

PATIENT

Stewart Riscoll

SPECIES

Canine

BREED

Jack Russel Terrier

SEX

Neutered Male

AGE

14 Years

WEIGHT

20 Lbs.

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

IMAGING PERFORMED BY

Charlie Rodriguez

HOSPITAL NAME

Bethany Family Pet
Clinic

REFERRING VET

Kiera Hanrahan

INVOICE

10014

DATE

12/3/21

PRESENTING CLINICAL SIGNS

History: Chronic pancreatitis, hepatopathy, enteritis, v/d for about 3 weeks. Hx of splenectomy from a stromal sarcoma.

Abnormal PE/Chem/CBC/UA Results:

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 urinary bladder is distended. A scant amount of suspended echogenic debris is observed within the lumen. 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.

The prostate is normal in size (0.87 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (4.28 cm in length); with a normal shape and smooth peripheral contours. The internal architecture is somewhat difficult to visualize due to imaging artifact. However, no obvious abnormalities are observed.

The right kidney is not definitively visualized in the available images.

Adrenal Glands

The left adrenal gland is upper limits of normal size (0.67 cm at cranial pole) (0.59 cm at caudal pole) (1.85 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 not definitively visualized in the available images.

Spleen

Previously splenectomized. The mesentery in the splenic fossa is mildly hyperechoic.

Liver

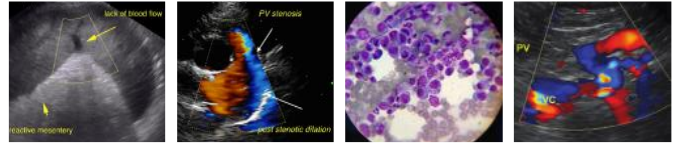
The liver is subjectively prominent in size with slightly irregular peripheral contours. The parenchyma is diffusely heterogenous in appearance. A 2.87 x 2.85 cm ill-defined irregular hypoechoic area/mass is observed deep-left to mid-liver at the caudal aspect. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

Gall bladder (No images provided)

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly 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 and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas



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The right limb 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.

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Free Abdomen

Trace free fluid is observed. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

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- The ill-defined hypoechoic hepatic area/mass could be consistent with benign pathology (i.e., regenerative nodule). Alternatively, a neoplastic process (i.e., adenoma, adenocarcinoma), is possible.

AGE

14 Years

- The diffuse hepatic parenchymal changes are non-specific and could be secondary to inflammatory/ immune-mediated disease, hepatotoxicosis (i.e., copper), infiltrative neoplasia +/- concurrent age-related change (i.e., vacuolar hepatopathy, regenerative nodular hyperplasia.)

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Secondary Findings

- The pancreatic changes are most consistent with age-related remodeling/fibrosis. Concurrent pancreatitis is possible. However, correlational with clinical findings is recommended.
- There is evidence of focal peritonitis in the region of the splenic fossa, the origin of which is unclear.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Consider a repeat abdominal ultrasound under heavier sedation, in order to evaluate all organs thoroughly.
- Given the patient's age, Three-view thoracic radiographs are also recommended to assess cardio-pulmonary status.
- Additional diagnostic considerations included the following:

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- Pre- and post-prandial serum bile acids
- Fine-needle aspirate of the liver, with particular attention to the hypoechoic area. Clotting time should be assessed prior to aspiration.
- G.I. Panel (send to Texas A&M), given the patient's history of enteritis and pancreatitis

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- Depending on the results of the above diagnostics, surgical liver and gastrointestinal biopsies may be necessary to get a definitive diagnosis.

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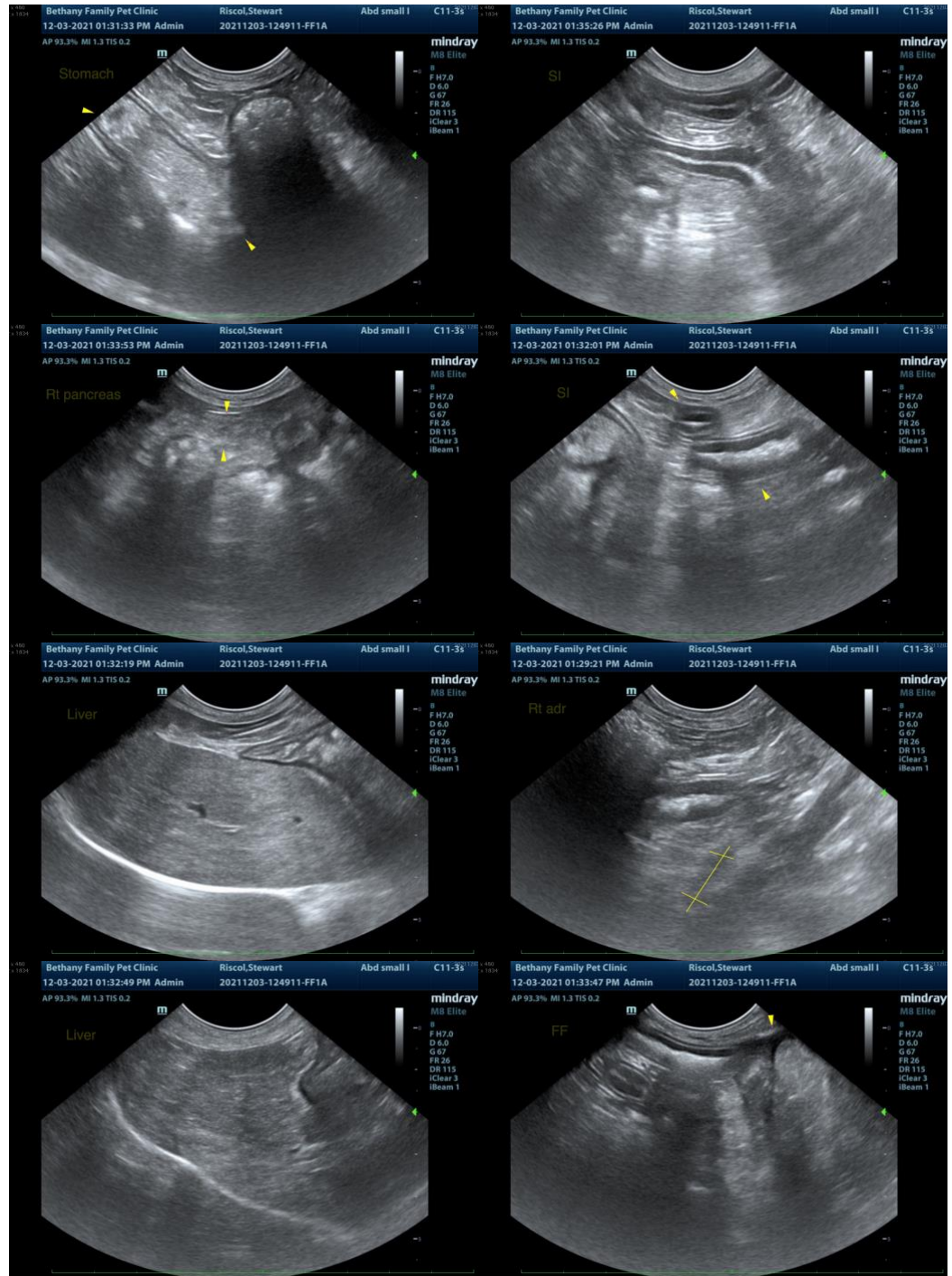
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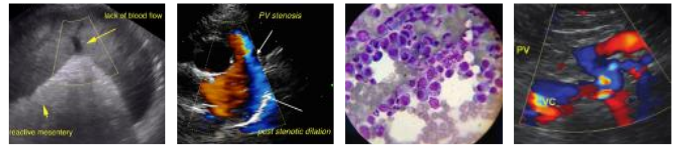


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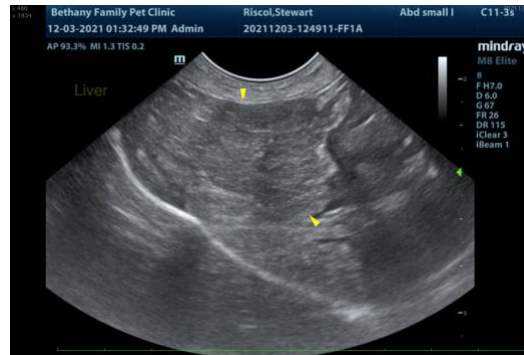
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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