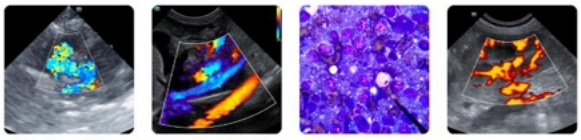


DATE

2/9/26

PATIENT

Willow Jones

SPECIES

Canine

BREED

English Bulldog

SEX

Female, spayed

AGE

11/11/2012

WEIGHT

52.6 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Fullerton AH

REFERRING VET

Dr. Unger

INVOICE

13459

PRESENTING CLINICAL SIGNS

Patient History: Presented for difficulty walking. Suspect IVDD or soft tissue. As part of exam, senior wellness bloodwork was run. Senior labs showed rising ALP levels. Pet is clinically normal. Pet also had increasing urine P:C from 0.2 to 0.5.

Current Medications: Carprofen 100mg 1/2 since 1/20, Movoflex, Trazodone 50mg BID
Labwork Results: Lab work attached, reported as: ALP 241 (5 - 160 U/L) prev 197, 186. Urine Protein: Creatinine Ratio 0.5 (prev 0.2)
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The wall is of appropriate thickness for the level of repletion. The mucosal surface in the region of the apex is slightly irregular. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (5.81 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.53 cm in length) with a normal shape, architecture and 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.

Adrenal Glands

The left adrenal gland is normal in size (0.49 cm at cranial pole) (0.66 cm at caudal pole) with a normal shape and 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 mildly enlarged (1.11 cm at cranial pole) (0.83 cm at caudal pole) with swollen peripheral contours. A 0.70 x 0.61 cm hypoechoic nodule is observed at the cranial pole. The glandular echogenicity and detail at the caudal pole are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.52 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Intrahepatic biliary tracts are normal. Hepatic vasculature appears mildly dilated.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No cholelithes are observed. The cystic and common bile ducts are normal. The duodenal papilla is

normal in size (0.41 cm in width).

Gastrointestinal
The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas
The right limb is enlarged with slightly irregular peripheral contours. The parenchyma is isoechoic relative to surrounding omental fat and heterogeneous in appearance. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface is mildly hyperechoic.

Lymph nodes
A few prominent mesenteric lymph nodes are visualized, one of the nodes measuring 0.91 x 0.53 cm. In addition, a 1.63 x 0.58 cm medial iliac lymph node is seen.

Free Abdomen
A small amount of free fluid is observed.

Other
The caudal vena cava at the level of the diaphragm appears dilated.

A brief visualization of the heart reveals a 3.6 x 2.1 cm echogenic mass at the heart base. There is no obvious evidence of pericardial or pleural effusion in the visible window.

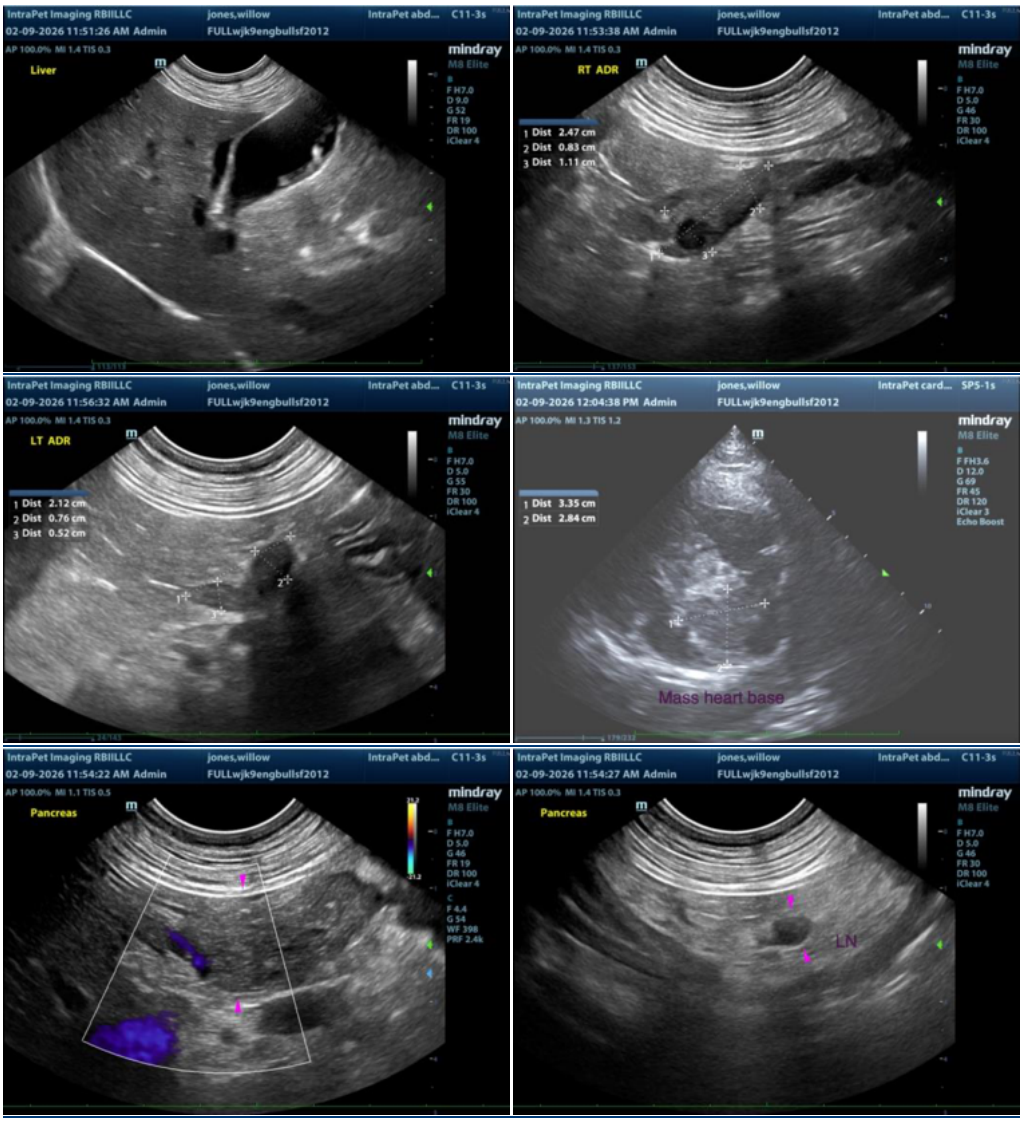
ULTRASONOGRAPHIC FINDINGS

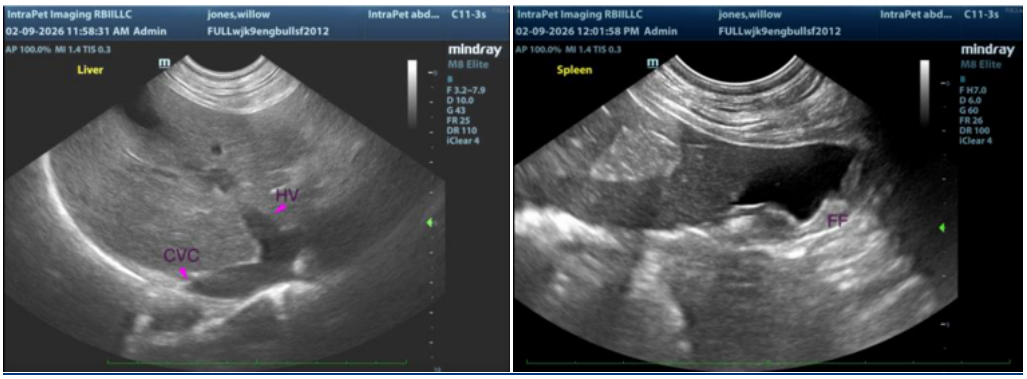
Primary Findings:
- Heart-base mass. Differentials include chemodectoma, hemangiosarcoma, ectopic thyroid tumor, round cell tumor, other.
- The mild ascites and dilation of the caudal vena cava and hepatic vasculature may be secondary to increased hydrostatic pressure.

Secondary Findings:
- Bilateral nonspecific, age-related renal changes
- The pancreatic changes are consistent with chronic active pancreatitis with parenchymal remodeling +/- fibrosis.
- Mild right adrenomegaly. The right adrenal nodule could be consistent with an emerging tumor (i.e., adenoma, adenocarcinoma, pheochromocytoma) or a benign focus (i.e., focal nodular hyperplasia, other).
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory disease, infiltrative neoplasia and other hepatopathies are considered less likely.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the heart-based mass, a full echocardiogram, baseline blood pressure measurement, thoracic radiographs +/- ECG are recommended.
- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If liver values continue to increase, a repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.
- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.
- Regarding the right adrenal nodule, consider a recheck ultrasound in 2-3 months to assess for growth of the lesion.





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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine) info@SonoPath.com