

**DATE PRESENTING CLINICAL SIGNS**

10/11/2021

History: Patient is currently doing well; had a liver lobectomy to remove a tumor (biopsy diagnosed as carcinoma, massive type w/ clean margins) on 11/10/2020. Also had biopsy of remaining liver - which showed nodular hyperplasia. No sign of mets anywhere.

**PATIENT**

Gidget Saville

Current Medications: Not provided by the veterinarian.

Lab Results: Not provided by the veterinarian.

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: 10-29-2020.

**SPECIES**

Canine

Sedation: not needed

Stat Report: not requested

**BREED**

Corgi

**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.

**SEX**

Female, spayed

The left kidney is normal size (5.47 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.

**AGE**

5/1/2008

The right kidney is normal size (5.20 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.

**WEIGHT**

25 lbs.

**Adrenal Glands**

The left adrenal gland is enlarged at the caudal pole and normal in size at the cranial pole (0.42 cm at cranial pole) (0.80 cm at caudal pole) (2.06 cm in length). A 1.39 x 0.77 cm isoechoic nodule is observed at the caudal aspect. Glandular echogenicity and detail at the cranial pole are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.

**INTERPRETED BY**

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Diplomate ACVIM  
(Small Animal Internal  
Medicine)

The right adrenal gland is normal size (0.58 cm at cranial pole) (0.66 cm at caudal pole) (1.77 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.

**HOSPITAL NAME**

Charm City VH

**Spleen**

The spleen is subjectively normal in size (1.40 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is diffusely mottled in appearance. A 1.07 cm ill-defined heterogeneous nodule is observed in the region of the hilus. In addition, a few ill-defined hypoechoic nodules are observed. Splenic vasculature appears normal with no evidence of thrombosis.

**REFERRING VET**

Dr. Karbonik

**INVOICE**

12326

**Liver**

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely mottled in appearance. No distinct focal lesions are observed. 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. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

### ***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 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.

### ***Free Abdomen***

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

### ***Other***

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

## **ULTRASONOGRAPHIC FINDINGS**

### **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.

### **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).
- Mild bilateral adrenomegaly. The left adrenal nodule is similar in size compared to the previous scan.
- Minor bilateral age-related renal changes.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Repeat chest X-rays, bloodwork and abdominal ultrasound are recommended every 3-4 months to assess for metastatic disease.





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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