



**PATIENT**

Ringo Araten

**PRESENTING CLINICAL SIGNS**

History: labwork, Mass on R thorax  
Abnormal PE/Chem/CBC/UA Results: MCV 59.6, MCH 19.9, Retic 171.5, Retic HGB 22.0, Baso 0.27, MPV 15.0, PCT 0.47, BUN 38, ALT 164, ALKP 559, GGT 23

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

**BREED**

Cockapoo

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 (0.91 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**AGE**

11 yrs.

The left kidney is normal size (5.06 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 hydronephrosis. Renal vasculature is normal.

**WEIGHT**

22 lbs.

The right kidney is normal in size (5.20 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*

The left adrenal gland is normal size (0.56 cm at cranial pole) (0.57 cm at caudal pole) (2.43 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 upper limits of normal size (1.01 cm at cranial pole) (0.66 cm at caudal pole) (1.99 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**

Jessica Miller

*Spleen*

**HOSPITAL NAME**

Summit Dog and Cat

The spleen is normal in size (1.47 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. Levitian

*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. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The wall is normal in thickness. Several polypoid like lesions are arising from the luminal surface. A moderate amount of aggregated echogenic suspended debris in a partially stellate pattern is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**INVOICE**

12442

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***Gastrointestinal***

Ringo Araten

The gastric lumen is moderately distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern. There is evidence of mucosal speckling in some segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

**SPECIES**

Canine

***Pancreas***

**BREED**

Cockapoo

The left and right limbs of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

**SEX**

Male, neutered

***Free Abdomen***

**AGE**

11 yrs.

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

**WEIGHT**

22 lbs.

**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.
- The gallbladder sludge could be consistent with cholestasis or early mucocele formation.

**Secondary Findings:**

- Minor age-related renal pathology.
- The small intestinal mucosal speckling has been associated with inflammatory disease/enteritis. However, correlation with clinical findings is recommended.

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Diplomate ACVIM  
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Given the mass on the right thorax, three-view thoracic radiographs are recommended to assess for pulmonary metastatic disease.
- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If liver values continue to increase, consider a recheck abdominal ultrasound +/- hepatic tissue sampling.
- Given the gallbladder changes, consider a recheck ultrasound in 3-4 weeks, preferably 2 hours following a small meal. If sonographic changes are similar to the current scan, consider initiation of Ursodiol therapy.
- 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.

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**REFERRING VET**

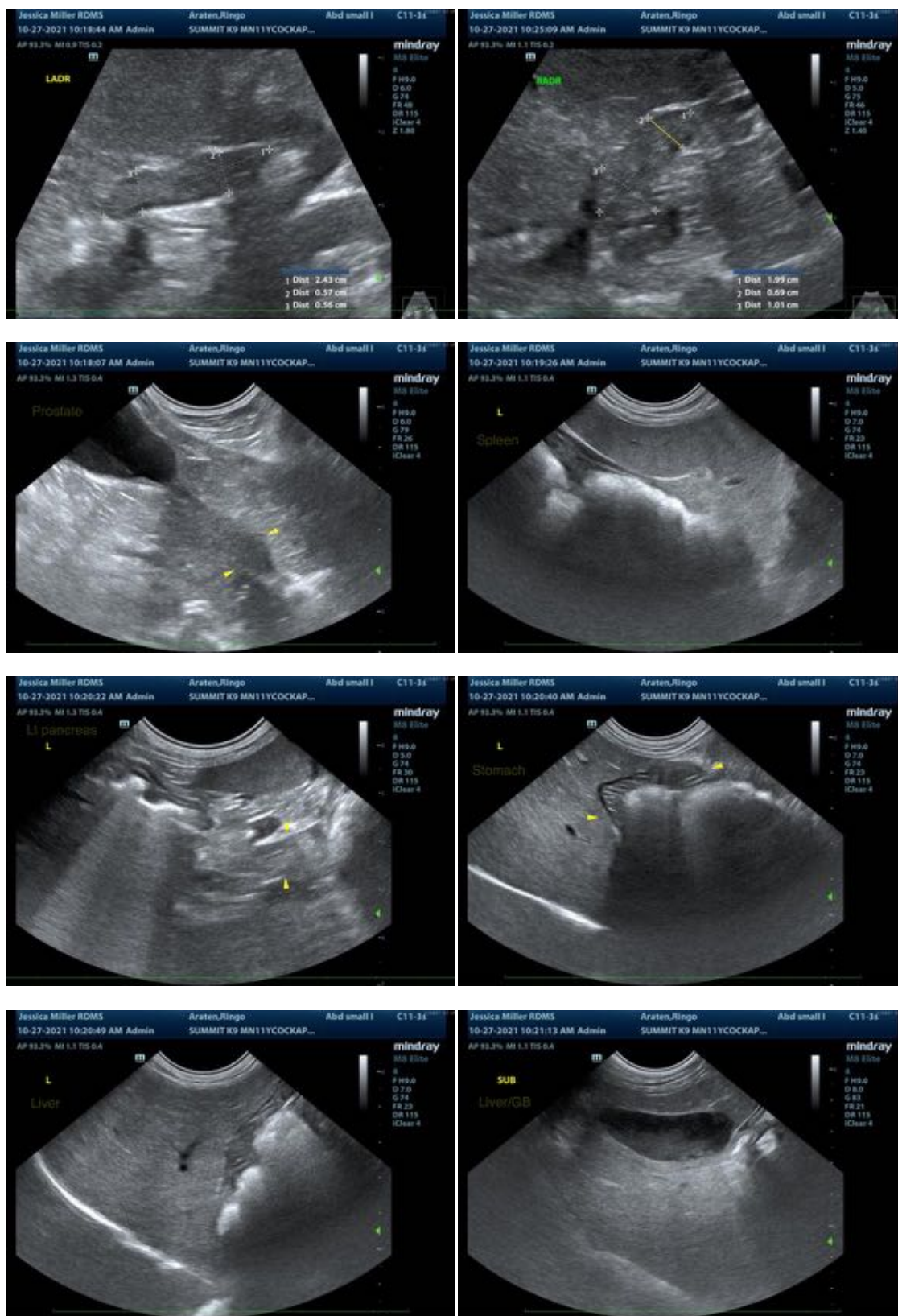
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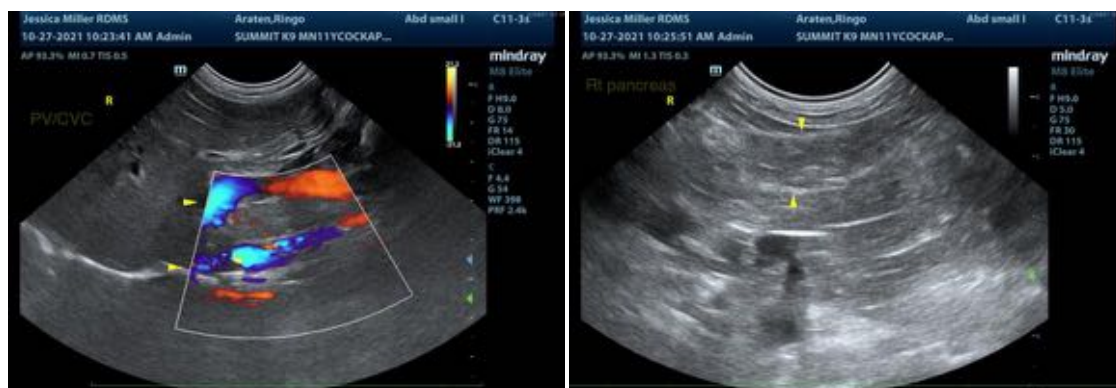
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**IMAGING PERFORMED BY**

Jessica Miller

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

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