



PATIENT

Brody Aquino

PRESENTING CLINICAL SIGNS

History: Off pred. for a while, still elevated ALT, TTA sx scheduled for Thursday
Abnormal PE/Chem/CBC/UA Results: ALT and ALKP mildly elevated. UA: +3 protein, UPC = 0.8

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Labradoodle

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

Male, neutered

The prostate is not definitively visualized due to its pelvic location.

AGE

9 Yrs.

The left kidney is normal size (6.91 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

61.5 lbs.

The right kidney is normal size (6.78 cm in length); normal shape and architecture with 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 hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.64 cm at cranial pole) (0.52 cm at caudal pole) (2.93 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 (1.34 cm at cranial pole) (0.43 cm at caudal pole) (3.40 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.

IMAGING PERFORMED BY

Jessica Miller

Spleen

HOSPITAL NAME

ACC Flanders

The spleen is normal in size (2.37 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 2.02 cm ill-defined hypoechoic nodule/area is observed within the parenchyma. The lesion is surrounded by ill-defined hyperechoic parenchyma. There is no deviation of the splenic capsule in this region.

REFERRING VET

Dr. Haillihan

Liver

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The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely heterogeneous, bordering on a nodular appearance. A 2.54 cm irregular hypoechoic nodule/mass with a hyperechoic center is observed on the left side. Vascular and 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.

DATE

3/1/22



PATIENT

Gastrointestinal

Brody Aquino

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 pyloric outflow tract is patent. 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 disease is noted.

SPECIES

Canine

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.

BREED

Labradoodle

SEX

Male, neutered

Free Abdomen

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

AGE

9 Yrs.

Other

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

WEIGHT

61.5 lbs.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The hepatic parenchymal changes could be consistent with infiltrative neoplasia, diffuse inflammatory disease, regenerative nodular hyperplasia, or other hepatopathy. The hypoechoic nodule/mass on the left side is concerning for a “target” lesion. These types of lesions can be associated with neoplasia.
- The splenic lesion could also be consistent with neoplasia. However, a benign process such as an area of lymphoid hyperplasia, inflammation or extramedullary hematopoiesis is also possible.

Secondary Findings:

- Bilateral, non-specific age-related renal changes.

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Medicine*)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine needle aspirates of the splenic and hepatic lesions (if clotting status is appropriate). 25-gauge needles should be used. If cytology results are inconclusive and an aggressive approach is desired, consider an abdominal exploratory with liver biopsies +/- splenectomy.
- Regarding the proteinuria, consider initiation of an angiotensin receptor blocker, omega 3 fatty acids +/- an antithrombotic agent (i.e., Clopidogrel).

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- Regarding the elective procedure, it would be prudent to postpone it at this time while the splenic and hepatic lesions are investigated.

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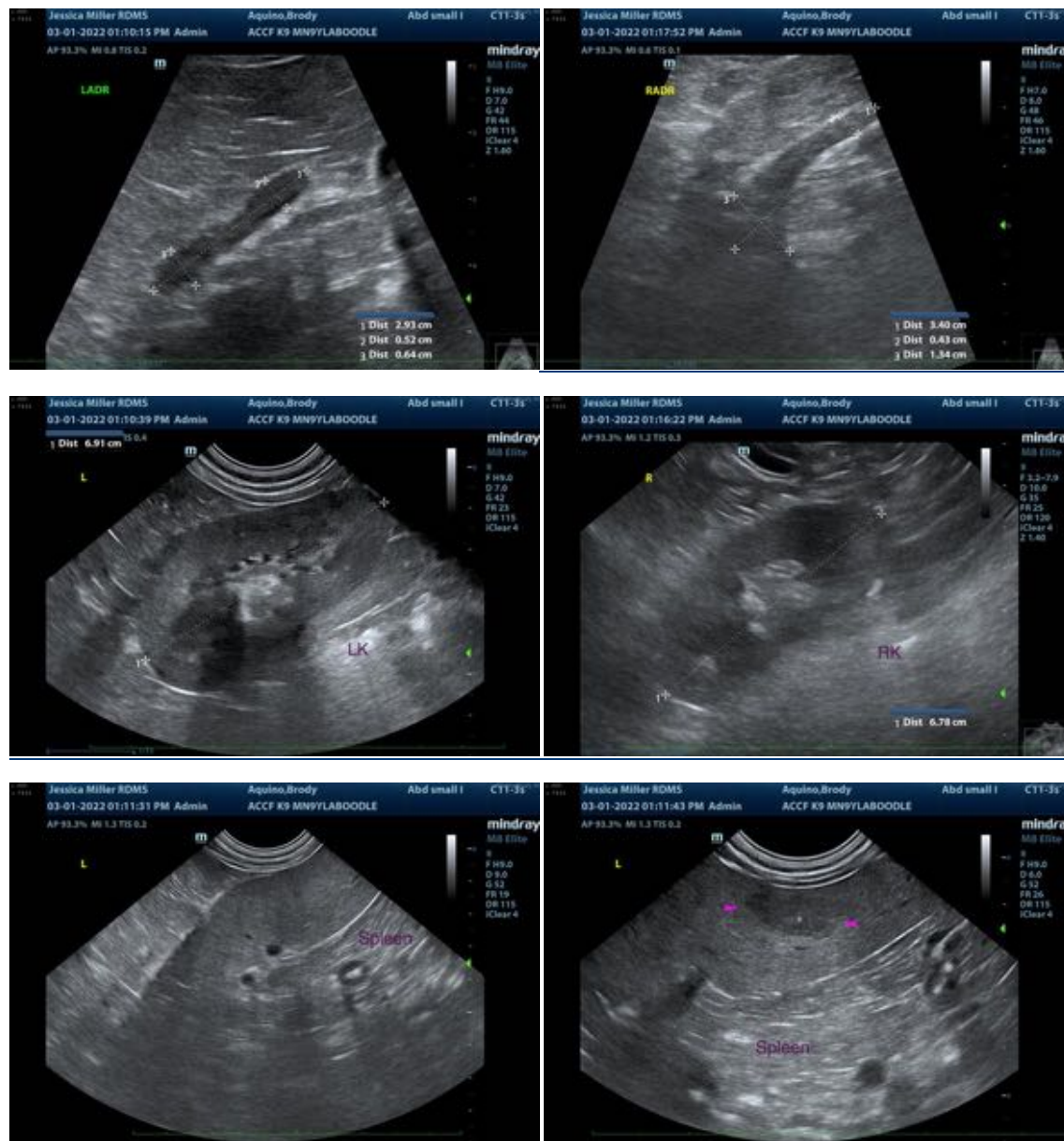
Dr. Haillihan

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SEX

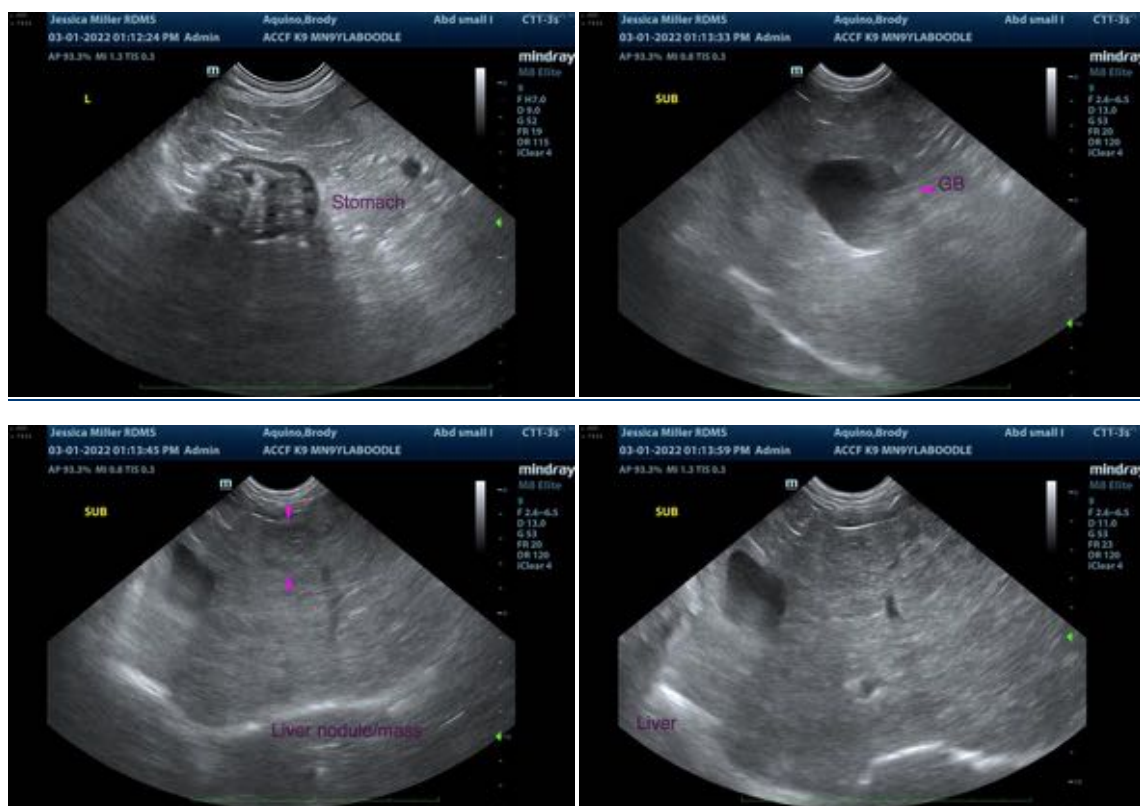
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

IMAGING PERFORMED BY

Jessica Miller

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

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