



**PATIENT PRESENTING CLINICAL SIGNS**

**Bailey Herriot** History: presented last week for lethargy / jaundice / weight loss / Not acting right / suspecting toxicity  
Blood work report showed elevated liver values and Lipase . See attached lab report . Currently on IVF and Metronidazole.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: CBC reveals leukocytosis with a mature neutrophilia and monocytosis. ALT 1177, ALKP 6997, total bilirubin is severely elevated, elevated lipase, normal T4.

Canine

**BREED**

**Urinary System**

Weimaraner

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.

**SEX**

Male, neutered

The prostate is not definitively visualized due to its pelvic location.

**AGE**

11 Yrs.

The left kidney is normal in size (6.23 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

**WEIGHT**

53 lbs.

The right kidney is difficult to thoroughly evaluate due to gas, artifact. It is subjectively normal size (6.53 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 hydronephrosis. Renal vasculature is normal.

**INTERPRETED BY**

**Adrenal Glands**

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

The adrenal glands are not definitively visualized due to diffuse abdominal pathology.

**IMAGING PERFORMED BY**

**Spleen**

Crystal Hill

The spleen is subjectively normal in size (1.43 cm in width at the level of the hilus) with undulating peripheral contours. The parenchyma is hypoechoic and slightly mottled in appearance. A 2.07 x 1.98 cm irregular hypoechoic nodule/mass is observed at the tip of the caudal pole. The lesion causes capsular expansion. Splenic vasculature appears normal with no evidence of thrombosis.

**HOSPITAL NAME**

**Liver**

Limestone Valley AH

The liver is subjectively enlarged with irregular peripheral contours. Numerous coalescing nodules/masses are observed throughout the parenchyma, several of which cause capsular expansion. There is minimal to no visibly normal parenchyma. 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.

**REFERRING VET**

**Gastrointestinal**

Dr. El-Ghazawi

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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.

**INVOICE**

12356

**DATE**

**Pancreas**

10/13/21



**PATIENT**

Bailey Herriot

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

**Free Abdomen**

**SPECIES**

Canine

The mesentery surrounding the liver is hyperechoic. There is no obvious evidence of free fluid. Several enlarged, irregular, hypoechoic lymph nodes are observed in the cranial and mid-abdomen, the largest measuring 3.73 cm in length.

**BREED**

Weimaraner

**Other**

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

**SEX**

Male, neutered

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- The diffuse hepatic changes are most consistent with infiltrative neoplasia (i.e., round cell tumor, carcinoma) with a lower possibility of a multifocal inflammatory process. Regional peritonitis is present.
- The abdominal lymphadenopathy is also concerning for infiltrative neoplasia with a lower possibility of reactive lymphadenitis or lymphoid hyperplasia.
- The splenic changes, including the nodule, are also concerning for neoplasia with a lower possibility of benign change (i.e., extramedullary hematopoiesis or lymphoid hyperplasia).

**Secondary Findings:**

- Bilateral age-related renal changes

**INTERPRETED BY**

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Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine needle aspirates of the liver and splenic nodule are recommended (if clotting status is appropriate). 25-gauge needles should be used. If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis. However, given the diffuse pathology and concern for metastatic disease, the prognosis for this patient is considered guarded.

**IMAGING PERFORMED BY**

Crystal Hill

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Dr. El-Ghazawi

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**SPECIES**

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**BREED**

Weimaraner

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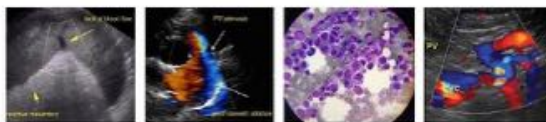
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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