



PATIENT

Max Kurtz

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

10/4/2016

WEIGHT

83 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Andrea Nicastro,
DVM, Diplomate
ACVIM (Small Animal

HOSPITAL NAME

Southside AH

REFERRING VET

Dr. Kevin Moser

INVOICE

11818

DATE

10.13.22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Came in for a routine check. Abdominal mass palpated on physical examination.

Patient has been treated for MUO (meningitis of unknown origin) since 5/2021, treated with leflunomide and EoD Pred. Palpated mass in mid-cranial abdomen yesterday, incidental finding on exam. Lacks undercoat with post-clipping alopecia on dorsal neck and nasal planum crusting. Cavitated mass on ultrasound, possible abnormal mediastinal area on rads (not rad-reviewed)

Abnormal lab-work values: HCT 31. Tbili 0.4 - unconj 0.3. Chol 653. T4 0.4. Creat 1.6 hematocrit 31.4. Non-regenerative anemia. Normal BUN. T4 is low at 0.4. Has some alopecia.

Current Medications: Leflunomide, Prednisone
Radiographic Findings: Possible Mediastinal widening (subjective, not rad-reviewed), Have thorax and abdomen available for view

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall is 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 (1.36 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 (7.28 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (7.80 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal 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 (0.73 cm at cranial pole) (0.47 cm at caudal pole); 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 **right adrenal gland** is normal size (1.19 cm at cranial pole) (0.72 cm at caudal pole) (2.87 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.

Spleen

The **spleen** is normal in size (1.51 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.



PATIENT

Max Kurtz

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

10/4/2016

WEIGHT

83 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Andrea Nicastro,
DVM, Diplomate
ACVIM (Small Animal

HOSPITAL NAME

Southside AH

REFERRING VET

Dr. Kevin Moser

INVOICE

11818

DATE

10.13.22

Liver

The **liver** is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The **gall bladder** is severely distended. The wall is normal in thickness. A large amount of aggregated, echogenic suspended sludge is observed within the lumen. The mesentery effacing the serosal surface is slightly hyperechoic. A small amount of free fluid is observed adjacent to the gall bladder

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. There is no evidence of an obstructive pattern.

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

A small amount of anechoic free fluid is present. A focal area of mesentery in the midabdominal region is mildly reactive. The abdominal **lymph nodes** are normal/not visible.

Other

A **brief echocardiogram** reveals no evidence of pericardial effusion or obvious right atrial/auricular mass. A visualization of the cranial mediastinum reveals no obvious evidence of lymphadenopathy or masses. There is no evidence of pleural effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gall bladder changes are concerning for a developing mucocele. The reactive mesentery and fluid adjacent to gall bladder suggest focal peritonitis, possibly secondary to cholecystitis.
- The hepatic parenchymal changes are most consistent with a benign hepatopathy (i.e., vacuolar hepatopathy, particularly in light of the normal liver enzymes.

Secondary Findings

- The significance of the reactive mesentery in the midabdominal region is unclear.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider a prophylactic cholecystectomy with submission of the gall bladder as well as a liver biopsy for histopathology.

If a more conservative approach is desired, consider initiation of broad-spectrum antibiotic therapy and Ursodiol with close sonographic monitoring (i.e., every 2-3 weeks) of the gall bladder to assess progression. With this approach, liver values should also be closely monitored.



PATIENT

Max Kurtz

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

10/4/2016

WEIGHT

83 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Andrea Nicastro,
DVM, Diplomate
ACVIM (Small Animal

HOSPITAL NAME

Southside AH

REFERRING VET

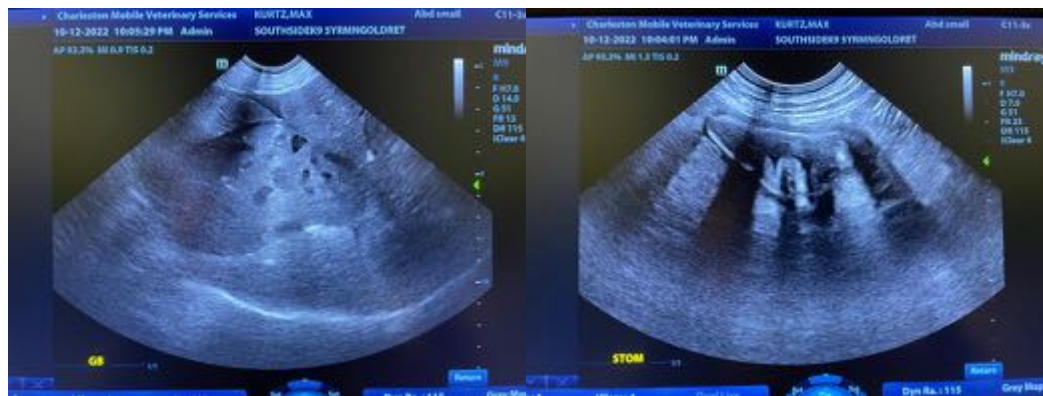
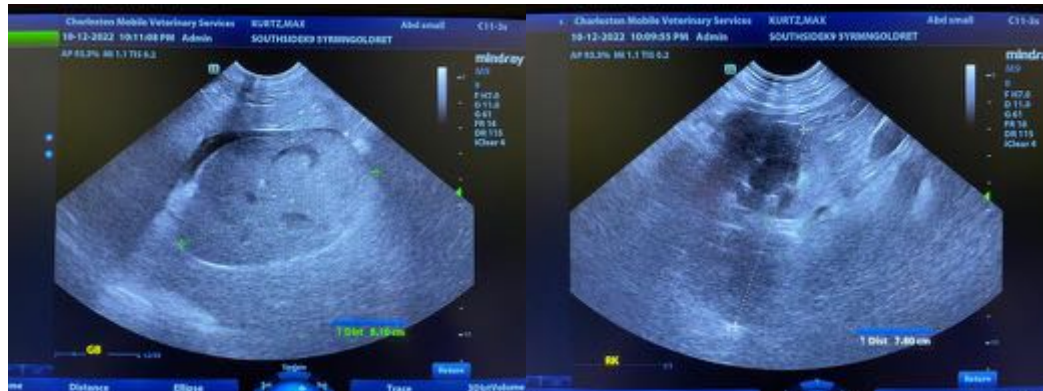
Dr. Kevin Moser

INVOICE

11818

DATE

10.13.22





PATIENT

Max Kurtz

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

10/4/2016

WEIGHT

83 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Andrea Nicastro,
DVM, Diplomate
ACVIM (Small Animal

HOSPITAL NAME

Southside AH

REFERRING VET

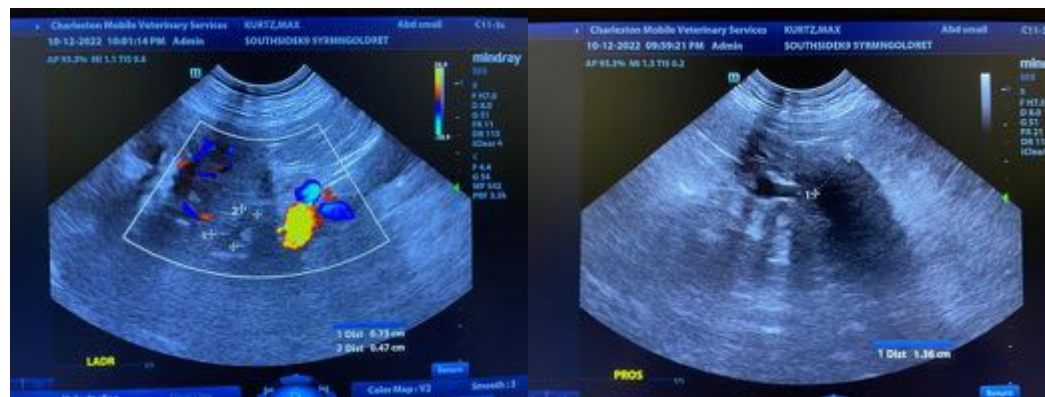
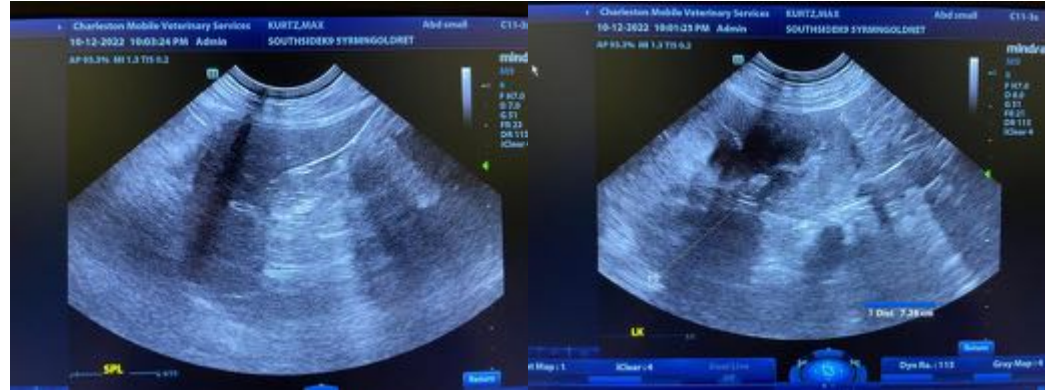
Dr. Kevin Moser

INVOICE

11818

DATE

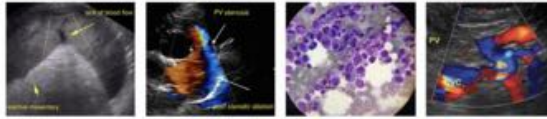
10.13.22



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com



PATIENT

Max Kurtz

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

10/4/2016

WEIGHT

83 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

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

HOSPITAL NAME

Southside AH

REFERRING VET

Dr. Kevin Moser

INVOICE

11818

DATE

10.13.22