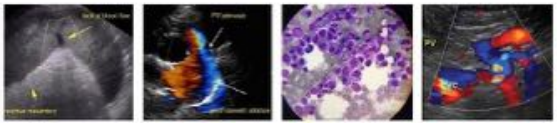


PATIENT

Kaos Bartno

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male, neutered

AGE

10 Yrs.

WEIGHT

27.1 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Parkside AH

REFERRING VET

Dr. Zak

DATE

13724

PRESENTING CLINICAL SIGNS

History: Icteric mm lethargic vomiting eating less Meds: Famotidine, Doxycycline, I/D food
Abnormal PE/Chem/CBC/UA Results: Elevated ALT, ALP and Bilirubin decrease HG and RBCs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

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

The left kidney is normal in size (7.06 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (6.61 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.80 cm at cranial pole) (0.69 cm at caudal pole) (2.42 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 caudal pole of the right adrenal gland is visualized and is normal size (0.73 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

Spleen

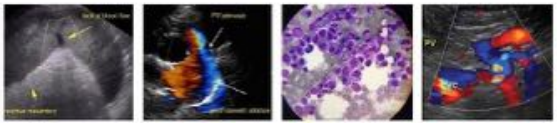
The spleen is normal in size (1.45 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

A >13 cm irregular, heterogeneous, cavitated mass appears to be arising from the caudal aspect of the liver. However, due to the size of the mass, the origin is difficult to determine with certainty. The mesentery surrounding the mass is hyperechoic. In the visualized portion of the liver, the parenchyma is diffusely mottled and heterogeneous with small cystic areas. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder is not definitively visualized in the available images due to the large cranial abdominal mass.

Gastrointestinal

The stomach is partially obscured by the cranial abdominal mass. In the visualized portions, the lumen does not appear distended. The 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



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pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The pancreas is largely obscured by the enlarged cranial abdominal mass. In the visualized portion, no obvious pathology is seen.

Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Large cranial abdominal mass, suspected to be of hepatic origin. Neoplasia (i.e., adenocarcinoma, hemangiosarcoma) is suspected with a lower possibility of benign pathology. Adjacent peritonitis is present. The diffuse hepatic parenchymal changes could be consistent with benign age-related change, regenerative nodular hyperplasia, metastatic disease or other hepatopathy.

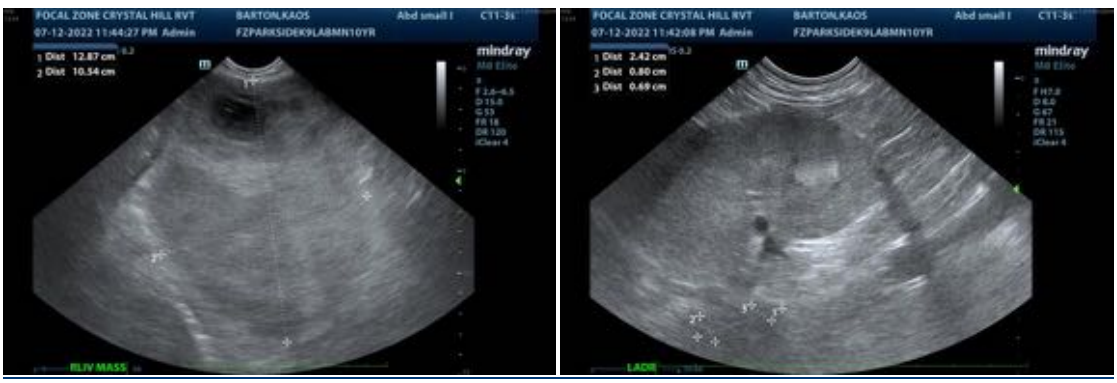
Secondary Findings:

- Minor, age-related renal changes with subtle dystrophic mineralization.

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 mass removal or debulking. An abdominal CT scan would be useful in pre-surgical planning. If surgery is pursued, the client should be warned of the possibility of metastatic disease throughout the liver, given the sonographic changes. If surgery is not pursued, palliative/symptomatic care is recommended.



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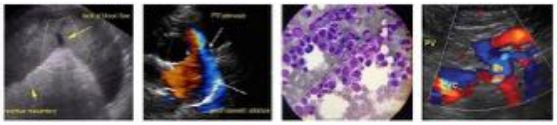

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289-808-2608 infoethefocalzone.com

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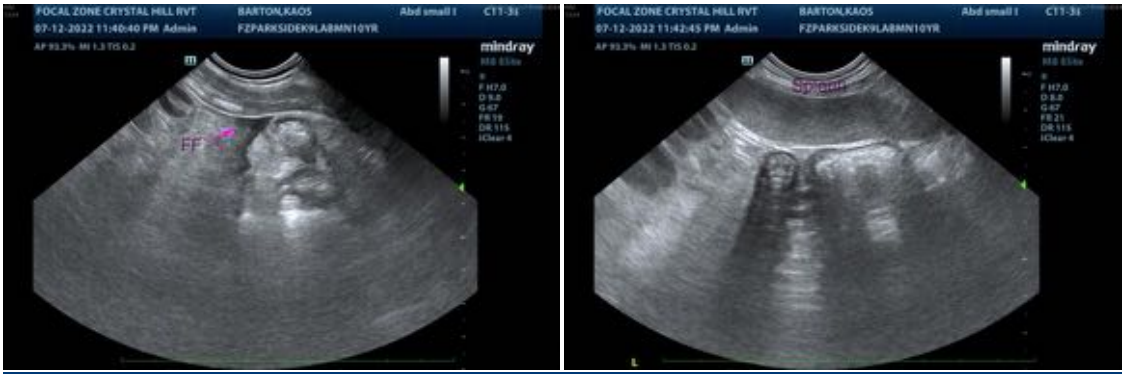

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Andrea.nicastro@sonopath.com

DATE

13724