



PATIENT PRESENTING CLINICAL SIGNS

Lilly Belle Riccio
History: Hx of Splenectomy 2020 (benign). Hx of nodule in splenic fossa subsequently. Also hx of hepatic nodule (FNA was non-diagnostic). Previous abdominal u/s on 12/3/20, 1/18/21, and 2/3/21.
Current meds: Galliprant 60mg BID, Gabapentin 300mg BID
Abnormal PE/Chem/CBC/UA Results: Pending

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Golden Retriever

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.

SEX

Female, spayed

The left kidney is normal size (6.31 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

12 Yrs. 8 months

The right kidney is normal size (5.68 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

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland is normal size (0.57 cm at cranial pole) (0.75 cm at caudal pole) (2.35 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 normal size (1.21 cm at cranial pole) (0.67 cm at caudal pole) (2.73 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

Previously splenectomized. The previously observed nodule within the splenic fossa is no longer seen.

Long Valley AH

Liver

REFERRING VET

Dr. Earl

The liver is subjectively normal in size. The parenchyma is subtly heterogeneous in appearance. A 3.76 x 2.26 cm isoechoic nodule/mass is observed in the left medial aspect. The lesion causes mild capsular expansion. 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.

INVOICE

Gastrointestinal

12522

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

DATE

11/15/21



PATIENT

Lilly Belle Riccio

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

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.

BREED

Golden Retriever

Free Abdomen

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

SEX

Female, spayed

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

Primary Findings:

- The hepatic nodule is somewhat larger compared to the previous sonogram. Differentials include regenerative nodular vs a neoplastic lesion. The diffuse hepatic parenchymal changes are most consistent with age-related remodeling.
- The previously observed nodule in the splenic fossa is no longer visible.

INTERPRETED BY

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

Secondary Findings:

- Minor age-related renal changes.
- The minor small intestinal mucosal speckling is sometimes associated with enteritis. Correlation with clinical findings is recommended.

**IMAGING
PERFORMED BY**

Jessica Miller

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Long Valley AH

- Given the growth of the hepatic nodule, consider three-view thoracic radiographs to assess for pulmonary metastatic disease.
- If an aggressive approach is desired, surgical removal of the nodule with submission for histopathology can be considered. If a more conservative approach is desired, consider a recheck ultrasound in 6-8 weeks to assess for progression.

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SPECIES

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**IMAGING
PERFORMED BY**

Jessica Miller

HOSPITAL NAME

Long Valley AH

REFERRING VET

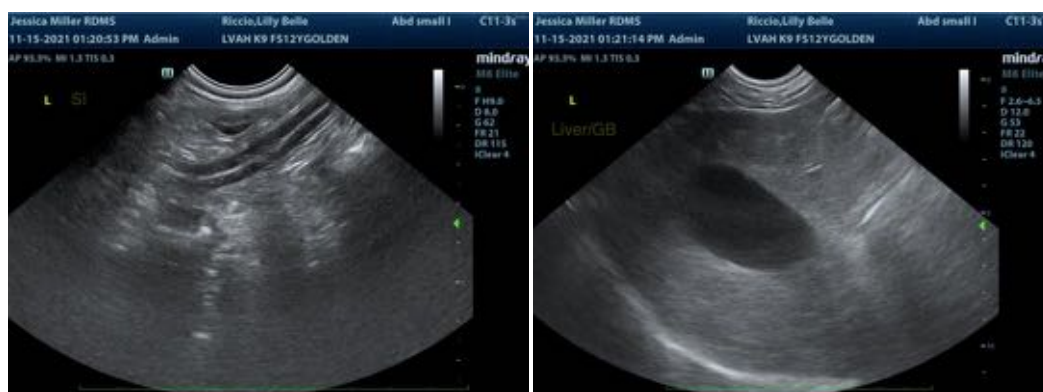
Dr. Earl

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PATIENT

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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.

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

Golden Retriever

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

Andrea.nicastro@sonopath.com

SEX

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AGE

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