



PATIENT

Maggie Guisbert

SPECIES

Canine

BREED

Terrier mix

SEX

Female, spayed

AGE

12 Yrs.

WEIGHT

7 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Amy Mayhew

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Dr. Fitz- Bayside AC

INVOICE

14194

DATE

11/8/22

PRESENTING CLINICAL SIGNS

History: Owner had noticed a lump on the side of the chest that had been there for about 6 months. Patient does not bother. O was concerned that it had been there for so long.

Abnormal PE/Chem/CBC/UA Results: Abnormal Chemistry, elevated ALT Abnormal CBC, elevated platelets

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. At the region of the trigone, a 0.56 cm irregular nodule is visualized. The remaining bladder wall is of appropriate thickness for the level of repletion. No cystic calculi are observed.

The left kidney is normal in size (3.47 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.

The right kidney is normal in size (3.75 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.41 cm at cranial pole) (0.39 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 (0.51 cm at cranial pole) (0.44 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 (0.86 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 to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and mottled in appearance with several small, ill-defined hypoechoic nodules throughout the organ. 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 scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with retention of the normal layering pattern. There is evidence of mucosal speckling in some segments. Discreet masses are not identified. The wall of the descending colon is mildly thickened (up to 0.39 cm) with retention of the normal layering pattern. 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:

- Based on the patient's clinical history and sonographic changes, a diffuse hepatopathy is suspected. Differentials include inflammatory disease (i.e., chronic hepatitis, bacterial cholangiohepatitis), hepatotoxicosis (i.e., copper), infiltrative neoplasia (less likely) or other hepatopathy with possible concurrent age-related change (i.e., vacuolar hepatopathy, regenerative nodular hyperplasia).
- The nodule in the region of the urinary bladder trigone is concerning for an emerging tumor (i.e., transitional cell carcinoma). However, a benign inflammatory polyp cannot be excluded.

Secondary Findings:

- Minor, bilateral age-related renal changes with dystrophic mineralization.
- Small intestinal mucosal speckling is often associated with inflammatory disease (i.e., enteritis). However, correlation with the patient's clinical history is recommended.
- The colonic wall changes are suggestive of an inflammatory process with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the urinary bladder lesion, a urine BRAF test is recommended. It should be noted, however, that a negative result does not completely rule out the possibility of cancer and further diagnostics may be warranted in that scenario.
- Regarding the hepatic changes, consider the following:
 1. Pre and post prandial serum bile acids
 2. Hepatic tissue sampling (i.e., fine needle aspirate or biopsies- laparoscopic or surgical). If biopsies are pursued, copper quantitation is recommended along with acquisition of bile for aerobic and anaerobic cultures. If a more conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (i.e., broad spectrum antibiotics,



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hepatic antioxidants). If no improvement in the liver values is seen within 10-14 days of initiating therapy, treatment should be discontinued and hepatic tissue sampling revisited.

3. Consider Leptospirosis testing if the ALT elevation is acute in nature and/or if clinical suspicion is high.

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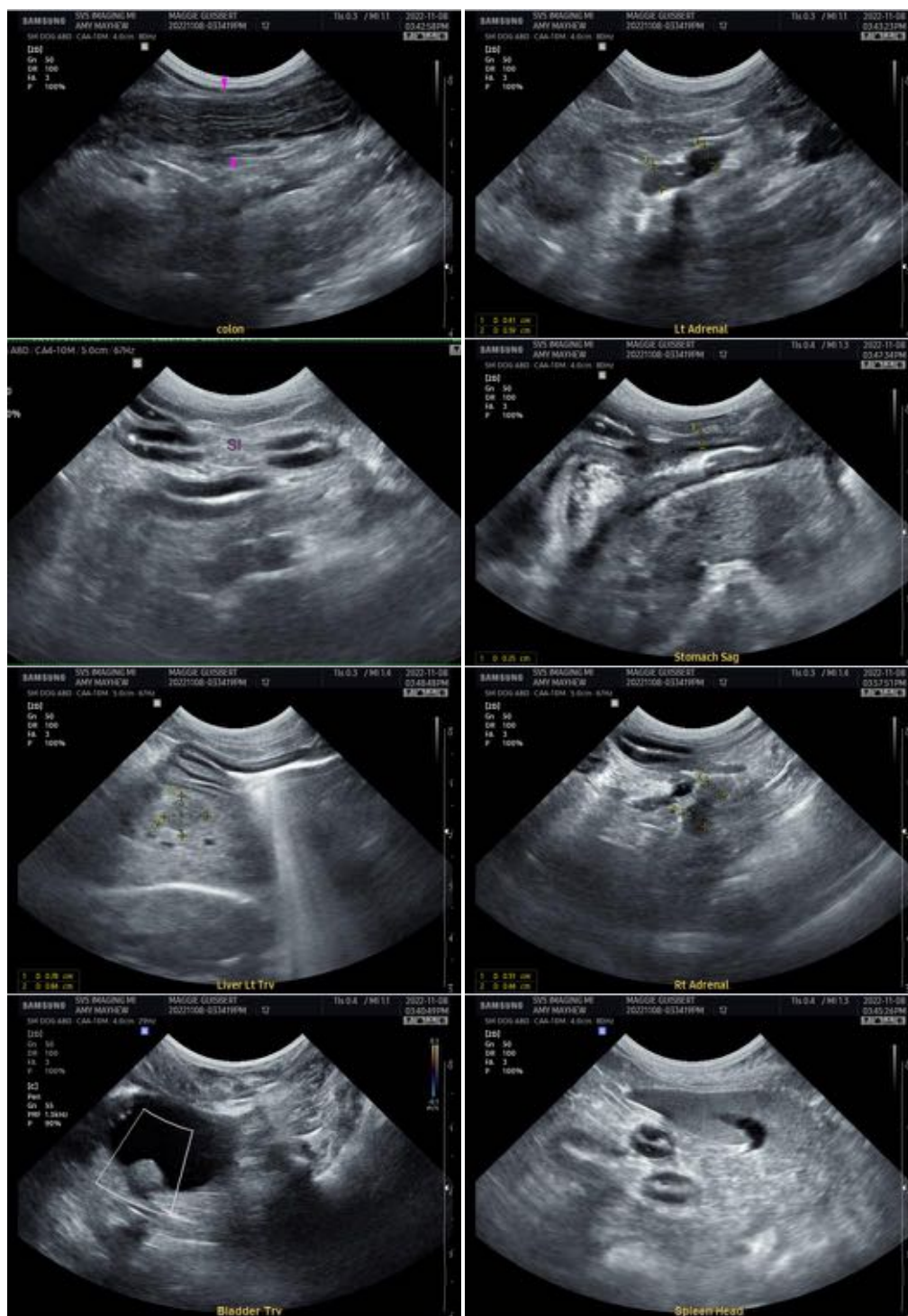
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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