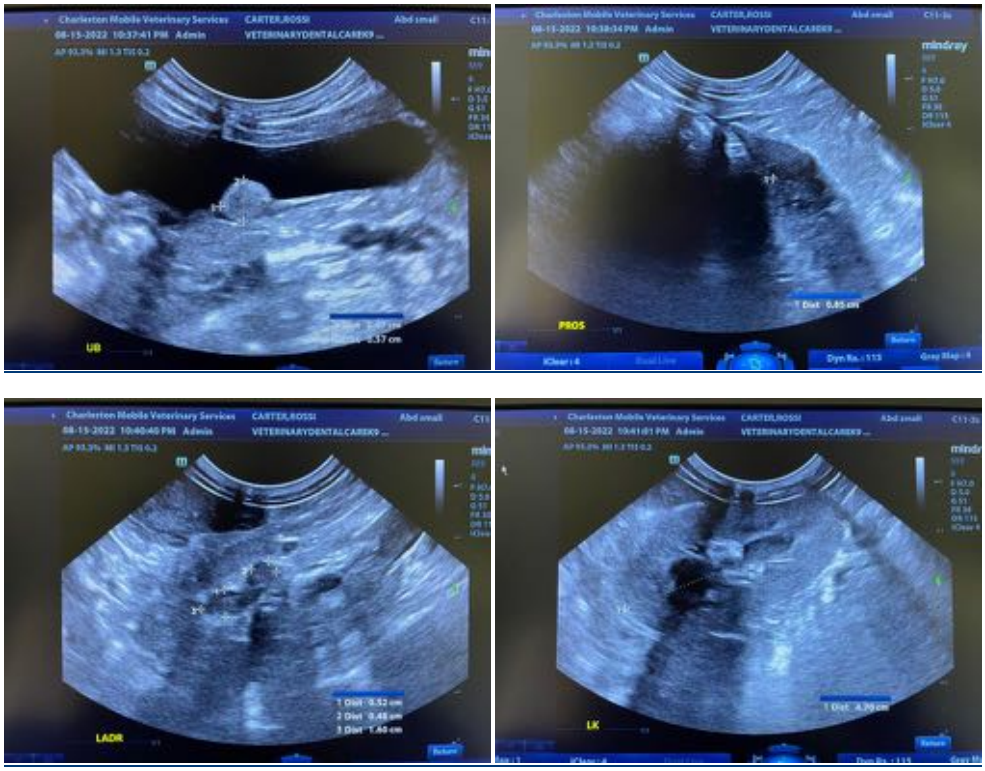
- The shadowing material within the gastric lumen may represent normal ingesta and/or foreign material. It appears non-obstructive at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fine needle aspirates of the hepatic and splenic masses can be considered if clotting status is appropriate. 25-gauge needles should be used.
- Consider consultation with a board-certified oncologist for further diagnostic/treatment recommendations. Given the extent of disease, however, the prognosis for this patient is considered guarded.



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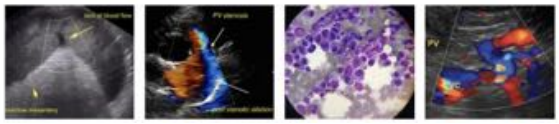

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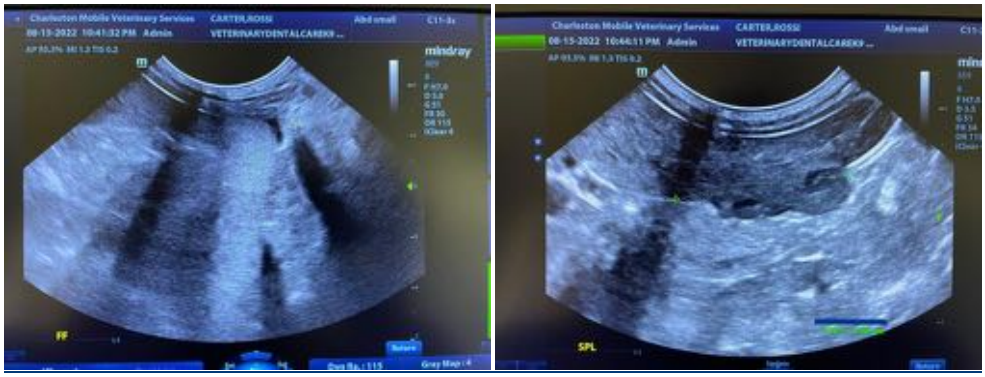

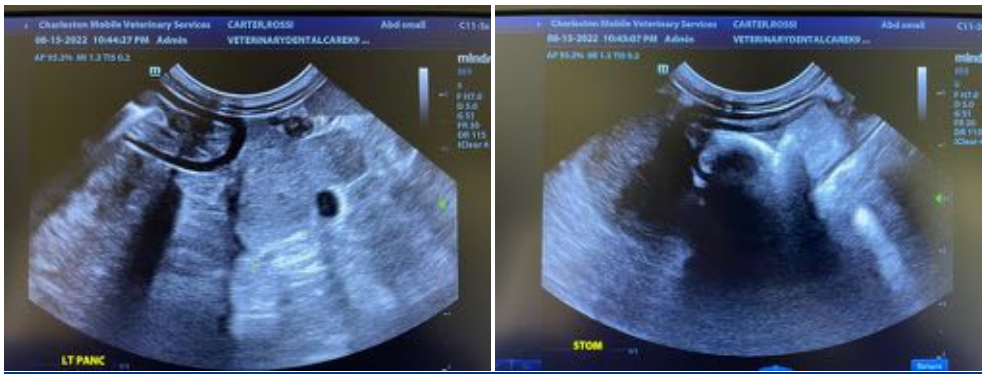

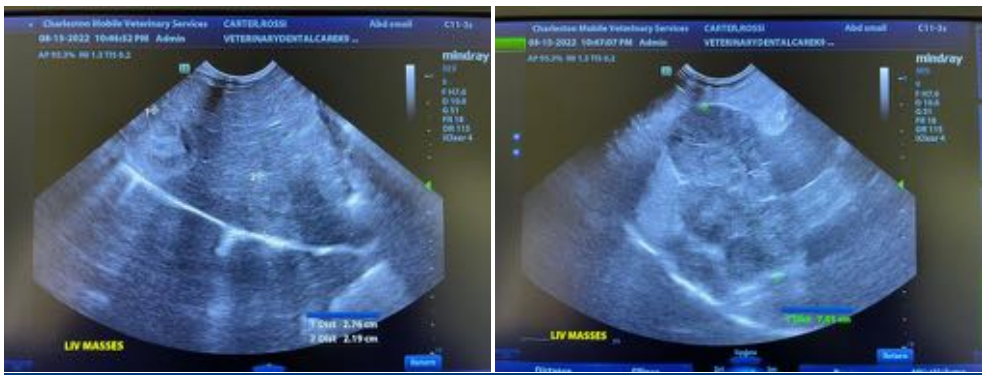

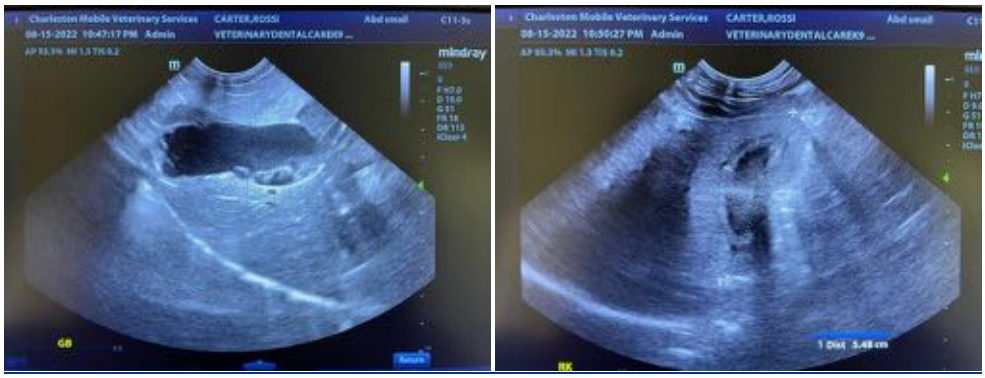

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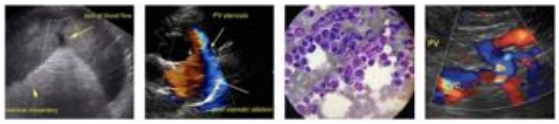

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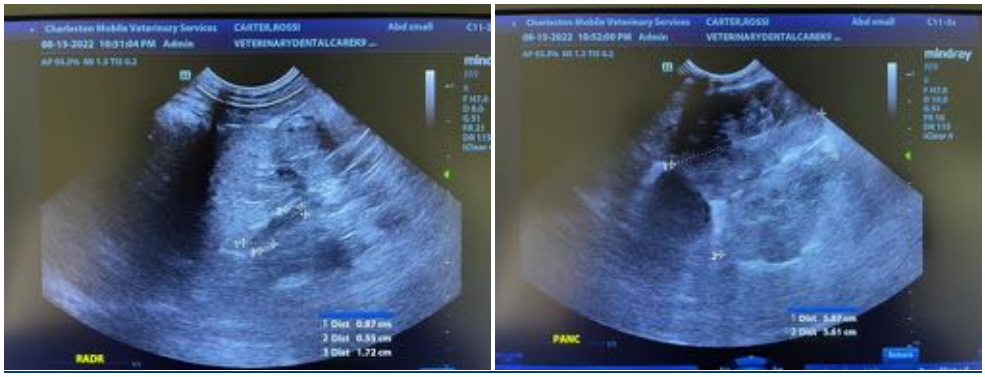

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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