



PATIENT PRESENTING CLINICAL SIGNS

Penny Peter

History: Seizures more frequent. Recently elevated liver enzymes. Current meds: Levothyroxine 0.6mg sid, Levetiracetam ER 750mg bid, Torb/Midaz for u/s.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: T4 0.4(H4); Free T4 03(L 0.6); ALT 252(H121); AST 143(H55); ALP 271(H160) USG 1.053, Prot 2+

BREED

Labrador Retriever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

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.

AGE

6 years

The left kidney presented normal size (7.91 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. Renal vasculature is normal.

WEIGHT

71 lbs

The right kidney presented normal size (6.62 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. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.51 cm at cranial pole) (0.53 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 normal size (1.13 cm at cranial pole) (0.83 cm at caudal pole) (2.68 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.

IMAGING PERFORMED BY

Shari Reffi, CVT

Spleen

HOSPITAL NAME

Shohola

The spleen is subjectively prominent in size (2.53 cm in width at the level of the hilus) with slight rounding at the poles. The parenchyma is subtly mottled in appearance and has a coarse echotexture. Splenic vasculature is normal with no evidence of thrombosis.

REFERRING VET

Dr. Gramazio

Liver

The liver is subjectively enlarged with slightly irregular peripheral margins in the left lateral lobe. A 5.21 x 2.67 cm irregular hypoechoic to heterogenous mass is observed in the left lateral lobe. The mass causes capsular expansion. In addition, a 2.33 x 2.00 cm heterogenous nodule is observed deeper on the left side. The remaining hepatic parenchyma is slightly heterogenous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

INVOICE

10385

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

DATE

2/16/22



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Gastrointestinal

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

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 mesentery surrounding the liver is hyperechoic. Trace free fluid is observed. A 1.55 cm lymph node is observed just medial to the left kidney. A few prominent to enlarged cranial abdominal lymph nodes are also seen, the largest measuring 3.52 cm in length.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatic mass and nodule. Neoplasia (i.e., adenocarcinoma, lymphoma), is suspected. However, benign pathology (i.e., multifocal inflammatory disease) is also a possibility. Regional peritonitis is present.
- The splenic changes are most consistent with a benign process (i.e, antigenic stimulation, lymphoid hyperplasia, extramedullary hematopoiesis). However, emerging neoplasia cannot be completely excluded.
- The abdominal lymphadenopathy could be consistent with lymphoid hyperplasia, reactive lymphadenitis, or infiltrative neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine-needle aspirates of the hepatic mass and nodule are recommended if accessible and if clotting status is appropriate. Twenty-five gauge-needles should be used. If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.



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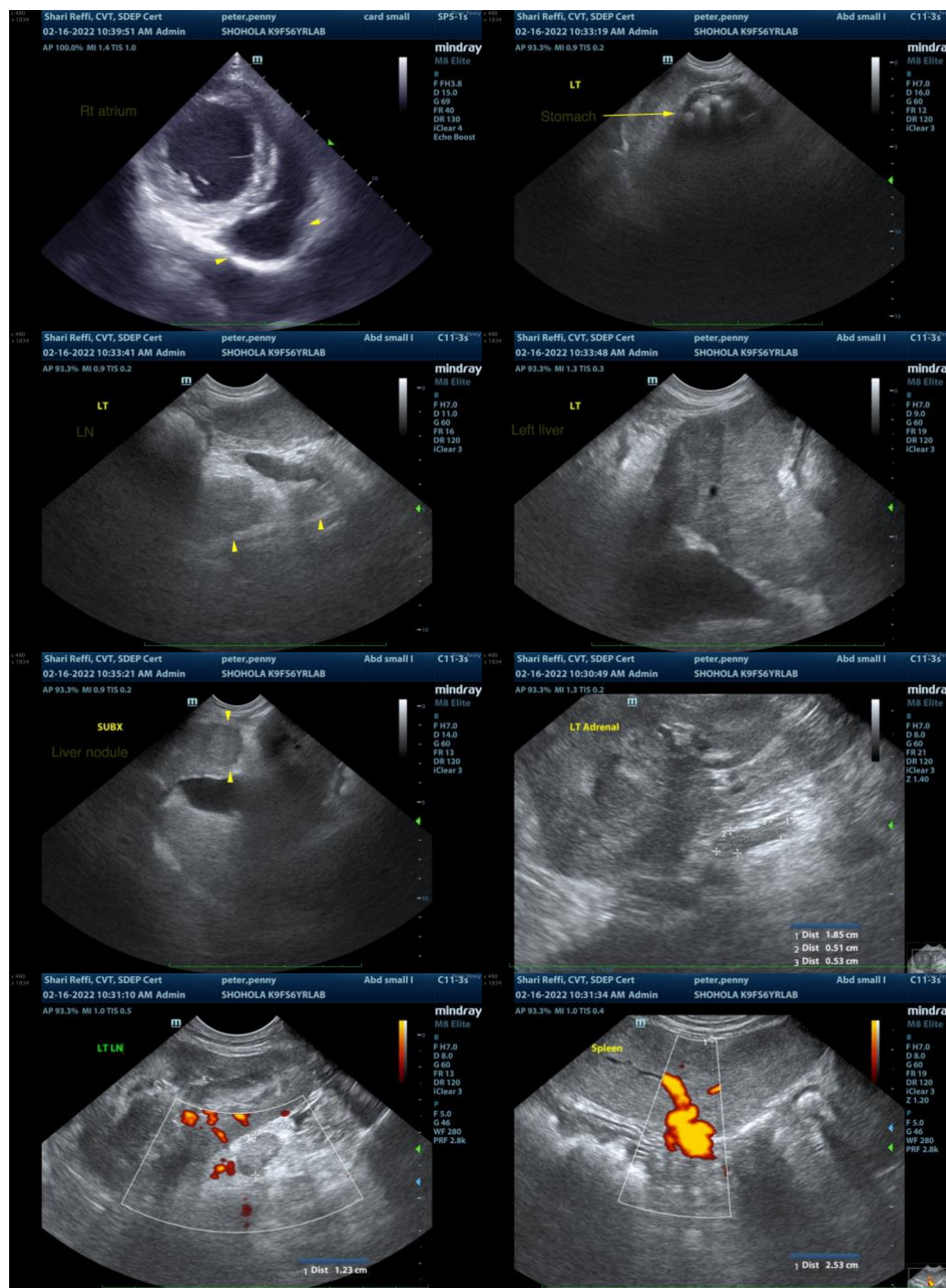
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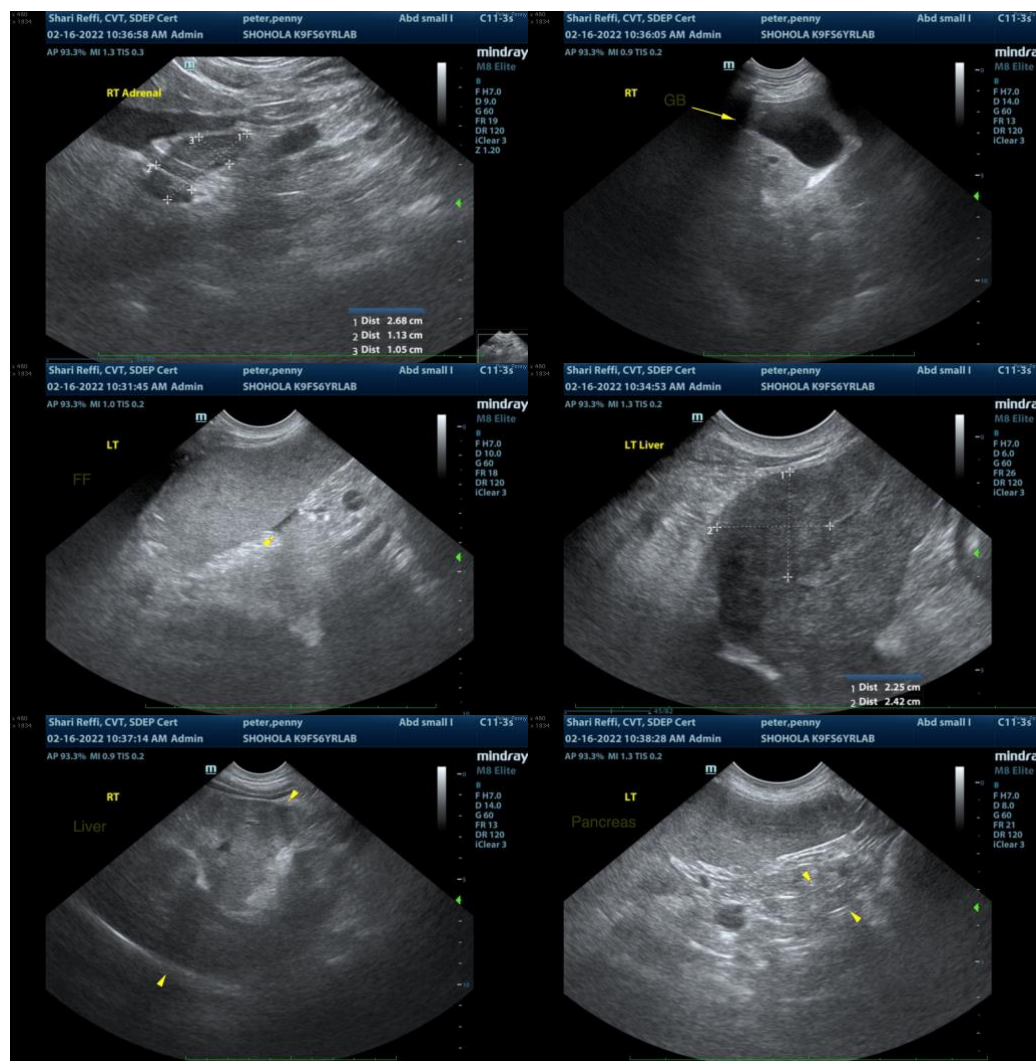
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com