

PATIENT PRESENTING CLINICAL SIGNS

Zoey Gessner History: Lethargy, anorexia, diarrhea, ampicillin, Metronidazole, Cerenia, Pepcid.
Additional History: Slightly low platelet count at 110,000, ALT 207, ALP 900. Chest and abdominal Rads: Unremarkable.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Collie Mix

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.

SEX

Spayed Female

The left kidney presented normal size (6.55 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.

AGE

2009

The right kidney presented normal size (6.41 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.

WEIGHT

55 Lbs.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland is normal size (0.58 cm at cranial pole) (0.58 cm at caudal pole) (2.80 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

Rebekah Jakum, CVT
ARDMS/RVT

The right adrenal gland is normal size (1.24 cm at cranial pole) (0.44 cm at caudal pole) (2.22 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.

HOSPITAL NAME

Maple Hills

Spleen

The spleen is subjectively normal in size (1.83 cm in width at the level of the hilus) with slightly undulating peripheral contours. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

REFERRING VET

Dr. Banzhof

Liver

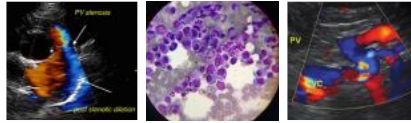
The liver is enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely nodular in appearance. A >6.0 cm mass effect is observed on the right side. In addition, a 1.9 cm nodule/mass is observed in the left lateral lobe. Small cavitated areas are also seen throughout the organ. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

INVOICE

13963

DATE

2/17/22



PATIENT

Zoey Gessner

The gall bladder is moderately distended. The wall is mildly thickened (up to 0.41 cm) with a double walled effect. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

SPECIES

Canine

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.

BREED

Collie Mix

SEX

Spayed Female

Pancreas

The pancreas is somewhat obscured by the hepatic pathology. However, in the visualized portions, no obvious abnormalities are seen.

AGE

2009

Free Abdomen

The mesentery in the cranial and caudal abdomen is hyperechoic. Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

WEIGHT

55 Lbs.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic changes are most consistent with infiltrative neoplasia (i.e., round cell tumor, carcinoma, sarcoma) with a lower possibility of a diffuse inflammatory process. Peritonitis is present, likely secondary to hepatic pathology.
- The gallbladder wall changes could be consistent with cholecystitis, low oncotic pressure (if applicable), other.

Secondary Findings

- The splenic parenchymal changes trend toward the benign (i.e., lymphoid hyperplasia or extramedullary hematopoiesis) with a lower possibility of infiltrative neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the liver can be considered if clotting status is appropriate. If cytology results are inconclusive, a surgical biopsy may be necessary to get a definitive diagnosis. Given the diffuse hepatic pathology, however, the prognosis for this patient is considered guarded.

INTERPRETED BY

Andrea Nicastro, DVM,
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(Small Animal Internal
Medicine)

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HOSPITAL NAME

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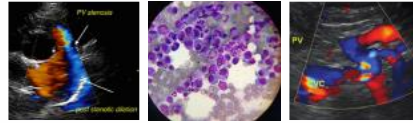
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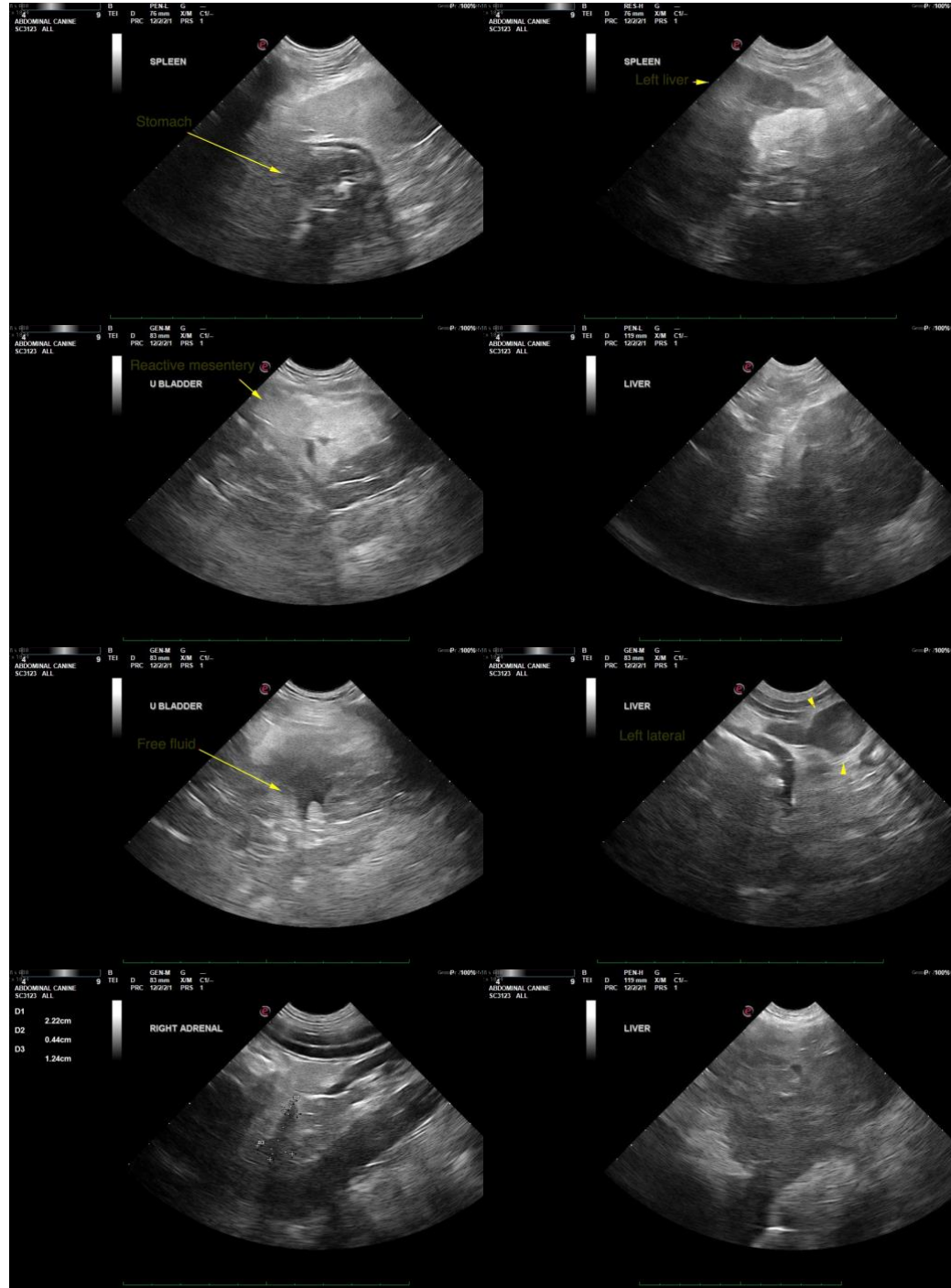
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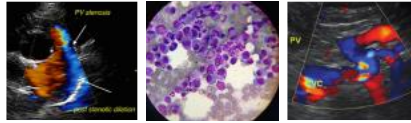
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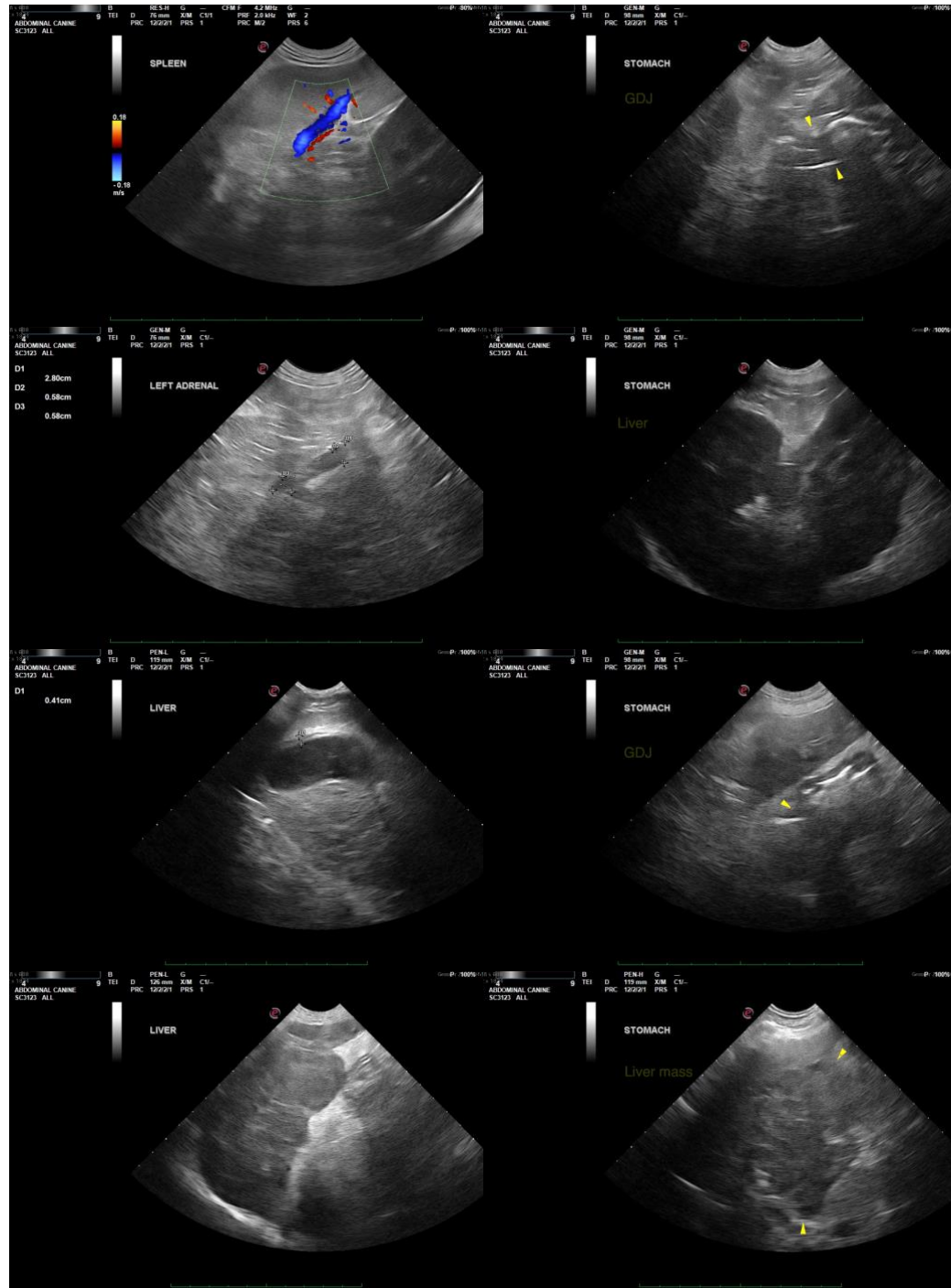
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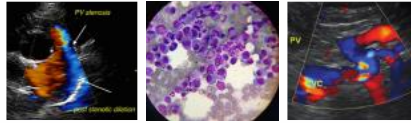
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



PATIENT

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

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