



PATIENT PRESENTING CLINICAL SIGNS

Cinders Schiller

History: History: Spends time in N. Idaho and California. In November, had urinary tract infection (Klebsiella cultured). rDVM has been monitoring liver enzymes and they continue to increase despite Denamarin. Concern for HAC and dog is planning to have LDDST performed when back in California. Dr. Morgan recommended to have sonogram performed while in Idaho while waiting for further testing back in California. Appetite has been decreased and patient has been doing a cough/gag/retch frequently. Thoracic radiographs taken in California in November; do not have access to doctor notes from this visit. Primary reason for ultrasound referral: Concern for underlying disease prior to LDDST

SPECIES

Canine

BREED

Golden Retriever

Abnormal PE/Chem/CBC/UA Results: Abnormal laboratory findings: 03/29/2019 - ALP 171, ALT 52 10/11/2021 - ALT 189, ALP 1281, GGT 15, Cholesterol 384, USG 1.036, pH 8, Protein 3+, WBC 4-10/hpf (cultured Klebsiella) 11/02/2021 - USG 1.025, Protein 2+, quiet sediment 11/11/2021 - ALT 197, ALP 1112, GGT 11, Cholesterol 401, CBC WNL (recheck after starting Denamarin) 02/16/2022 - UA via cysto - USG 1.012, pH 5, Protein 30mg/dL, WBC 3/hpf - culture is pending. Abnormal physical exam findings: Panting, historical CCL injuries, superficial pyoderma on ventral abdomen

SEX

Spayed Female

AGE

11 years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

WEIGHT

31.8 kg

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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

INTERPRETED BY

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

The left kidney presented normal size (.01 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.

IMAGING PERFORMED BY

Dr. Jolee Stegemoller

The right kidney presented normal size (6.45 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.

HOSPITAL NAME

Northern Idaho AH
(VCA)

Adrenal Glands

The left adrenal gland is normal size (0.52 cm at cranial pole) (0.45 cm at caudal pole) (1.86 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.

REFERRING VET

Dr. Richard Morgan

The right adrenal gland is normal size (0.64 cm at cranial pole) (0.60 cm at caudal pole) (2.51 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.

INVOICE

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Spleen

The spleen is normal in size (1.89 cm in width at the level of the hilus) with a normal capsular

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contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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Liver

The liver is enlarged with irregular peripheral contours. A <10 cm irregular heterogenous mass is observed on the left side. The mass contains ill-defined coalescing hyperechoic nodules. The mesentery effacing the serosal surface in this region is hyperechoic. The mass causes caudal displacement of the gall bladder. The remaining hepatic parenchyma is slightly mottled in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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Golden Retriever

The gall bladder lumen is displaced caudally by the large hepatic mass. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

SEX

Spayed Female

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 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.

AGE

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Pancreas

A portion of the pancreas is obscured by the large hepatic mass. In the visualized portion of the left limb, the pancreas is largely isoechoic relative to surrounding omental fat. The margins are curvilinear. The parenchyma is mottled. The pancreatic duct is not overtly dilated.

WEIGHT

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Free Abdomen

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

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Medicine)

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large left hepatic mass. Neoplasia (i.e., adenocarcinoma, adenoma), is considered likely with a lower possibility of benign pathology. Regional peritonitis is present.

Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis, or chronic pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If an aggressive approach is desired, consider consultation with a board-certified surgeon to discuss mass removal or debulking. And abdominal CT scan would be useful in presurgical planning. If surgery is not to be pursued, palliative, symptomatic care is recommended.

REFERRING VET

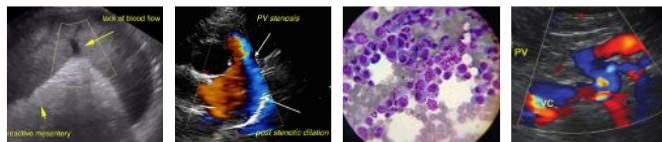
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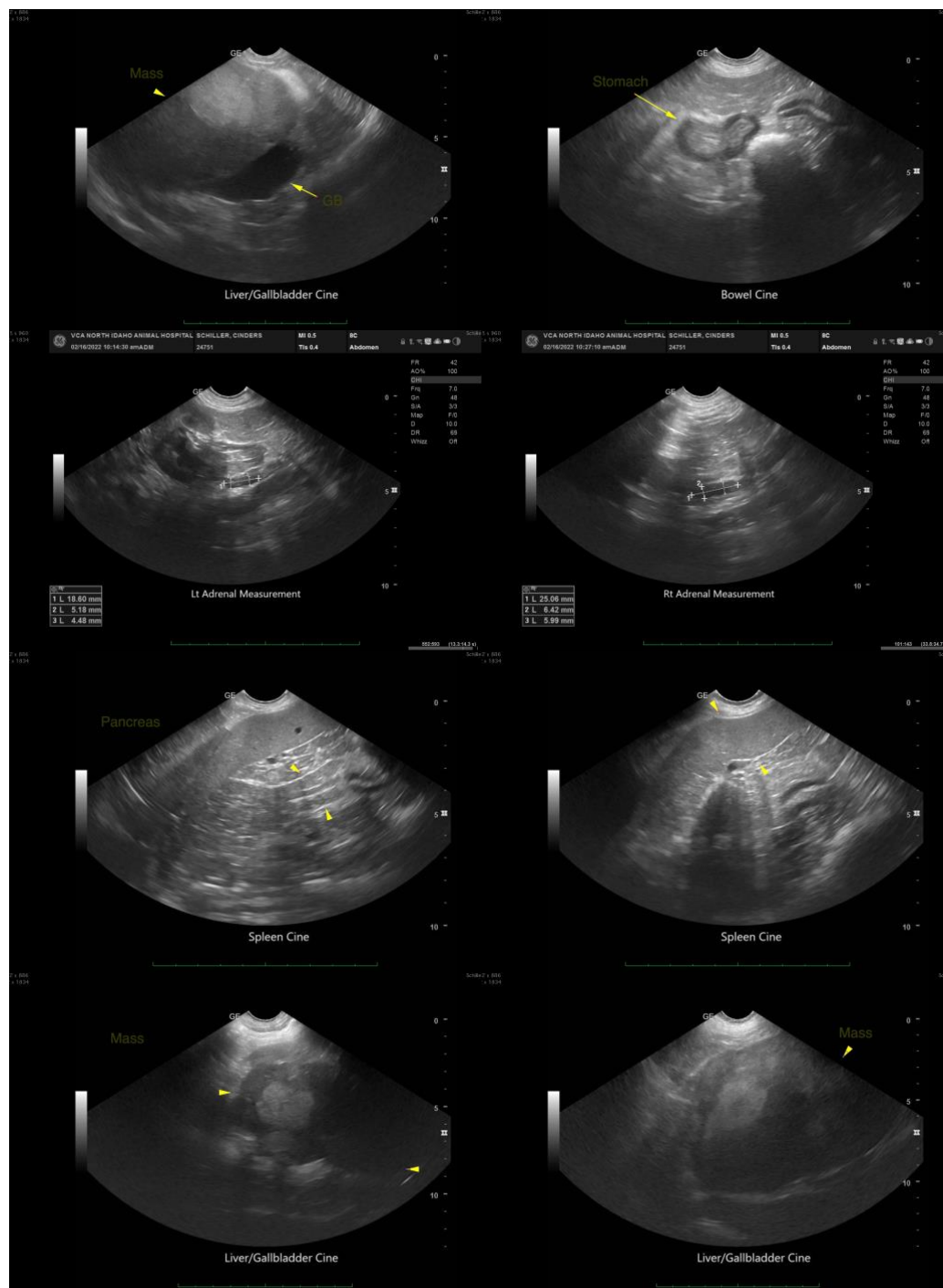
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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)
info@SonoPath.com

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