

PATIENT PRESENTING CLINICAL SIGNS

Kimber Wilson

Yunnan baiyao 1 BID Current Problem List: Hemoptysis Abdominal effusion (scant) Possible effusion under splenic capsule pulmonary nodules consistent with metastatic disease Presenting Complaint: History: Patient presented on 11/21/22 for an acute and isolated episode of coughing up frank blood that occurred 11/20/22 evening. She rallied Sunday evening, energy was normal, she ate dinner but on Monday (11/21/20) morning O noted that she was lethargic and did not eat her breakfast. On examination she was QAR with pale mucus membranes and CRT of 3s. AFAST - free fluid cranial to the liver. Scant free fluid around the spleen, possibly inside the splenic capsule? Spleen appears subjectively hypoechoic. Very small pockets of scant free fluid mid abdomen, none noted in front of moderately sized bladder. Chest rads - Numerous discrete soft tissue pulmonary nodules, consistent with metastatic disease from an undetermined primary location. There is, however, evidence of mild ascites. There is hepatomegaly with possible margin irregularity.

SPECIES

Canine

BREED

Beagle X

SEX

Spayed Female

AGE

10.6 Years

WEIGHT

22.2 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Discussed findings with owner - metastatic cancer, location of primary tumor unknown, concern for spleen or liver. AUS could give us further information. Pertinent Diagnostic Results: 11/21/22 - AFAST - free fluid cranial to the liver. Scant free fluid around the spleen, possibly inside the splenic capsule? Spleen appears subjectively hypoechoic. Very small pockets of scant free fluid mid abdomen, none noted in front of moderately sized bladder 11/21/22 - Radiology report Radiographic Findings Thorax: cardiovascular structures are within normal limits. There are numerous small discrete soft tissue nodule scattered throughout likely all of the lung. These nodules range in size from barely visible to near 1 cm diameter. Abdomen: there is mildly diminished detail consistent with mild ascites. The liver is mildly diffusely enlarged with possible irregular surface character ventrally. An abdominal mass lesion is not defined. The kidneys and other visceral features are within normal limits. Conclusion Numerous discrete soft tissue pulmonary nodules, consistent with metastatic disease from an undetermined primary location. There is, however, evidence of mild ascites. There is hepatomegaly with possible margin irregularity. Recommend abdominal ultrasound to further evaluate.

Abnormal PE/Chem/CBC/UA Results: 11/21/22 Lab work: - Chem: GLU 118, TP 5.4, GLOB 1.9 - CBC: neu 13.16, PLT 134 - suspect mild stress hyperglycemia, suspect stress leukogram, TP/GLOB may be low from hemorrhage. PLT evaluated on slide and appear adequate with some clumping at the feathered edge 11/22/22 PT/PTT - WNL

IMAGING BY

Loetitia Saint-Jacques,
LVT

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

HOSPITAL NAME

Truckee Meadows VH

The right kidney is normal in size (5.0 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. In the caudal pole, there is a focal 2.5 cm mildly heterogeneous, primarily hypoechoic nodule/mass.

REFERRING VET

Dr. Rachel Kuester

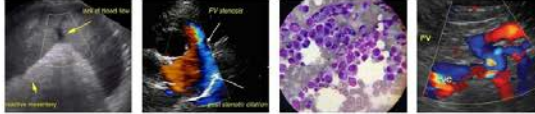
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The left kidney is normal in size (4.76 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

DATE

11/29/22



PATIENT *Adrenal Glands*

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The right adrenal gland is normal in size (1.68 cm long x 0.81 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

SPECIES

Canine

The left adrenal gland is normal in size (0.53 cm at the cranial pole 0.57 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

BREED

Beagle X

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

SEX

Spayed Female

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. A 3.5-4.0 cm round, heterogeneous, partially cavitated mass is seen in the left ventral liver. Visible vasculature and biliary tree appear normal without distension or congestion.

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The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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LVT

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

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Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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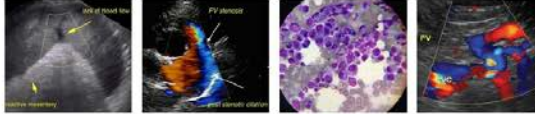
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Free Abdomen

A very scant amount of anechoic free fluid is noted, most notable around the spleen.

DATE

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Portable Animal Wellness Sonography, Inc.

IMAGING PERFORMED BY

pawsonography@gmail.com 530-786-8340

PATIENT There is no apparent lymphadenopathy noted in these images.

Kimber Wilson **ULTRASONOGRAPHIC FINDINGS**

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- Focal hypoechoic right kidney nodule/mass – concerning for infiltrative neoplasia with differentials including round cell neoplasia, adenocarcinoma, sarcoma, or potentially metastatic nodule from primary neoplasia elsewhere. A benign lesion such as a complicated cyst, hematoma, abscess, etc. is possible but considered much less likely, especially given the reported evidence of pulmonary mets.
- Heterogeneous cavitated liver mass – also concerning for infiltrative neoplasia with differentials including round cell neoplasia, sarcoma, metastatic disease, other. Benign disease is considered less likely.
- Scant amount of anechoic free fluid – early hemoabdomen should be ruled out.

AGE INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Given the presence of pulmonary metastatic disease, prognosis is grave regardless of the primary tumor type. However, if further identification of the primary tumor type is elected, a fine needle aspirate of the right kidney and/or liver could be considered if patient's coagulation status is appropriate. Ultimately, consultation with board certified oncologist would be recommended to help guide treatment.

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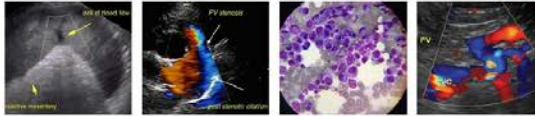
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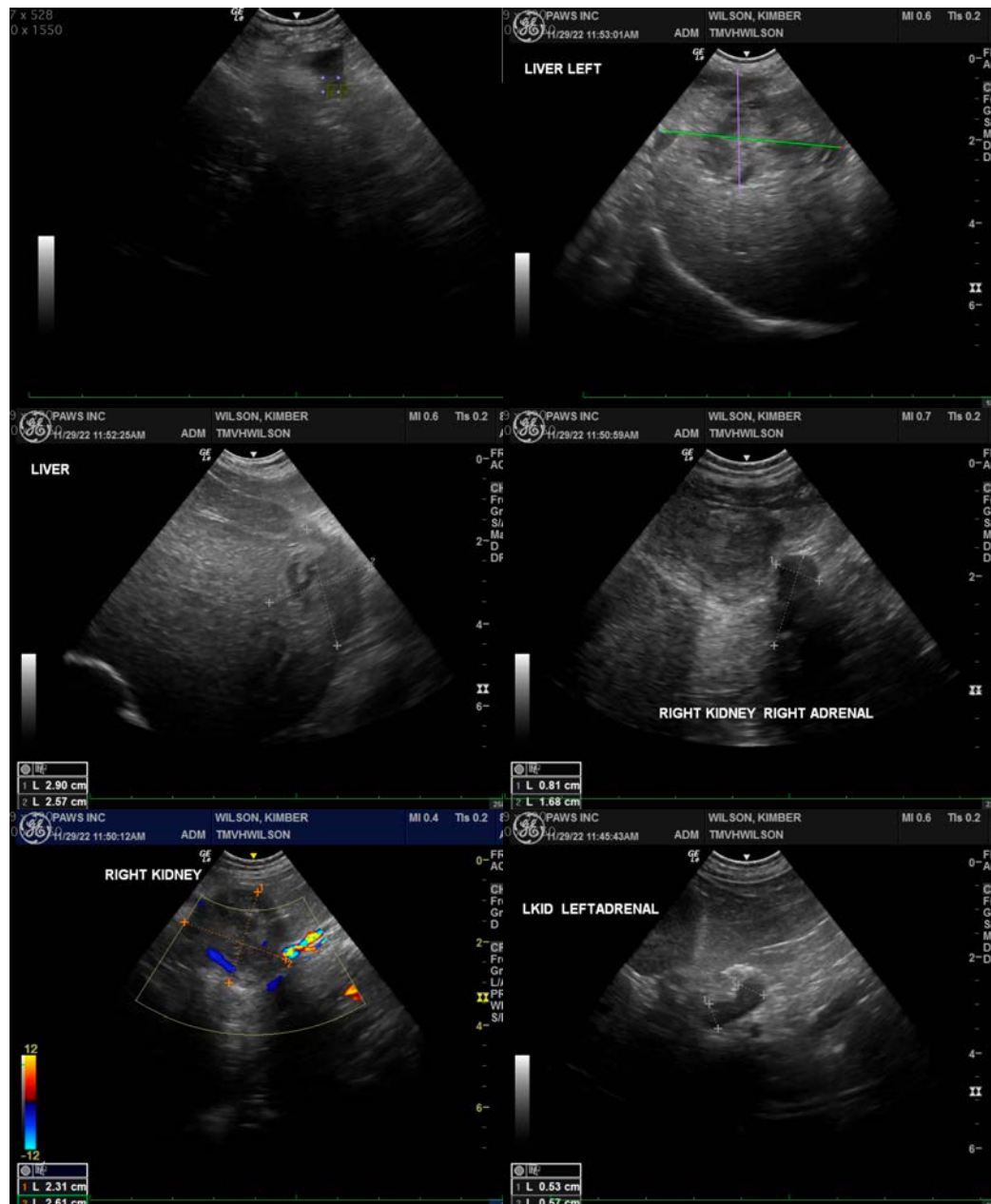
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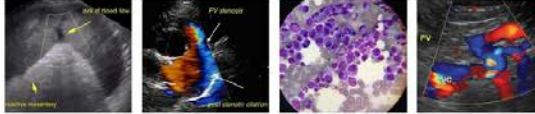
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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Beth.Johnson@sonopath.com