


PATIENT PRESENTING CLINICAL SIGNS

Molly Krieger

History: - PU/PD for 3-4 weeks and decreased energy - mild cranial abdomen pain - intact but no vulvar discharge - temp normal 38.7 degrees C - A-FAST no obvious pyometra or abdominal FF, BUT did appreciate abnormal suspect mass like structure on A-FAST in cranial abdomen.

SPECIES

Canine

 Abnormal PE/Chem/CBC/UA Results: BW- - marked neutrophilia ($51.08 \times 10^9/L$ - $11.64 \times 10^9/L$), monocytosis ($4.99 \times 10^9/L$ - $1.12 \times 10^9/L$), mild lymphopenia ($0.76 \times 10^9/L$ - $5.10 \times 10^9/L$). Mild elevation in ALP (255 U/L - 212 U/L). UA revealed 1.004 USG, no other findings. rads: - right lateral abdominal rad revealed suspect mass effect in cranial abdomen - A-FAST revealed abnormal structure in cranial abdomen

BREED

Aussie

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System
SEX

Female, spayed

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is distended with 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.

AGE

13 Yrs.

The left kidney is normal size (7.08 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

29 kg.

The right kidney is normal size (6.83 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is relatively normal size (0.77 cm at cranial pole) (0.70 cm at caudal pole) (2.38 cm in length) with a slightly irregular shape. A 1.05 x 0.47 cm irregular, hyperechoic nodule is observed at the cranial pole. Glandular echogenicity and detail at the caudal pole are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Kelly Reshny, RVT

The right adrenal gland is normal size (1.24 cm at cranial pole) (0.63 cm at caudal pole) (2.03 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.

HOSPITAL NAME

Yates VH

Spleen

The spleen is normal in size (2.25 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.

REFERRING VET

Dr. Krizmanich

Liver

The liver is enlarged with a greater than 8 cm irregular, heterogeneous, cavitated mass arising from the left side. The mesentery effacing the serosal surface of the mass is hyperechoic. In the remainder of the liver, the contours are curvilinear, and the parenchyma is subtly mottled in appearance. 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

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DATE

1/5/2022



PATIENT

Gastrointestinal

Molly Krieger

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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.

SPECIES

Canine

Pancreas

BREED

Aussie

What is thought to be the left limb is prominent with irregular peripheral contours and hypoechoic parenchyma. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface is hyperechoic.

SEX

Female, spayed

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

Other

AGE

13 Yrs.

A uterine stump is visible (0.71 cm in width). No obvious pathology is observed in this region.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

29 kg.

Primary Findings:

- Large left hepatic mass. Neoplasia (i.e., adenocarcinoma, hemangiosarcoma) is considered likely with a low possibility of benign pathology. Regional peritonitis is present.
- Pancreatitis is suspected in the left limb, possibly secondary to the presence of the left hepatic mass.

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Medicine*)

Secondary Findings:

- The left adrenal nodule trends toward the benign (i.e., nodular hyperplasia) with a lower potential for emerging neoplasia.
- Minor age-related renal changes.
- Visible uterine stump, incidental.

**IMAGING
PERFORMED BY**

Kelly Reshny, RVT

HOSPITAL NAME

Yates VH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If an aggressive approach is desired, consider hepatic mass removal with submission for histopathology. The pancreas should also be evaluated at the time of surgery. If surgery is to be pursued, referral to a board-certified surgeon is recommended due to the potential for perioperative complications. An abdominal CT scan would be useful in pre-surgical planning.

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PERFORMED BY**

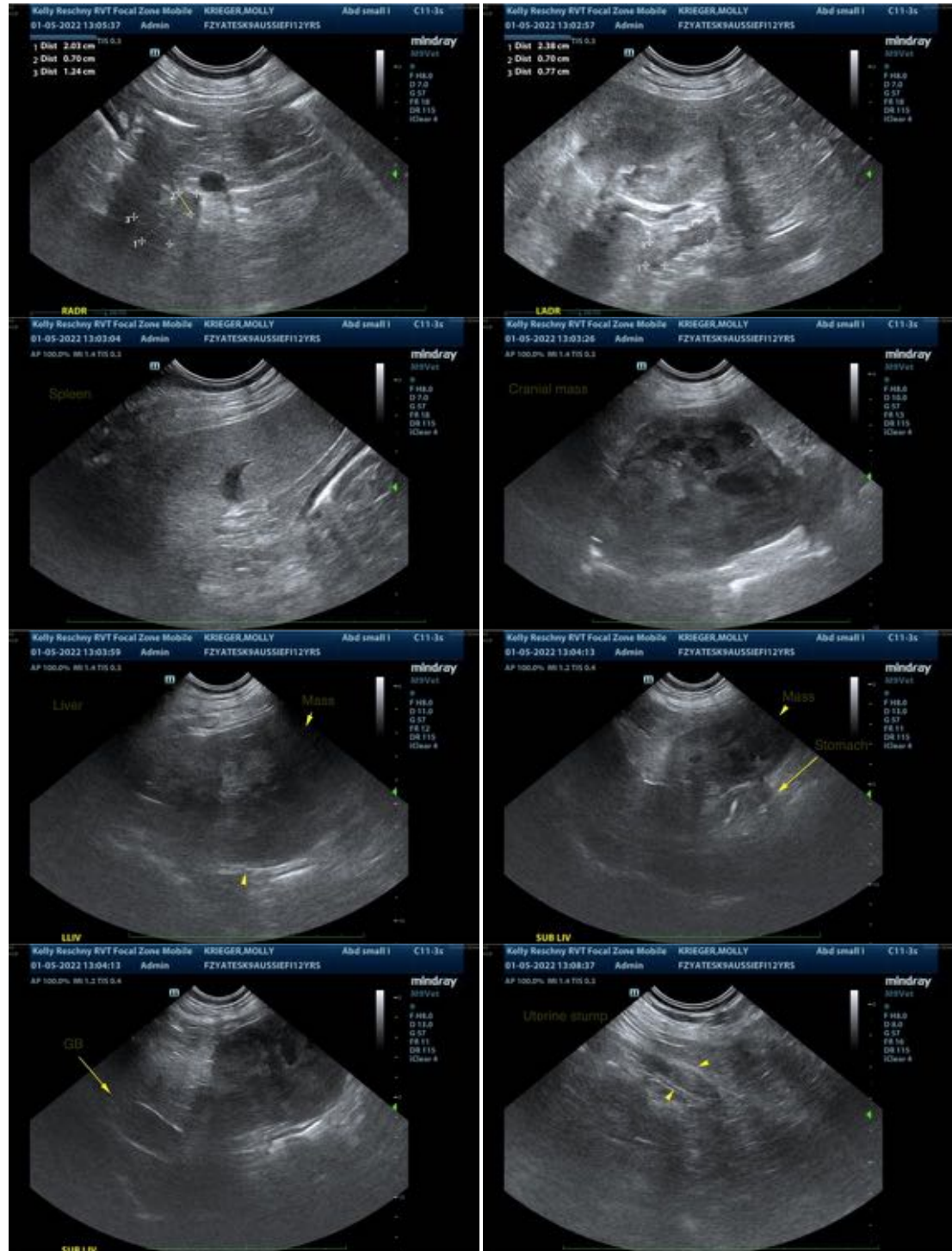
Kelly Reshny, RVT

HOSPITAL NAME

Yates VH

REFERRING VET

Dr. Krizmanich



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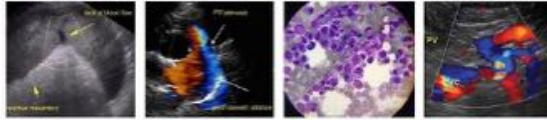
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



PATIENT

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