



**PATIENT**

Oliver Dorfman

**PRESENTING CLINICAL SIGNS**

History: On annual exam, ALP, ALT, GGT mildly elevated.  
Abnormal PE/Chem/CBC/UA Results: ALT 121, ALP 250, GGT 14, chol. 351, triglycerides 439.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

**BREED**

Cocker spaniel

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**

Male, neutered

The prostate is normal in size (1.43 cm in length; 0.69 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**AGE**

6 Yrs.

The left kidney is normal size (4.31 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 hydronephrosis. Renal vasculature is normal.

**WEIGHT**

40.6 lbs.

The right kidney is normal size (5.67 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 hydronephrosis. Renal vasculature is normal.

*Adrenal Glands*

**INTERPRETED BY**

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

The left adrenal gland is mildly enlarged (0.64 cm at cranial pole) (0.79 cm at caudal pole) (2.14 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 right adrenal gland is mildly enlarged (0.48 cm at cranial pole) (0.82 cm at caudal pole) (2.52 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.

**IMAGING PERFORMED BY**

Kelly Vasquez

*Spleen*

**HOSPITAL NAME**

Animal General on  
Hudson

The spleen is normal in size (1.53 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.

**REFERRING VET**

Dr. Vivian Ng

*Liver*

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. A 2.54 x 2.38 cm isoechoic to slightly heterogeneous nodule/mass is observed deep left to mid-liver at the caudal aspect. Hepatic vasculature 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.

**INVOICE**

12438

**DATE**

10/27/21



**PATIENT**

Oliver Dorfman

**SPECIES**

Canine

**BREED**

Cocker spaniel

**SEX**

Male, neutered

**AGE**

6 Yrs.

**WEIGHT**

40.6 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Vasquez

**HOSPITAL NAME**

Animal General on  
Hudson

**REFERRING VET**

Dr. Vivian Ng

**INVOICE**

12438

**DATE**

10/27/21

***Gastrointestinal***

The gastric lumen is mildly distended with echogenic fluid. 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.

**ULTRASONOGRAPHIC FINDINGS**

- Bilateral adrenomegaly.
- 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. The hepatic nodule/mass may represent an early neoplastic lesion. Alternatively, benign pathology (i.e., regenerative nodule, lymphoid hyperplasia) may be present. Histopathology would be necessary to differentiate between these possibilities.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.
- Regarding the hepatic nodule/mass if an aggressive approach is desired, consider the following:
  - Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
  - Abdominal exploratory with removal of the lesion and submission for histopathology.
  - If a more conservative approach is desired consider a recheck ultrasound in 4 weeks to assess for progression. Regardless, serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If liver values continue to increase repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.



**PATIENT**

Oliver Dorfman

**SPECIES**

Canine

**BREED**

Cocker spaniel

**SEX**

Male, neutered

**AGE**

6 Yrs.

**WEIGHT**

40.6 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Vasquez

**HOSPITAL NAME**

Animal General on  
Hudson

**REFERRING VET**

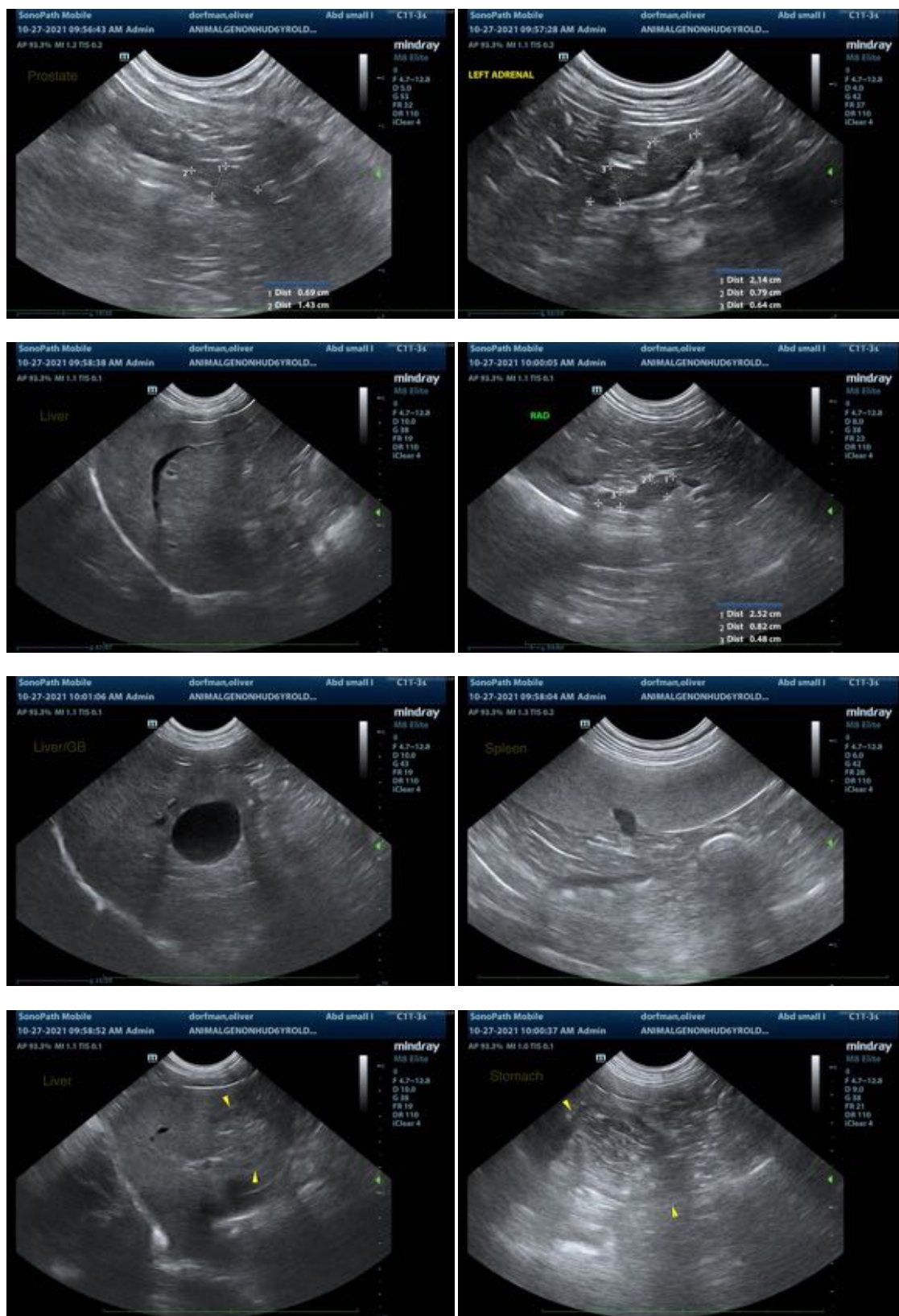
Dr. Vivian Ng

**INVOICE**

12438

**DATE**

10/27/21





**PATIENT**

Oliver Dorfman

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.

**SPECIES**

Canine

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.

**BREED**

Cocker spaniel

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

Andrea.nicastro@sonopath.com

**SEX**

Male, neutered

**AGE**

6 Yrs.

**WEIGHT**

40.6 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Vasquez

**HOSPITAL NAME**

Animal General on  
Hudson

**REFERRING VET**

Dr. Vivian Ng

**INVOICE**

12438

**DATE**

10/27/21