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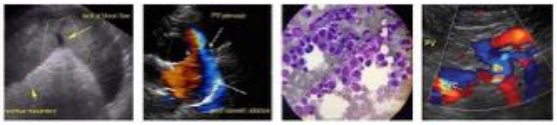


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 infoethefocalzone.com

PATIENT

Montana Moore

SPECIES

Canine

BREED

Jack Russell terrier

SEX

Female, spayed

AGE

12 kg.

WEIGHT

12 Yrs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Simcoe AH

REFERRING VET

Dr. Gardiner

INVOICE

11889

DATE

8/17/21

PRESENTING CLINICAL SIGNS

History: overweight, PUPD with a UTI that cleared up but the blood in urine remained. Currently on clavaseptin, apoquel
Abnormal PE/Chem/CBC/UA Results: Right lateral abdominal radiograph, no evidence of cystic calculi. USG 1.018-1.025.

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. A moderate to large amount of aggregated echogenic suspended debris is observed within the lumen. 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 (5.61 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present (0.14 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.49 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.83 cm at cranial pole) (1.20 cm at caudal pole) (2.79 cm in length) with an irregular shape. The parenchyma is heterogeneous with loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

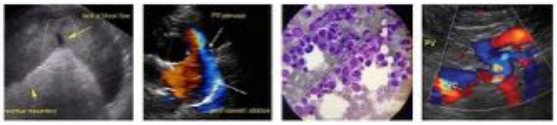
The right adrenal gland is normal size (1.37 cm at cranial pole) (0.61 cm at caudal pole) (1.80 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.15 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with slightly irregular peripheral contours on the left side. A 3.38 x 2.28 cm irregular heterogeneous cavitated mass is observed deep left liver. The lesion causes mild expansion of the peripheral contours. The remaining parenchyma is isoechoic relative to the spleen and subtly heterogeneous 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. A small to moderate amount of aggregated echogenic gravity-dependent debris is 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.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

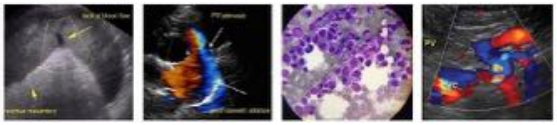
- Left hepatic mass. Neoplasia (i.e., hemangiosarcoma, adenocarcinoma, adenoma) is considered likely with a lower possibility of benign process.
- Bilateral age-related renal changes with left pyelectasia.
- The echogenic debris in the urinary bladder could be consistent with cells, crystals and/or exfoliated material.
- The left adrenomegaly could be consistent with benign nodular hyperplasia or an early neoplastic process.

Secondary Findings:

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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 to the liver mass is desired, consider referral to a board-certified veterinary surgeon to discuss removal. An abdominal CT scan would be useful in pre-surgical planning.
- Regarding the patient's urinary signs, the following diagnostics can be considered:



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- A urine culture is recommended to further evaluate for a urinary tract infection, preferably 5-7 days after the last dose of antibiotics.
- Baseline labwork including a CBC chemistry panel and T4 to assess metabolic function
- Depending on the results of the above diagnostics, further testing for Cushing's disease may be warranted.

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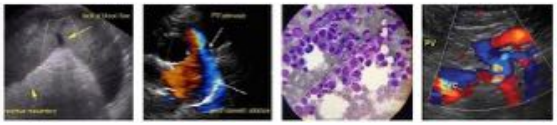

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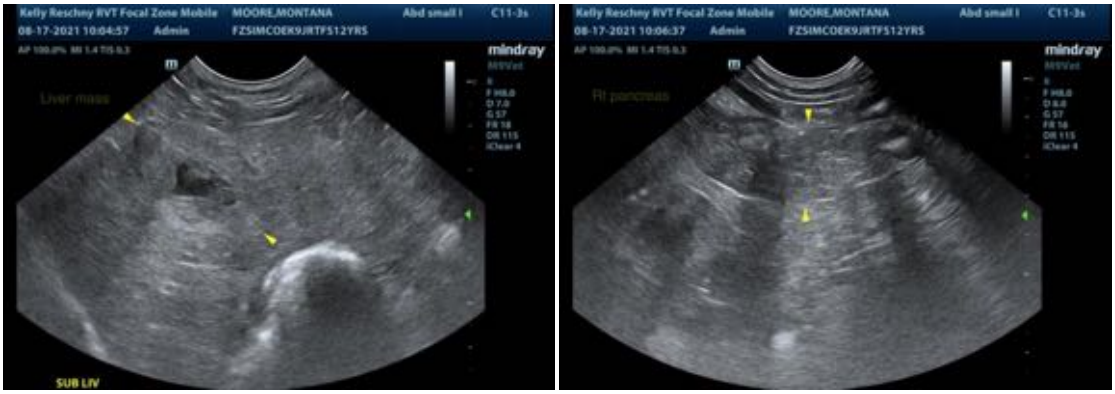

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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