

**DATE**

2/25/22

PRESENTING CLINICAL SIGNS

Heavy panting/PU/PD and decreased appetite. PE-BCS 4/9; down 5-6 pounds over past 3 months. Chest and heart auscultate normal. Abdomen slightly tense.

Current Medications: None. Did give 2.4mg Dexamethasone today.

PATIENT

Lab Results: Increased ALP 384 (23-212), Decreased HCT 32.4%. UA USG 1.010.

Emma Cain

Radiographs: Chest bronchial pattern/slightly small heart; mass large mid abdomen.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Imaging Performed By: Rachel Brilhart, RDMS.

Canine

BREED

Goldendoodle

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

SEX

Spayed Female

The left kidney is large and irregular in shape measuring 7.9 cm. It has decreased corticomedullary distinction and pyelectasia that measured 0.27 cm. There is a very large, irregular, heterogenous mass effect arising from the cranial pole of the right kidney. This mass lesion is > 6.0 x 6.6 cm. Non-obstructive nephroliths were noted.

AGE

9/1/09

The right kidney has a normal shape and size measuring 6.88 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Non-obstructive nephroliths were noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

49 lbs

INTERPRETED BY

Kathleen Sennello
DVM, MS, Diplomate
ACVIM (Small Animal
Internal Medicine)

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

HOSPITAL NAME

Jacksonville VH

Spleen

The spleen is subjectively normal in size. The splenic echotexture is heterogenous and mottled. The splenic capsule is irregular. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized. There is free fluid surrounding the spleen.

REFERRING VET

Dr. Thai

Liver

The liver is subjectively large in size, and echogenicity with smooth peripheral margins. The parenchyma is severely heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are too numerous to count large and variably sized, hyperechoic nodules throughout the hepatic parenchyma. The nodules varied in size from 6.0 cm to 0.5 cm. The findings are concerning for metastatic neoplasia. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

INVOICE

96335

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

There is a large mass effect in the area of the ileocecal junction. This could be consistent with mesenteric masses/lymph nodes or an extension of the hepatic masses.

Pancreas

The region of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is free fluid surrounding the liver and spleen. There are prominent nodules in the abdomen that are most consistent with enlarged lymph nodes or mesenteric masses. The omentum is of increased echogenicity particularly in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

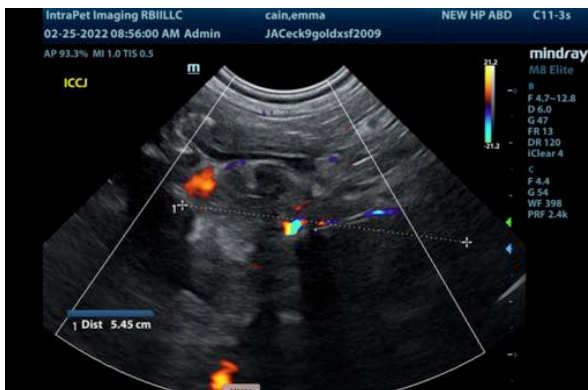
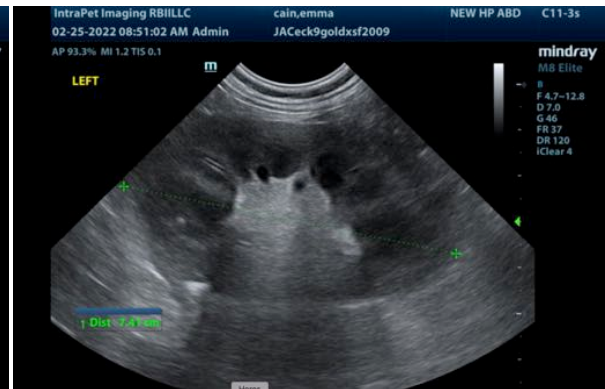
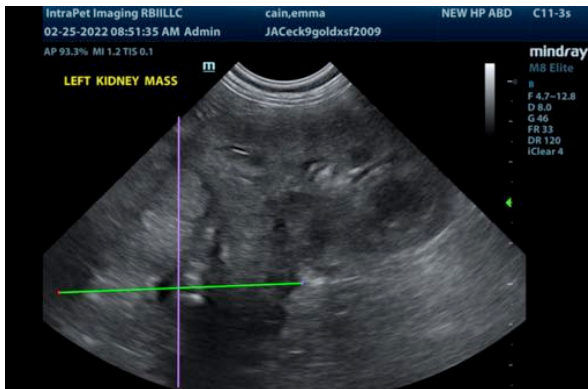
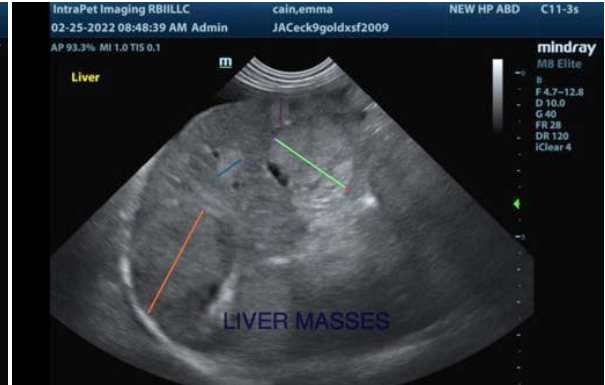
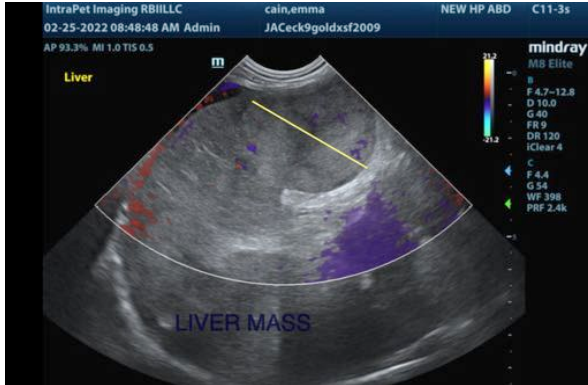
- Large, heterogenous liver with numerous, variably sized hyperechoic mass lesions. The findings are concerning for metastatic neoplasia.
- Large mass lesion arising from the cranial pole of the left kidney. The findings are concerning for a metastatic lesion or primary neoplastic lesion on the kidney.
- Moderate gallbladder debris. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.
- Free abdominal fluid with nodular omentum/enlarged mesenteric lymph nodes. The findings are concerning for either carcinomatosis, diffuse metastasis and/or severe lymphadenomegaly.

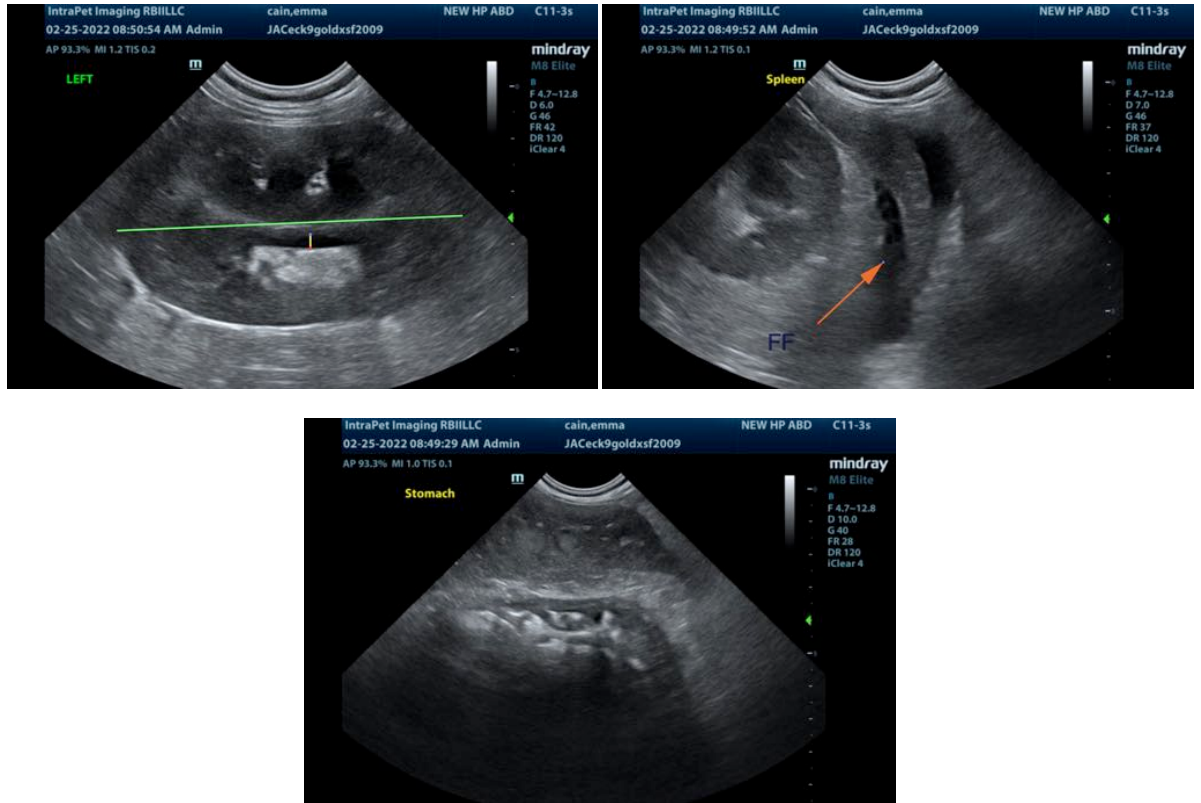
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are numerous, variably sized variably sized hyperechoic nodules throughout the hepatic parenchyma involving the left kidney and the mesentery. These findings are concerning for metastatic neoplasia. Consider a FNA of a hepatic mass and the left kidney mass. Additionally sampling of the free fluid could help to indicate if this is hemorrhage or a neoplastic effusion.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

Once a cytologic diagnosis is obtained consider consultation with a veterinary oncologist regarding treatment options and prognosis.





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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