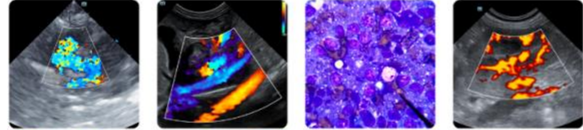
Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE
www.charlestonmobile.net
info@charlestonmobile.net 800.403.5408

PATIENT
Ellie Winney

SPECIES
Canine

BREED
Labrador Retr

SEX
Female Spayed

AGE
12

WEIGHT
58.4 lbs

INTERPRETED BY
Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY
Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME
Ashley Pines AH

REFERRING VET
Andrea Winney, DVM

INVOICE
22544

DATE
2-12-26

PRESENTING CLINICAL SIGNS

Patient has recently developed mild anemia (36%) with liver enzyme elevations. ALP 1200s. ALT 167. GGT 35. BUN 34. Urinary tract infection present.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System
The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (6.8 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Moderate pyelectasia is present (0.40 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.62 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Moderate pyelectasia is present (0.33 cm in the longitudinal plane). Some echogenic debris is observed within the renal pelvis. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands
The left adrenal gland is normal in size (0.55 cm at cranial pole) (0.49 cm at caudal pole) with a normal shape and 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 in size (0.75 cm at cranial pole) (0.54 cm at caudal pole) with a normal shape and 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 (1.55 cm in width at the level of the hilus) with slightly irregular peripheral margins. There is appropriate echogenicity and echotexture. Numerous, varying-sized hyperechoic nodules are observed throughout the organ. Splenic vasculature is normal.

Liver
The liver is subjectively normal to prominent-in-size, with mildly irregular peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly mottled in appearance. A 3.8 x 2.8 cm hypoechoic-to-heterogenous, expansile mass is observed deep left- to mid-liver. In addition, a 3.9 x 3.3 cm ill-defined, isoechoic- to slightly-hypoechoic, homogenous mass is seen on the right side. A 1.98 x 1.28 cm hyperechoic nodule is also seen approximately mid-liver. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small-to-moderate amount of aggregated-to-mineralized, partially dependent debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

The gastric lumen is mildly 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 gas. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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.

Lymph Nodes

A 1.81 x 0.64 cm mesenteric lymph node is visualized.

Free Abdomen

There is no obvious evidence of free fluid.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The larger hypoechoic hepatic mass is concerning for neoplasia (i.e., adenocarcinoma, sarcoma, round cell tumor) with a lower possibility of a benign process. The smaller isoechoic-to-hypoechoic hepatic nodule could be consistent with a large regenerative nodule, inflammatory focus, tumor, other. The hyperechoic hepatic nodule trends toward the benign (i.e., myelolipoma, regenerative nodule) with a lower possibility of neoplasia. The diffuse hepatic parenchymal changes are nonspecific and may be secondary to age-related parenchymal remodeling, regenerative nodular hyperplasia, inflammatory disease, fibrosis, infiltrative neoplasia, hepatotoxicosis, and/or other hepatopathy.

- The hyperechoic splenic nodules are most consistent with myelolipomas, with a lower possibility of more insidious splenic pathology.

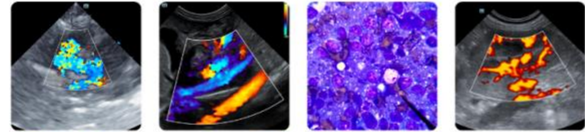
Secondary Findings

- Mild bilateral nonspecific age-related renal changes. The bilateral pyelectasia may be secondary to pyelonephritis, parenchymal remodeling, PU/PD (if applicable), or some combination thereof.

- The prominent mesenteric lymph node is likely reactive, with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for pulmonary metastases. If there is no evidence of pulmonary metastatic disease, consider a consultation with a board-certified surgeon to discuss removal of the hepatic masses with submission for histopathology. An abdominal CT scan would be useful in presurgical planning.



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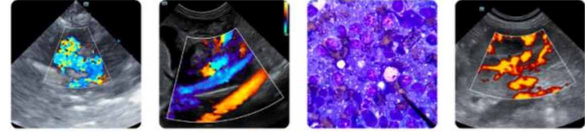

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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