



PATIENT

Chewie Clouse

SPECIES

Canine

BREED

Terrier mix

SEX

Male, neutered

AGE

13 Yrs.

WEIGHT

17.8 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Saum Hadi

HOSPITAL NAME

Bethany Family Pet
Clinic

REFERRING VET

Dr. Saum Hadi

INVOICE

12865

DATE

1/18/22

PRESENTING CLINICAL SIGNS

History: P presented for an annual exam. A mass on the dorsal lumbar area was aspirated and revealed a mast cell tumor. AUS was performed for staging
Abnormal PE/Chem/CBC/UA Results: NSF on CBC/Chem/UA

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 with 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.

The prostate is normal in size (0.83 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (3.80 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.43 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal 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 (0.51 cm at cranial pole) (0.52 cm at caudal pole) (1.54 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 in size (0.51 cm in width) with normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (1.33 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

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and slightly heterogeneous in appearance with a few ill-defined small hyperechoic nodules. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is normal in thickness. A 0.54 cm round polypoid like lesion is arising from the luminal surface. In addition, a small amount of gravity-dependent echogenic debris is present. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

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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. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings:

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.

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Secondary Findings:

- Minor non-specific age-related renal changes.
- Bowel pattern consistent with inflammatory bowel disease. However, correlation with clinical findings is recommended.
- The polypoid like lesion arising from the luminal surface of the gallbladder is thought to be benign. However, an emerging neoplastic process cannot be completely excluded.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Three-view thoracic radiographs are recommended to assess for neoplasia in the chest, if not already performed.
- A fine needle aspirate of the liver can be considered to further evaluate for mast cell disease, although the parenchymal changes are more likely to be associated with age-related change. If aspiration is pursued, Diphenhydramine should be administered at 2.2 mg/kg subcutaneously 15 min prior to aspiration to reduce the risk of mast cell degranulation.
- Given the gallbladder changes, consider a repeat ultrasound in 4-6 weeks to assess for progression, preferably with Doppler blood flow on any wall lesions.

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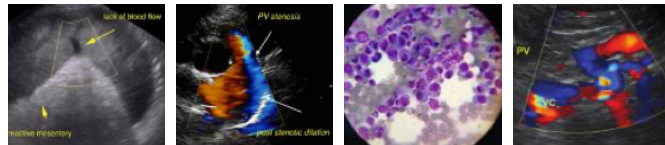
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The information and recommendations provided are based on the images presented by the referring



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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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