

PATIENT PRESENTING CLINICAL SIGNS

MIKEY HEGARTY History: COUGHING, ELEVATED LIVER VALUES DENAMARIN. Additional History: Most recent blood work shows ALP 1530, ALT 150, these are increasing values. ACTH stim is normal.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

CANINE *Urinary System*

BREED The urinary bladder is moderately distended with anechoic urine. The wall is normal in thickness with a smooth mucosal surface. No cystic calculi are observed. The region of the trigone is normal. The proximal urethra is mildly thickened (up to 0.61 cm). The proximal urethral lumen is not overtly dilated.

SEX The prostate is normal in size (0.77 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

Neutered Male

AGE The left kidney presented normal size (4.29 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.

2012

WEIGHT The right kidney is normal in size (4.56 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. Renal vasculature is normal.

18.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

St. Francis AH

Adrenal Glands

The left adrenal gland is normal size (0.43 cm at cranial pole) (0.45 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 (1.26 cm at cranial pole) (0.48 cm at caudal pole) (2.40 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.

Spleen

REFERRING VET The spleen is normal in size (1.04 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few small ill-defined myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

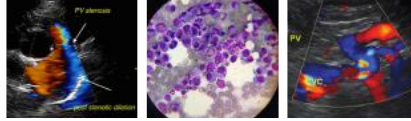
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INVOICE *Liver*

13972 The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen and exhibits subtle heterogeneity. No distinct focal lesions are

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2/17/22



PATIENT

Mikey Hegarty

observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

SPECIES

Canine

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

Gastrointestinal

BREED

Terrier X

The gastric lumen is not distended. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. In the region of the pyloric antrum, the wall is thickened (up to 1.20 cm) and irregular with a loss of the normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

SEX

Neutered Male

Pancreas

AGE

2012

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

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The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- The thickening of the pyloric antral wall is concerning for infiltrative neoplasia (i.e., lymphoma, adenocarcinoma). However, a severe inflammatory process or hypertrophy cannot be completely excluded.
- Benign, diffuse hepatopathy. Top differentials include regenerative nodular hyperplasia, vacuolar hepatopathy and/or age-related remodeling.

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Secondary Findings

- Minor bilateral age-related renal changes with dystrophic mineralization
- The thickened proximal urethra may be a normal variant for this patient or may represent urethritis. Correlation with the patient's clinical signs is recommended.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

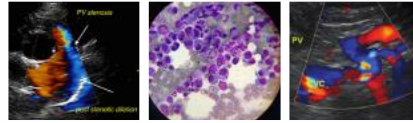
- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If an aggressive approach is desired, consider an upper GI endoscopy or consider endoscopic or surgical biopsies of the gastric wall. If surgery is pursued, a liver biopsy should also be obtained. If biopsies are not to be pursued, a recheck ultrasound is recommended in 3-4 weeks to assess for progression.

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SPECIES

Canine

BREED

Terrier X

SEX

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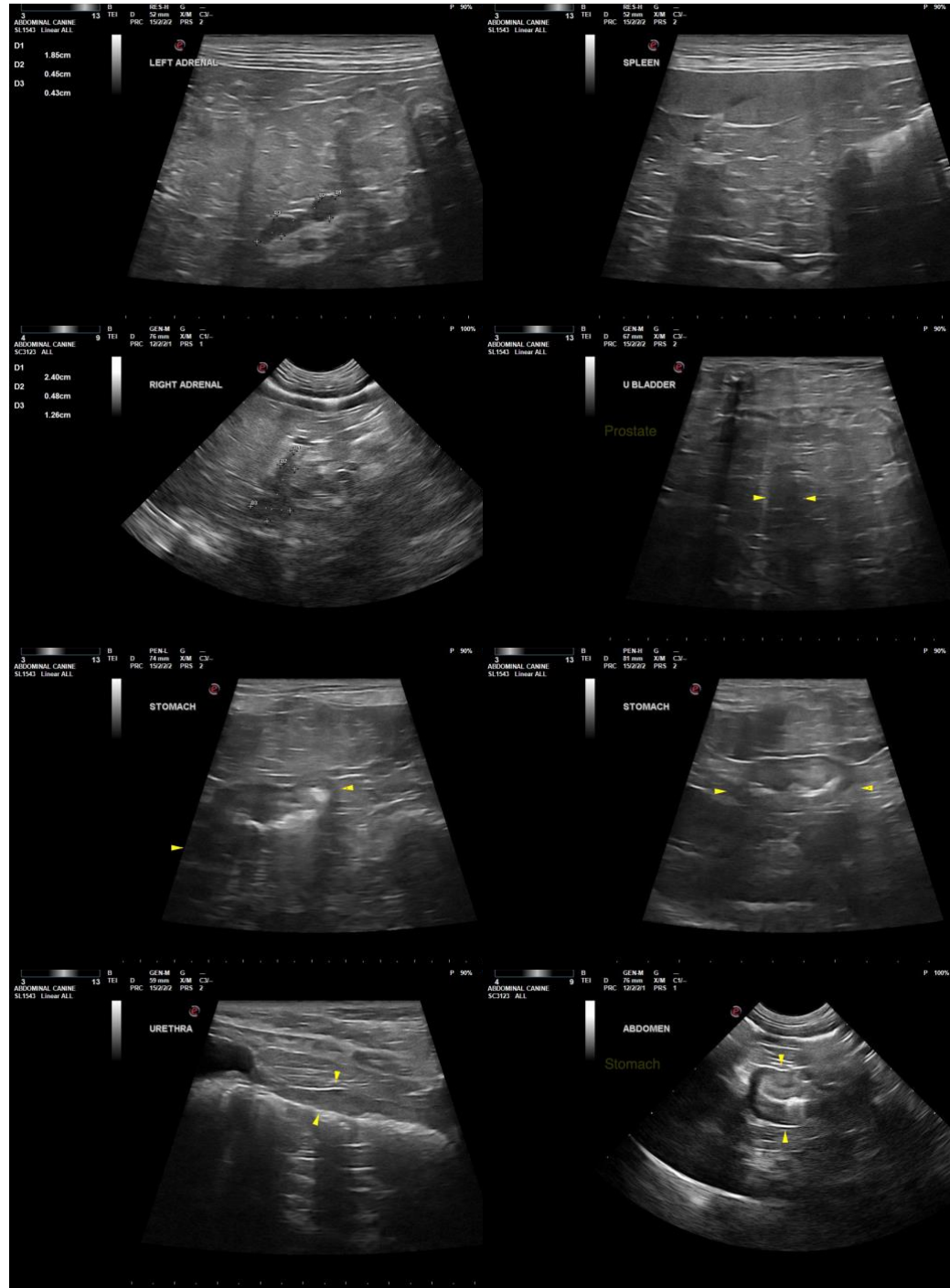
Dr. Carpenter

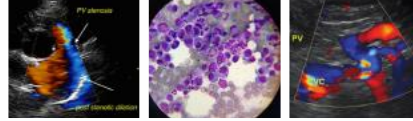
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Mikey Hegarty

SPECIES

Canine

BREED

Terrier X

SEX

Neutered Male

AGE

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WEIGHT

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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.

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