



PATIENT

Kevyn Webster

SPECIES

Canine

BREED

English Springer mix

SEX

Male, neutered

AGE

10 Yrs.

WEIGHT

72 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Sheldon

HOSPITAL NAME

Advanced Pet Care of
Oakland

REFERRING VET

Dr. Sheldon

INVOICE

14549

DATE

2/6/23

PRESENTING CLINICAL SIGNS

History: Pet has a large oral mass caudal to 104. Pet was started on Carprofen for arthritis, bloodwork was done before starting carprofen and after starting carprofen. Some mild liver enzyme elevations were noted before and they did increase with carprofen. Alt(prev 52 now 105) and ast(prev 40 now 135) and Alp about the same slight elev (now 222, was 277). Carprofen was discontinued after enzyme increase was noted.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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.

The prostate is normal in size (0.88 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (7.21 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (8.73 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A 1.73 cm cortical cyst is observed at the cranio-lateral aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.51 cm at cranial pole) (0.44 cm at caudal pole); 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 (0.52 cm at cranial pole) (0.47 cm at caudal pole); 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

The spleen is normal in size (1.63 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.84 cm irregular cystic structure is observed at the cranial lateral aspect. Splenic vasculature is normal.

Liver

The liver is prominent in size with rounding of the left lateral lobe. The parenchyma is isoechoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed. Vascular and



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biliary tracts are of normal volume with no evidence of congestion. 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/not seen.

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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 disease is noted.

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Pancreas

The right limb of the pancreas is normal in size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Andrea Nicastro, DVM,
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(*Small Animal Internal
Medicine*)

Primary Findings:

- Non-specific diffuse hepatopathy. Top differentials include regenerative nodular hyperplasia, vacuolar hepatopathy and age-related remodeling. Inflammatory and infiltrative disease, fibrosis and other hepatopathies are also possible but considered less likely.

Secondary Findings:

- Mild bilateral age-related changes with a right cortical cyst.
- The cystic structure in the spleen may represent a benign cyst or an emerging vascular tumor.
- Minor age-related pancreatic remodeling.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the oral mass, thoracic radiographs are recommended to assess for pulmonary metastatic disease. Consider consultation with a board-certified surgeon or dentist for further diagnostic and treatment recommendations.
- Regarding the elevated liver enzymes, liver values should be rechecked in 3 months to assess for further elevations.
- Regarding the splenic nodule, a repeat ultrasound is recommended in 1-2 months to evaluate for growth.

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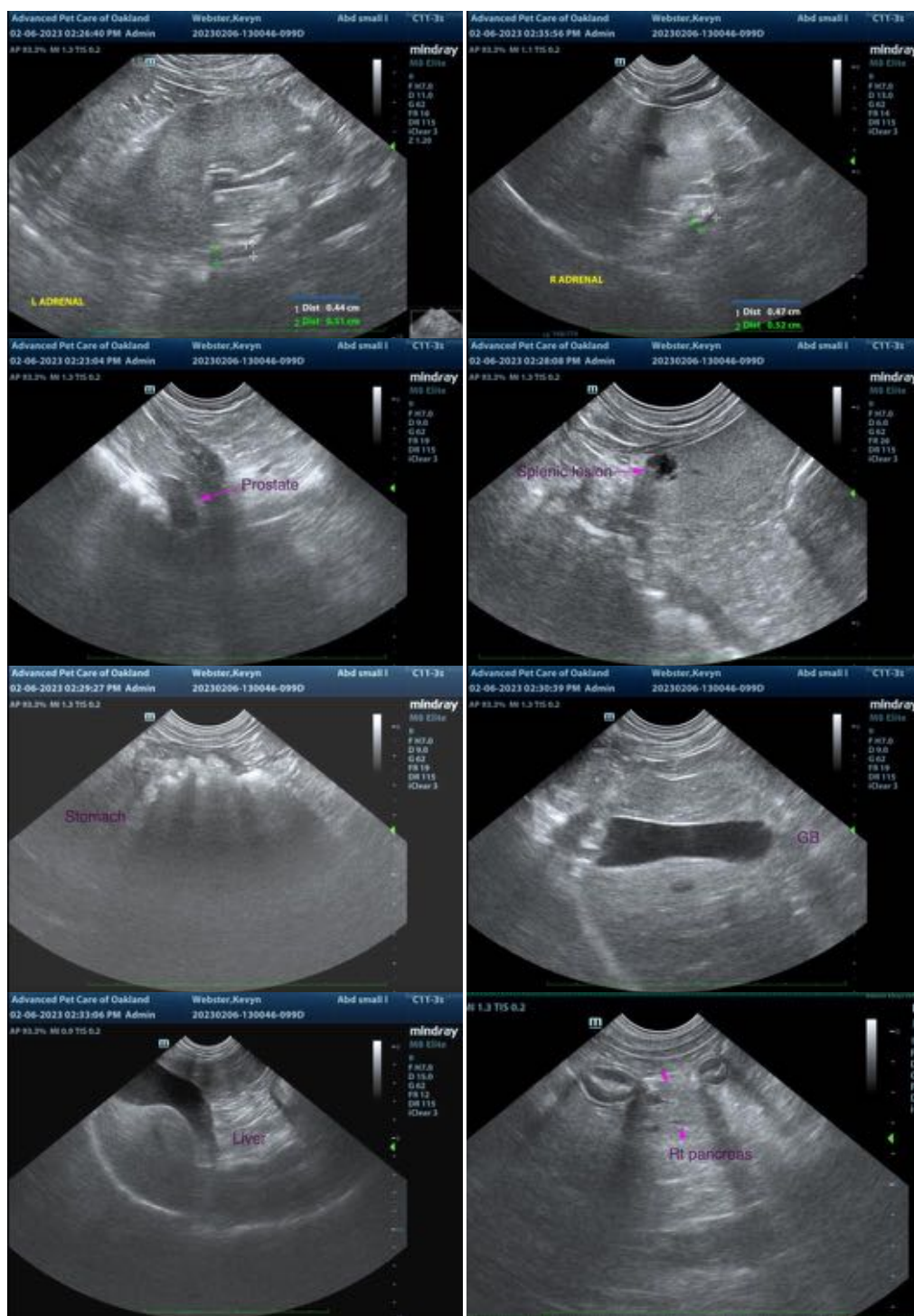
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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