



PATIENT PRESENTING CLINICAL SIGNS

Millie Dennis *Note images are labeled Millie Shane

SPECIES

Canine

BREED

Pit Bull

History: Hepatopathy, abnormal bile acid results Pertinent Medical History: Hx of ALT elevation, seen at ER ~ 2 weeks ago (records not available). Uncertain of the nature of the visit. Current Medication: Denamarin
 Abnormal PE/Chem/CBC/UA Results: Physical Exam: Lenticular sclerosis OU, mild dental disease, thin fur and skin, occasional fibropapillomae. Blood work: 10/3/21: Bile acids pre-prandial: 10.6 (0-14.9), Bile acids post-prandial 38.4 (0-29.9) 9/29/21: ALT 600 (10-125)-- Recheck values after ER visit 10/29/20: ALT 216 (10-125) 10/1/20: ALT 158 (10-125) 10/22/19: ALT 185 (10-125) 10/12/21: PT/PTT: wnl BP: 150/112 (125) mmHg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Female, spayed

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.

AGE

13 yrs.

The left kidney is normal size (6.49 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.

WEIGHT

21.9 kg.

The right kidney is normal in size (5.88 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

A 4.81 x 4.49 cm mass is infiltrating the gland. The mass is heterogeneous and slightly vascular in appearance. There is no obvious evidence of vascular invasion.

IMAGING PERFORMED BY

Dr. Patti Mayfield

The right adrenal gland is normal size (1.22 cm at cranial pole) (0.55 cm at caudal pole) (2.72 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.

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Spleen

The spleen is normal in size (1.51 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

REFERRING VET

Dr. Sean Cummings

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately

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distended. The wall is thin and smooth. Luminal contents are anechoic. 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 mildly distended with ingesta. 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 segmentally dilated with gas and chyme. 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.

Female, spayed

Free Abdomen

AGE

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 2.08 x 0.66 cm left medial iliac lymph node is visualized.

13 yrs.

WEIGHT

21.9 kg.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Left adrenal mass. Neoplasia (i.e., adenocarcinoma, pheochromocytoma) is considered likely with a low possibility of benign pathology.

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).
- 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.
- Bilateral age-related renal changes.
- The visible medial iliac lymph node likely represents reactive change or may be normal for this patient.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- To further evaluate for a functional adrenal tumor, a low-dose dexamethasone suppression test and urine/blood catecholamine levels are recommended.



PATIENT

Millie Dennis

- If an aggressive approach to is desired, consider referral to a board-certified veterinary surgeon to discuss left adrenalectomy. An abdominal CT scan is recommended for pre-surgical planning, particularly to assess for vascular invasion.

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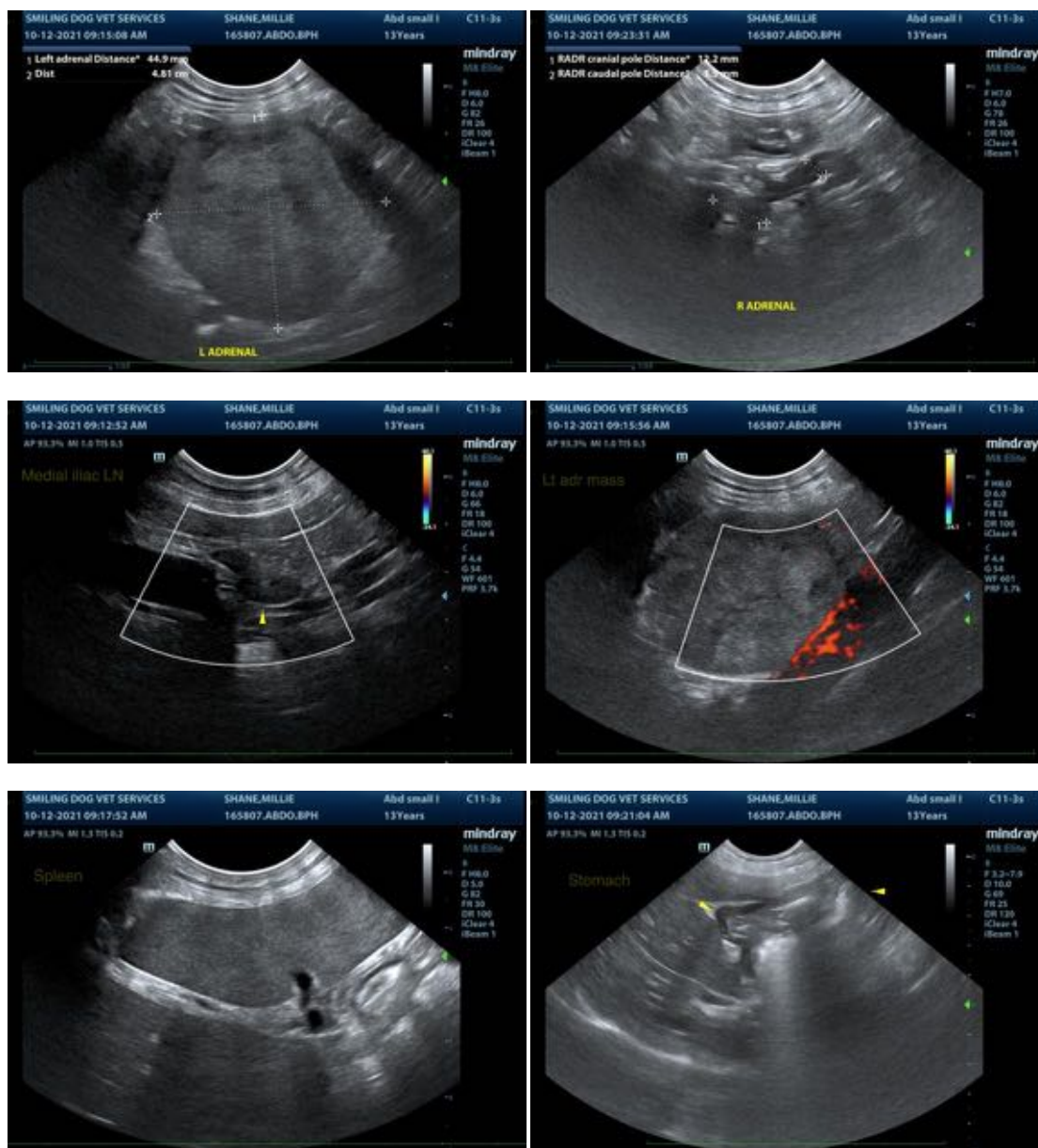
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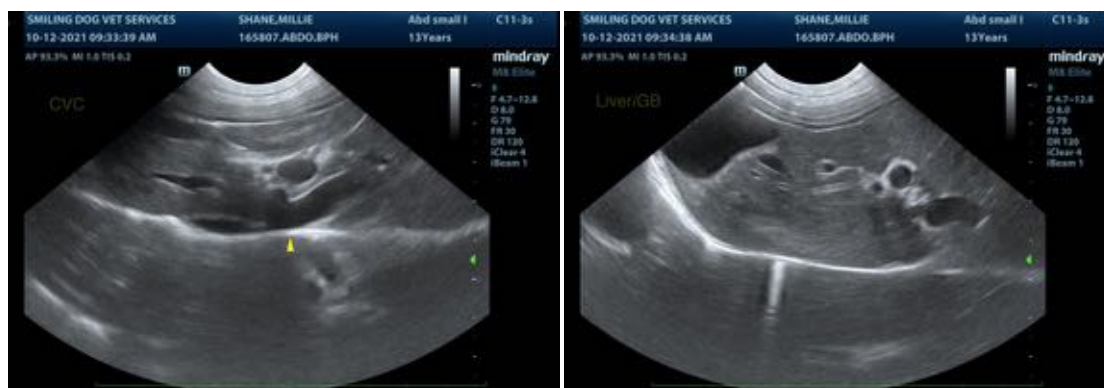
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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