



PATIENT

Astro Howell

SPECIES

Canine

BREED

Bichon Frise

SEX

Male, neutered

AGE

14 Yrs.

WEIGHT

13 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Amy Mayhew

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Family Pet Practice

INVOICE

14251

DATE

11/22/22

PRESENTING CLINICAL SIGNS

History: Current Medications: Ursodiol 50 mg 1 tab q24 hr Simparica Trio Patient History: AUS performed 12/9/2021.

Abnormal PE/Chem/CBC/UA Results: Exam 5/21/22 3.immature cataracts OU, small nodular eyelid mass mid lower eyelid OD- continue to monitor consider excision if under anesthesia. 5.moderate generalized tartar- recommend dental 6. Grade II heart murmur- unchanged 7. Lungs clear 12. Mild discomfort on full extension of hips bilaterally L>R. per O no discomfort noted at home, good mobility hx of ALP elevation recommend annual bloodwork - TBF submitted to ANT Plan to return for CIV (currently out of stock) Recommend Echo, AUS, BP, thoracic rad recheck due in October 2022

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The prostate is normal in size (0.89 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 (4.58 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A small cortical cyst is observed at the lateral aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

The right kidney is normal size (4.44 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

The left adrenal gland is normal size (0.43 cm at cranial pole) (0.42 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 (0.40 cm at cranial pole) (0.45 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.

Spleen

The spleen is normal in size (1.37 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few small myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

Liver



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The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and mildly heterogeneous in appearance. A 2.04 cm hypoechoic nodule/mass is observed at the left caudal aspect. A smaller, ill-defined hypoechoic nodule is also observed on the left side. A few small, ill-defined hyperechoic nodules/areas are observed on the right, the largest measuring 1.32 cm in diameter. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic, partially dependent to suspended debris/sludge is observed within the lumen. Some wispy debris extends to the periphery. The cystic and common bile ducts are normal/not seen.

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. 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

Primary Findings:

- Hepatic parenchymal changes trend toward the benign (i.e., regenerative nodular hyperplasia +/- concurrent vacuolar hepatopathy). However, the hypoechoic nodule in the left side should be monitored as could potentially represent an emerging tumor.
- The gallbladder changes could be consistent with cholestasis, fasting or an emerging mucocele.

Secondary Findings:

- Bilateral, chronic age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Repeat bloodwork, a CBC chemistry panel, urinalysis and T4 is recommended, particularly to reevaluate the liver values.
- Serial sonographic monitoring (i.e., every 3 months) of the left hepatic nodule/mass is recommended to assess for growth.
- Continuation of Ursodiol therapy is also recommended with sonographic monitoring of the gallbladder to evaluate to progression to a fully formed mucocele.



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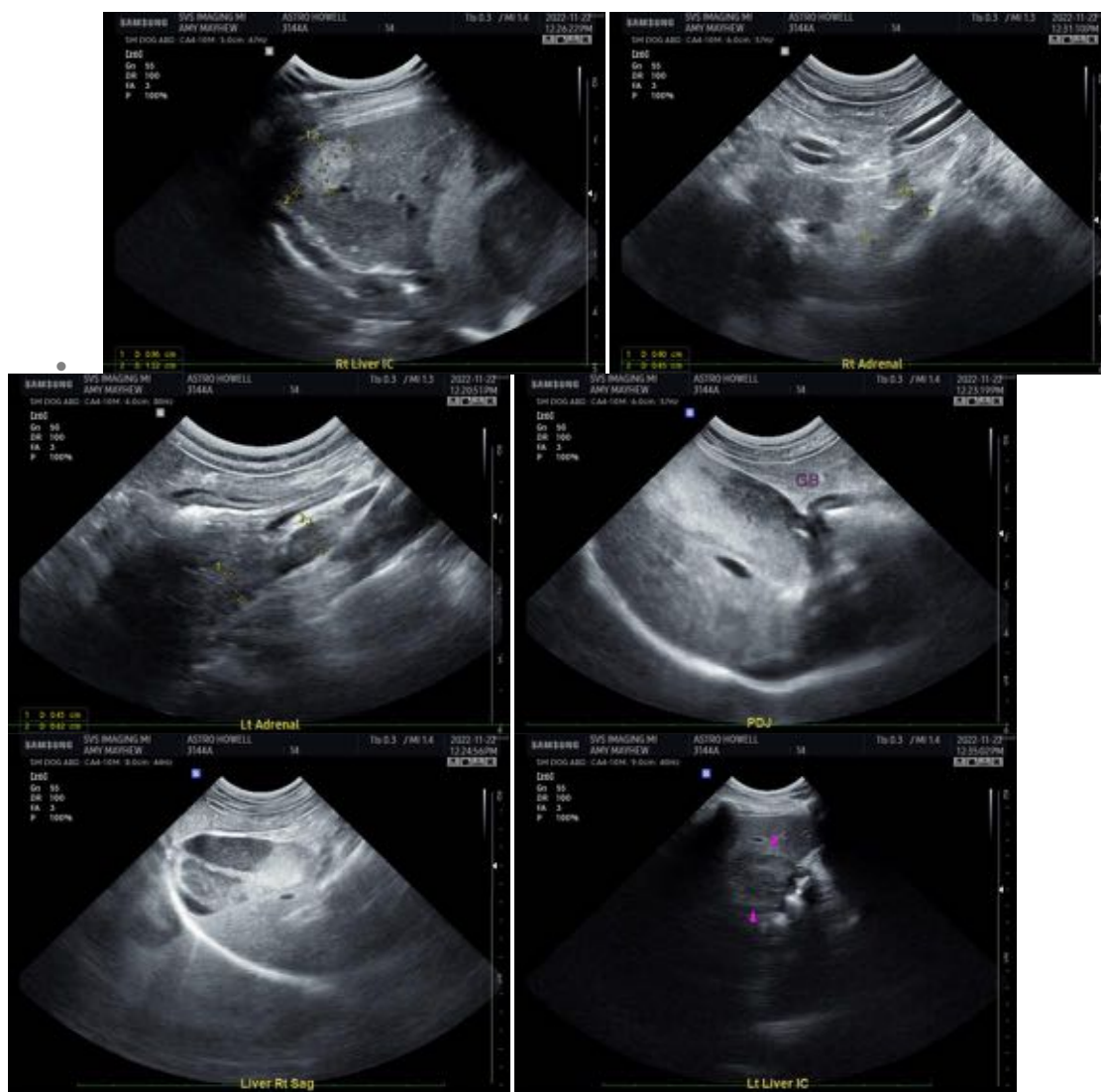
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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