**PATIENT**

Romney Smith

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Neutered Male

**AGE**

12 years, 9 mos

**WEIGHT**

74 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Potomac Mobile  
Veterinary Ultrasound

**HOSPITAL NAME**

Banfield PH-Leesburg  
Village

**REFERRING VET**

Dr. Cathy Jarrett

**INVOICE**

10574

**DATE**

3/17/22

**PRESENTING CLINICAL SIGNS**

History: Elevated liver values, vomiting, decreased appetite, and breathing very hard.  
Abnormal PE/Chem/CBC/UA Results: (03/11/2022) CHEM: ALKP >2000, ALT 2404, CHOL 415, GGT 33, TBIL 1.2. CBC: Lymphocyte 0.72.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

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.

The prostate is normal in size (3.64 cm in length) (0.86 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 (5.52 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 hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.39 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 hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is mildly enlarged (1.05 cm at cranial pole) (0.92 cm at caudal pole) (2.86 cm in length); with a slightly irregular shape. A 1.02 x 0.78 cm cystic area is observed at the cranial aspect. In addition, a few smaller cystic areas are observed at the caudal pole. The remaining parenchyma is slightly heterogenous in appearance, with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature appear normal.

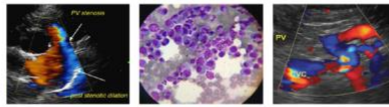
The right adrenal gland is upper limits of normal size (0.70 cm at cranial pole) (0.80 cm at caudal pole) (2.81 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

A 5.59 x 5.59 cm well-circumscribed, round, isoechoic to slightly heterogenous mass is arising from the parenchyma. The mass contains ill-defined hyperechoic areas. The lesion causes capsular expansion. In the remainder of the spleen, the peripheral margins are curvilinear. The parenchyma is homogenous. Splenic vasculature appears normal with no evidence of thrombosis.

**Liver**

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and mildly heterogenous in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated, echogenic to mineralized, mostly gravity dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

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**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.

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**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.

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**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 1.64 cm jejunal lymph node is visualized. The node is normal in shape and echogenicity.

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**ULTRASONOGRAPHIC FINDINGS****Primary Findings**

- Splenic mass. Considerations include a large myelolipoma versus malignancy (i.e., sarcoma, round cell tumor) versus focus of lymphoid hyperplasia versus other.
- Nonspecific diffuse hepatopathy. Differentials include inflammatory disease (i.e., bacterial cholangiohepatitis, chronic active hepatitis), hepatotoxicosis (i.e., copper), Leptospirosis, infiltrative neoplasia +/- concurrent age-related change (i.e., regenerative nodular hyperplasia, and/or vacuolar hepatopathy).
- Gall bladder sludge, non-mucocele

**INTERPRETED BY**

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**Secondary Findings**

- Mild bilateral adrenomegaly
- The cystic lesions in the left adrenal gland may be benign and incidental. Alternatively, emerging neoplasia (i.e., hemangiosarcoma), cannot be completely excluded.
- Bilateral age-related renal changes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

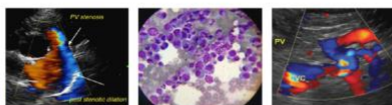
- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine-needle aspirate of the splenic mass if clotting status is appropriate. If cytology results are inconclusive, consider an abdominal exploratory with splenectomy as well as liver biopsies with aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for potential copper quantitation. In the meantime, empirical treatment for bacterial

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cholangiohepatitis (i.e., amoxicillin-clavulanic acid +/- metronidazole, Denamarin), as well as symptomatic treatment is recommended.

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- Leptospirosis testing (i.e., blood and urine PCR, serology), should also be considered.

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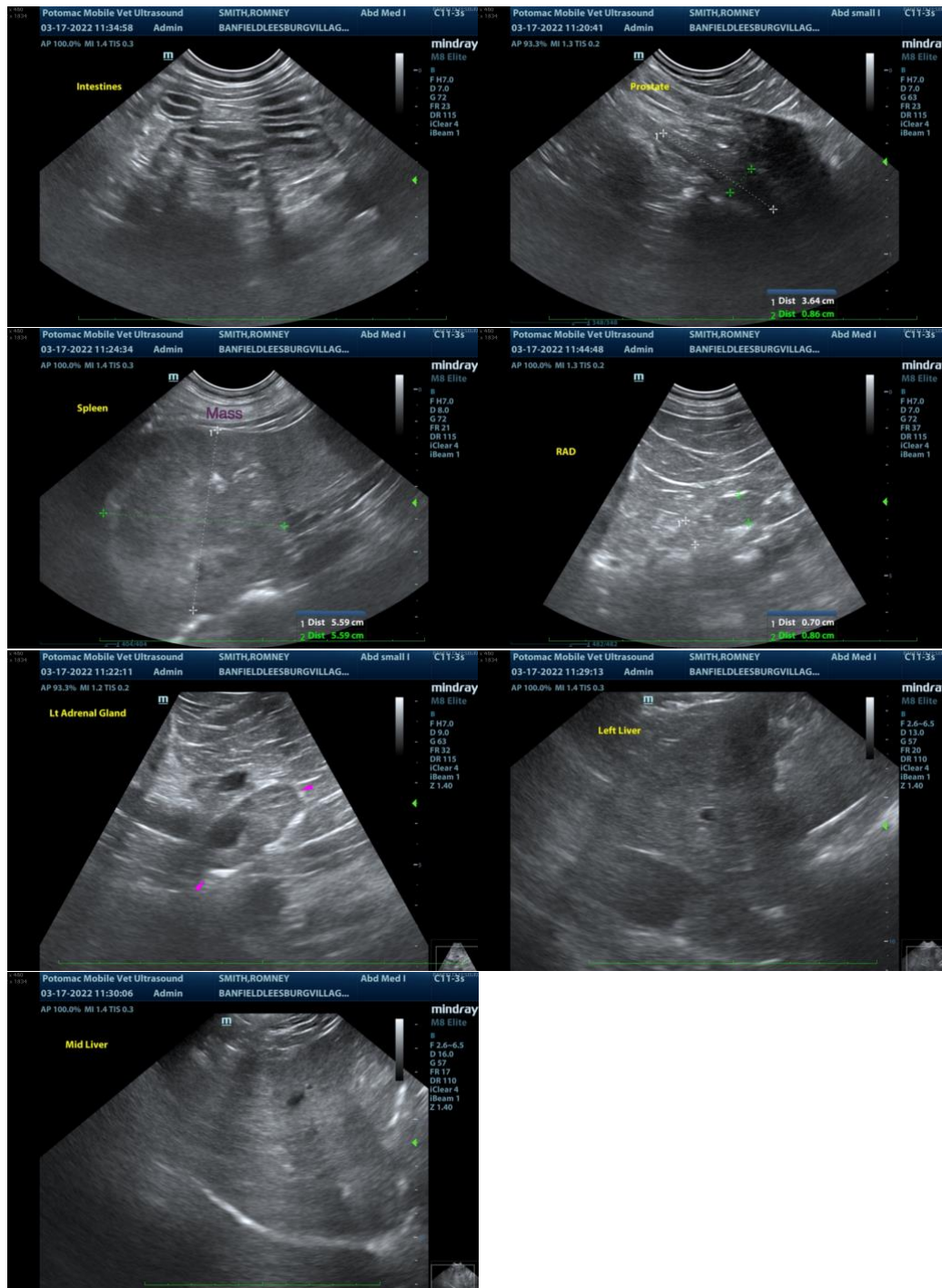
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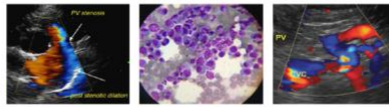
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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