


PATIENT

Precious Agretto

SPECIES

Canine

BREED

Jack Russel Terrier

SEX

Female, spayed

AGE

14 Yrs.

WEIGHT

6.6 kg.

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Crystal Hill, RVT

HOSPITAL NAME

Chippawah AH

REFERRING VET

Dr. Dowell

INVOICE

12837

DATE

1/11/2022

PRESENTING CLINICAL SIGNS

History: History of chronic skin disease and pancreatitis and hypothyroidism. Has been started on Zentoni as liver protectant. Also on Enrofloxacin for skin issues ongoing. Has lost weight, owner noticed spine is showing. Muscle loss. Eats GI low fat food.

Abnormal PE/Chem/CBC/UA Results: Mild anemia with thrombocytosis, low T4. Hypoglycemia, hyperkalemia, elevated kidney values, elevated liver enzymes and T bili, elevated pancreatic enzymes and hypoproteinemia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (3.82 cm in length) with a slightly irregular shape. The cortex is variably thickened and there is mild to moderate loss of corticomedullary distinction. Cortical infarcts are visualized. Trace pyelectasia is present (0.10 cm in the longitudinal plane). There is no evidence of nephroliths or hydronephrosis. Renal vasculature is normal.

The right kidney is difficult to visualize in its entirety due to gas artifact from the colon. In the visualized portion, the peripheral margins are curvilinear. There appears to be slight loss of corticomedullary distinction. No obvious pathology is observed.

Adrenal Glands

The left adrenal gland is normal size (0.35 cm at cranial pole) (0.50 cm at caudal pole) (1.29 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.

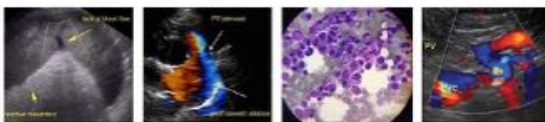
The right adrenal gland is mildly enlarged (1.19 cm at cranial pole) (0.74 cm at caudal pole) (1.61 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.86 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. A >10 cm heterogeneous mass is arising from the left side. The remaining parenchyma is subtly heterogeneous in appearance. 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 gravity-dependent echogenic debris



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as well as a small amount of mineralized sand vs tiny choleliths are observed within the lumen. The cystic and common bile ducts are normal/not seen.

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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.

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Pancreas

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

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Free Abdomen

The mesentery surrounding the liver mass is hyperechoic. Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

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

Primary Findings:

- Large left hepatic mass. Neoplasia (i.e., adenoma, adenocarcinoma, round cell tumor) is considered likely with a lower possibility of benign pathology (i.e., regenerative nodular hyperplasia). Regional peritonitis is present.
- Gallbladder debris/sand +/- tiny choleliths.

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Secondary Findings:

- Mild right adrenomegaly.
- Bilateral, age-related renal changes with left cortical infarcts.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If there is no evidence of pulmonary metastatic disease and 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.
- If surgery is not to be pursued, palliative care is recommended.

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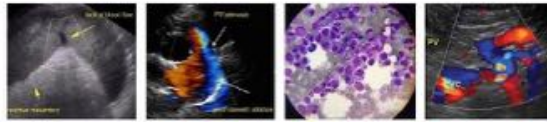
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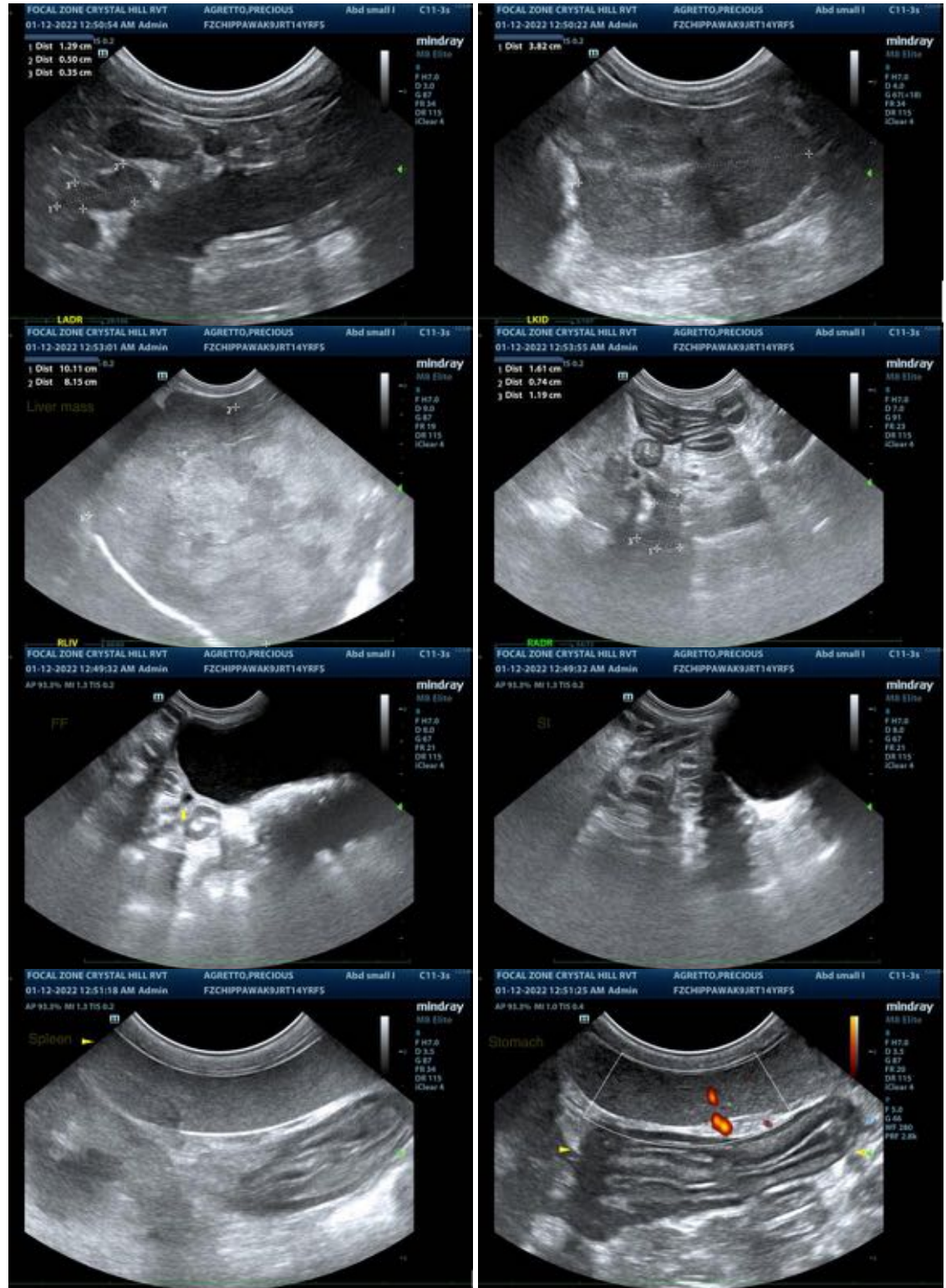
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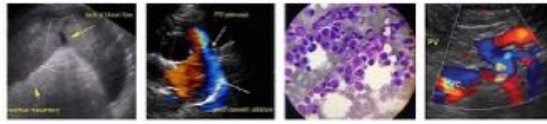
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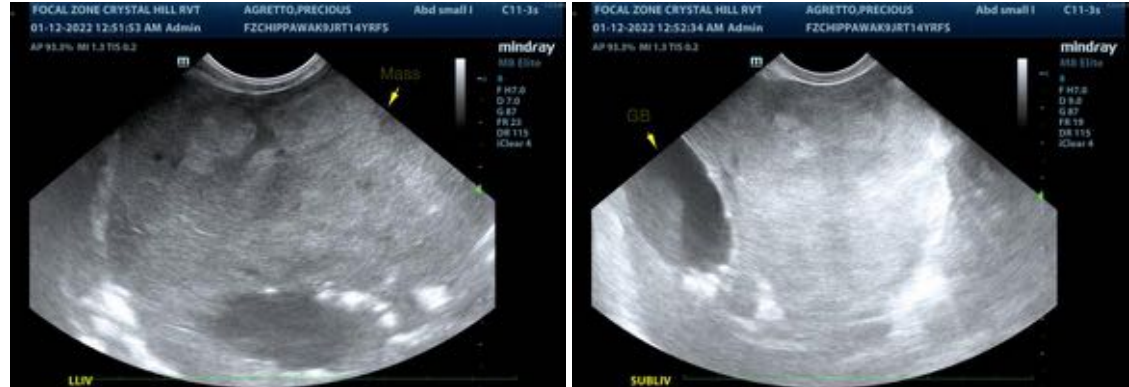
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

Andrea.nicastro@sonopath.com