

PATIENT

Abby Heib

SPECIES

Canine

BREED

Labrador Retr

SEX

Spayed Female

AGE

4 years

WEIGHT

77 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Briarwood VH

INVOICE

11902

DATE

11.23.22

PRESENTING CLINICAL SIGNS

History: Recheck AUS (last performed Oct 2022). Patient currently doing well.
Abnormal PE/Chem/CBC/UA Results: Please see previous report read by Dr. Johnson. FNA was not pursued.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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. The region of the trigone is normal.

The left kidney is normal size (8.02 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

The right kidney is normal size (8.69 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.

Adrenal Glands

The left adrenal gland is normal size (0.89 cm at cranial pole) (0.69 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 (0.98 cm at cranial pole) (0.72 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 (1.71 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.

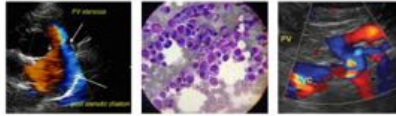
Liver

The liver is subjectively normal in size with slightly irregular/rounding of the peripheral margins. The parenchyma is hypoechoic relative to the spleen. On the right side, an approximately 2.60 cm ill-defined nodule/lesion with a hyperechoic center and a hypoechoic rim is visualized. In addition, deeper on the right side, adjacent to the diaphragm, two ill-defined, similar-appearing lesions are visualized. The left-sided hyperechoic lesion that was visualized in the previous sonogram, is not definitively seen on today's study. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The mesentery between the liver lobes is mildly hyperechoic.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of gravity dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta. 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 segmentally dilated with chyme. The small intestinal wall thickness is normal with a



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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.

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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.

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Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

SEX

Spayed Female

- The hepatic lesions could be consistent with multifocal inflammatory disease/emerging abscesses, infiltrative neoplasia, scar tissue, other. Cranial peritonitis is present, likely secondary to hepatic pathology.

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*The left-sided lesion is not definitively identified on today's study. The cranial peritonitis is a new finding.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Baseline lab work, including a CBC and chemistry panel, urinalysis and T4 is recommended (if not already performed), particularly to assess liver values.
- Also consider aspiration of the hepatic lesions (with cytologic evaluation and culture and sensitivity (aerobic and anaerobic)), if accessible, and if clotting status is appropriate. If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis. If tissue sampling is not pursued at this time, consider a repeat ultrasound in 4-6 weeks to assess for progression of the liver lesions.

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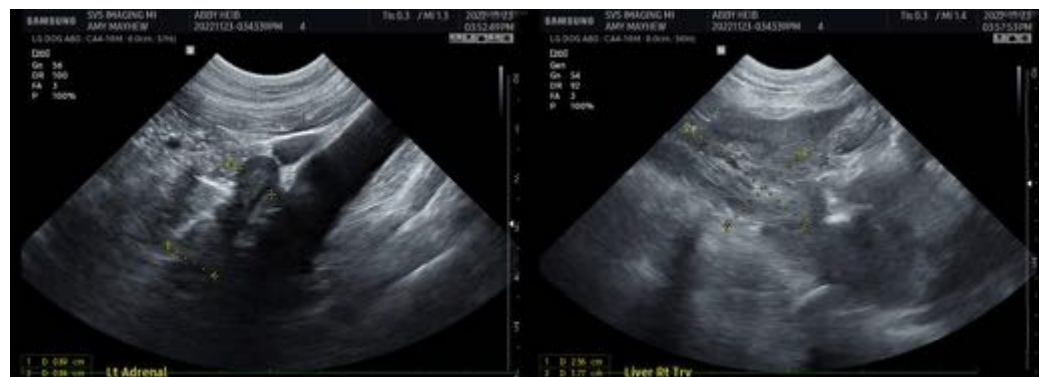
Briarwood VH

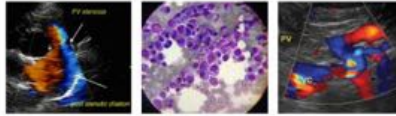
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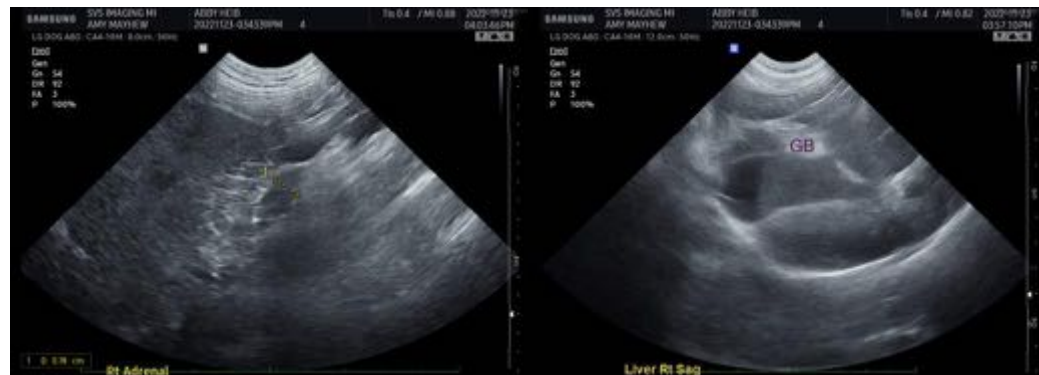
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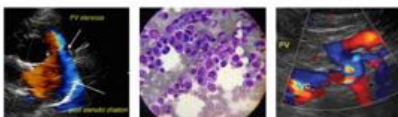
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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