



PATIENT

Storm Levin

SPECIES

Canine

BREED

Labrador

SEX

Male, neutered

AGE

13 Yrs.

WEIGHT

80 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Scott

HOSPITAL NAME

Ho Ho Kus VH

REFERRING VET

Dr. Esenberg

INVOICE

12318

DATE

10/11/21

PRESENTING CLINICAL SIGNS

History: Long hx of resp issues- probably chronic bronchitis acute hx of anorexia, lethargy, and fever
Abnormal PE/Chem/CBC/UA Results: CBC/Chem- increased T bili (1.1), increased ALP (1200), UA WNL Chest/abd rads WNL

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 (1.17 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 (7.79 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.

The right kidney is normal size (6.94 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.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed.

Spleen

The spleen is subjectively normal to slightly prominent in size (2.94 cm in width at the level of the hilus) with normal curvilinear peripheral contours. Numerous irregular hyperechoic nodules/areas are observed throughout the organ. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely and severely mottled with a "moth eaten" appearance. A 3.14 x 2.56 cm hypoechoic mass is observed on the right side. In addition, a 1.63 cm hypoechoic nodule is observed on the left. A few cystic areas are also seen. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

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.



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Pancreas

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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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Primary Findings:

- The hepatic parenchymal changes are concerning for infiltrative neoplasia (i.e., round cell tumor). Multifocal to diffuse inflammatory disease can also not be excluded. There may also be concurrent benign age-related pathology (i.e., vacuolar hepatopathy, regenerative nodular hyperplasia).
- The hyperechoic splenic lesions are most consistent with myelolipomas, although a neoplastic process cannot be completely excluded.

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Secondary Findings:

- Bilateral age-related renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine needle aspirates of the liver +/- spleen are recommended (if clotting status is appropriate). 25-gauge needles should be used. If cytologic evaluations are inconclusive, a surgical biopsy +/- aerobic and anaerobic bile cultures +/- acquisition of additional hepatic tissue samples for copper quantitation should be considered.

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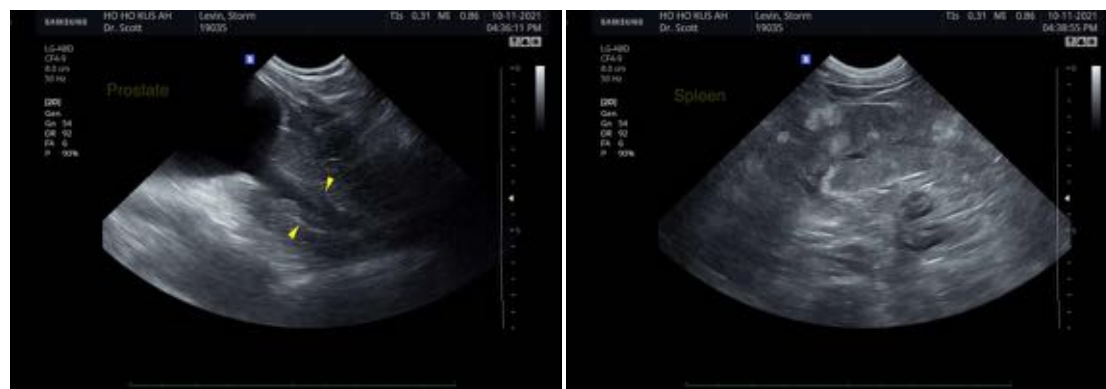
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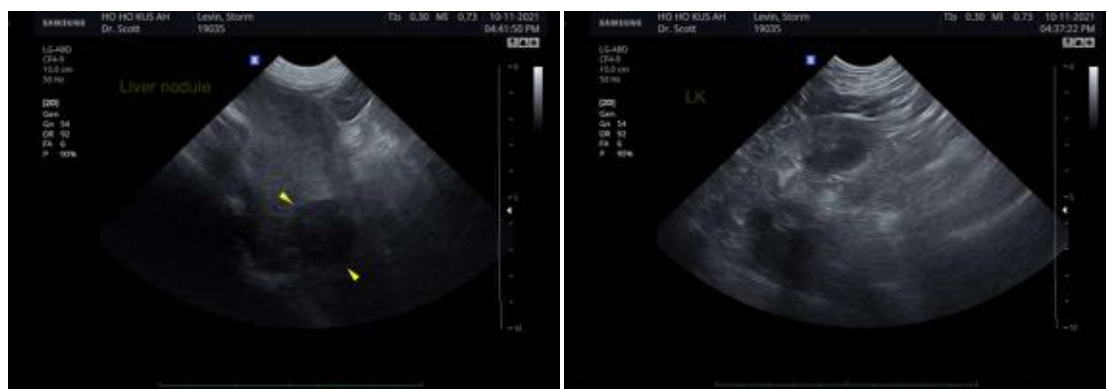
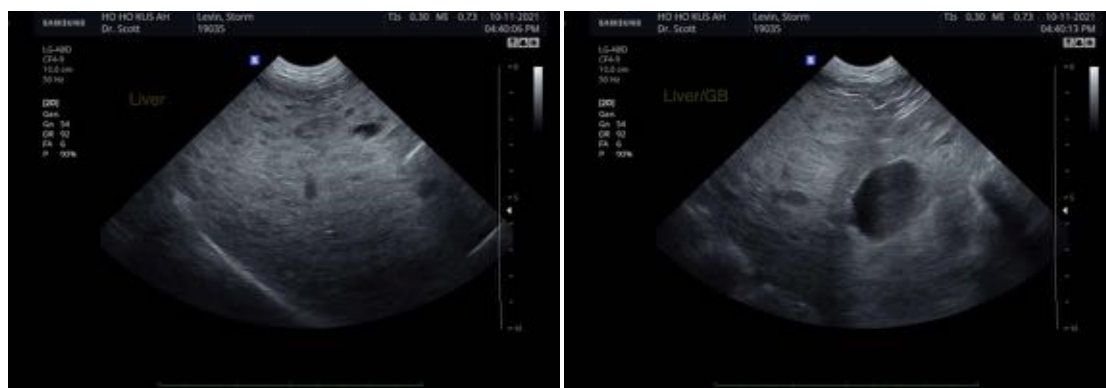
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

Andrea.nicastro@sonopath.com