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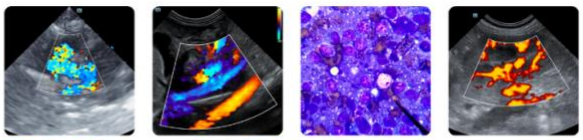

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Abby Pieri

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Female Spayed

AGE

12

WEIGHT

11.6 lb

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Ashley Pines AH

REFERRING VET

Dr Winney

INVOICE

22726

DATE

3-23-26

PRESENTING CLINICAL SIGNS

Patient came in for pre-dental bloodwork. Chemistry showed a BUN of 43. Globulins 4.3. ALP 286.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (4.44 cm in length) with an irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate- to severe loss of corticomedullary distinction. Moderate- to severe pyelectasia is present (0.73 cm in the longitudinal plane). A cortical infarct is observed at the caudolateral aspect. There is no evidence of nephroliths, or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.64 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate- to severe loss of corticomedullary distinction. Mild pyelectasia is present (0.29 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.51 cm at cranial pole) (0.57 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 borderline enlarged (0.62 cm at cranial pole) (0.52 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.

Spleen

The spleen is normal in size (0.94 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 enlarged, with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and heterogenous in appearance. A 0.86 cm cyst is observed left- to mid-liver. In addition, a 2.2 x 1.8 cm hypoechoic swelling/mass is observed at the caudal aspect, approximately mid-liver. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic- to mineralized, partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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

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masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas
The right limb of the pancreas enlarged, 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.

Lymph Nodes
A 1.26 x 0.70 mesenteric lymph node, with a 0.63 cm cyst within the parenchyma is observed.

Free Abdomen
There is no obvious evidence of free fluid.

Other
The uterine stump is visible (measuring 0.48 cm in width). No obvious pathology is observed.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The caudal hepatic swelling/mass could be consistent with neoplasia (i.e., adenoma, adenocarcinoma, sarcoma, round cell tumor). Alternatively, a benign lesion (i.e., regenerative nodule, inflammatory focus) is possible. The diffuse hepatic parenchymal changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof. A parenchymal cyst is also observed. This is likely a benign incidental finding.
- The gallbladder changes could be consistent with cholestasis, fasting, or an emerging mucocele.

Secondary Findings

- The cystic mesenteric lymph node likely represents a benign incidental finding, with a lower possibility of emerging neoplasia.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Bilateral nonspecific age-related renal changes with pyelectasia and a left cortical infarct
- Borderline bilateral adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If an aggressive approach is desired, consider the following:

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Consultation with a board-certified surgeon to discuss removal of the caudal hepatic mass and biopsies of the other liver lobes, along with aerobic and anaerobic bile cultures and hepatic copper quantitation.

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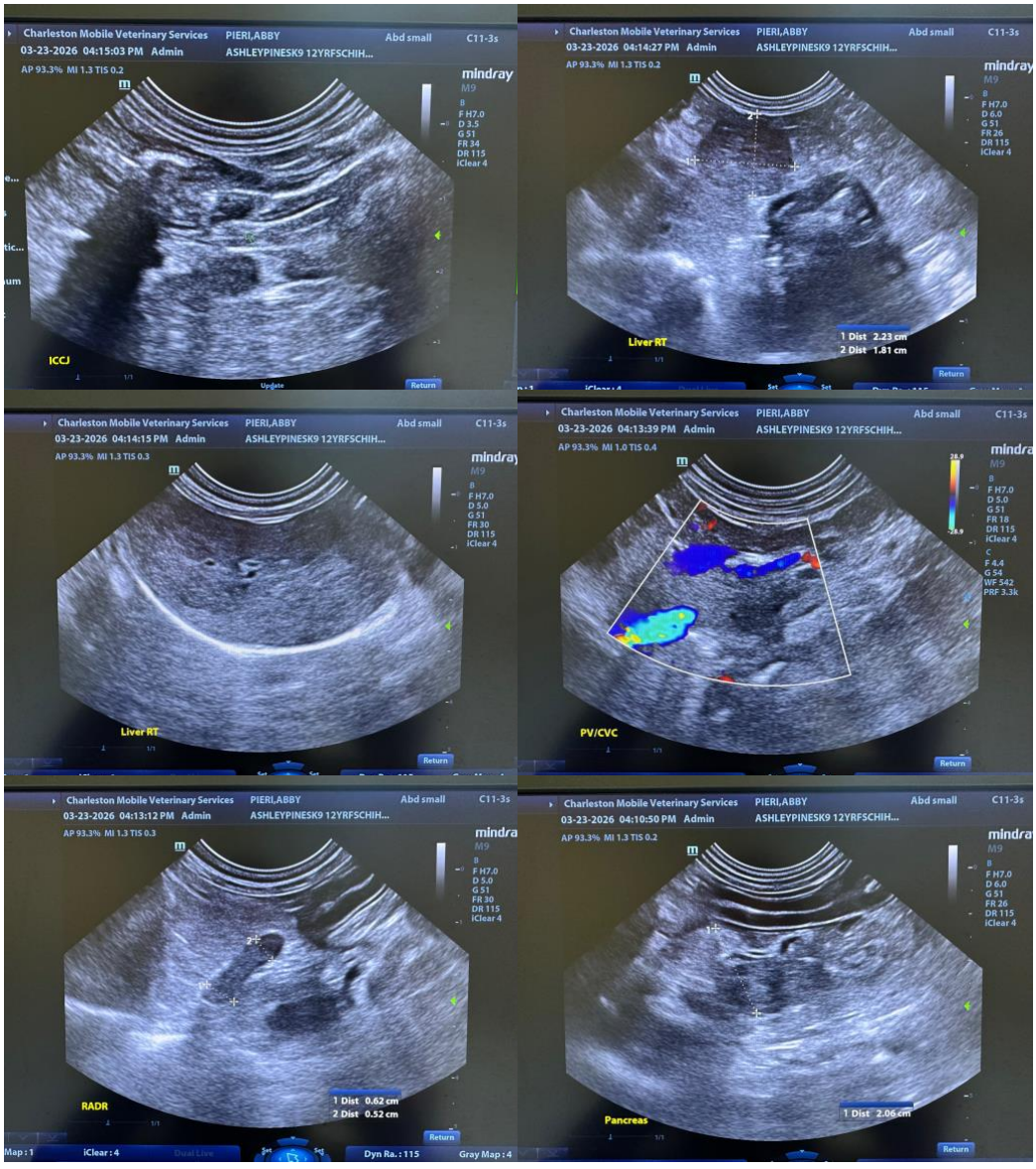
3. If a more conservative approach is desired, consider empirical treatment for cholangiohepatitis, with serial monitoring of the patient's liver values to assess for improvement. Also consider a recheck ultrasound in 2-3 months to assess for growth of the mass.

- Regarding the renal changes and elevated BUN, consider a urinalysis +/- a culture and sensitivity. A UPC should also be considered if proteinuria is present in the absence of infection.
- Regarding the hyperkalemia, consider performing a resting cortisol level. However, this disease is considered less likely in light of the borderline bilateral adrenomegaly.



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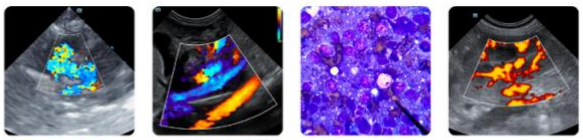

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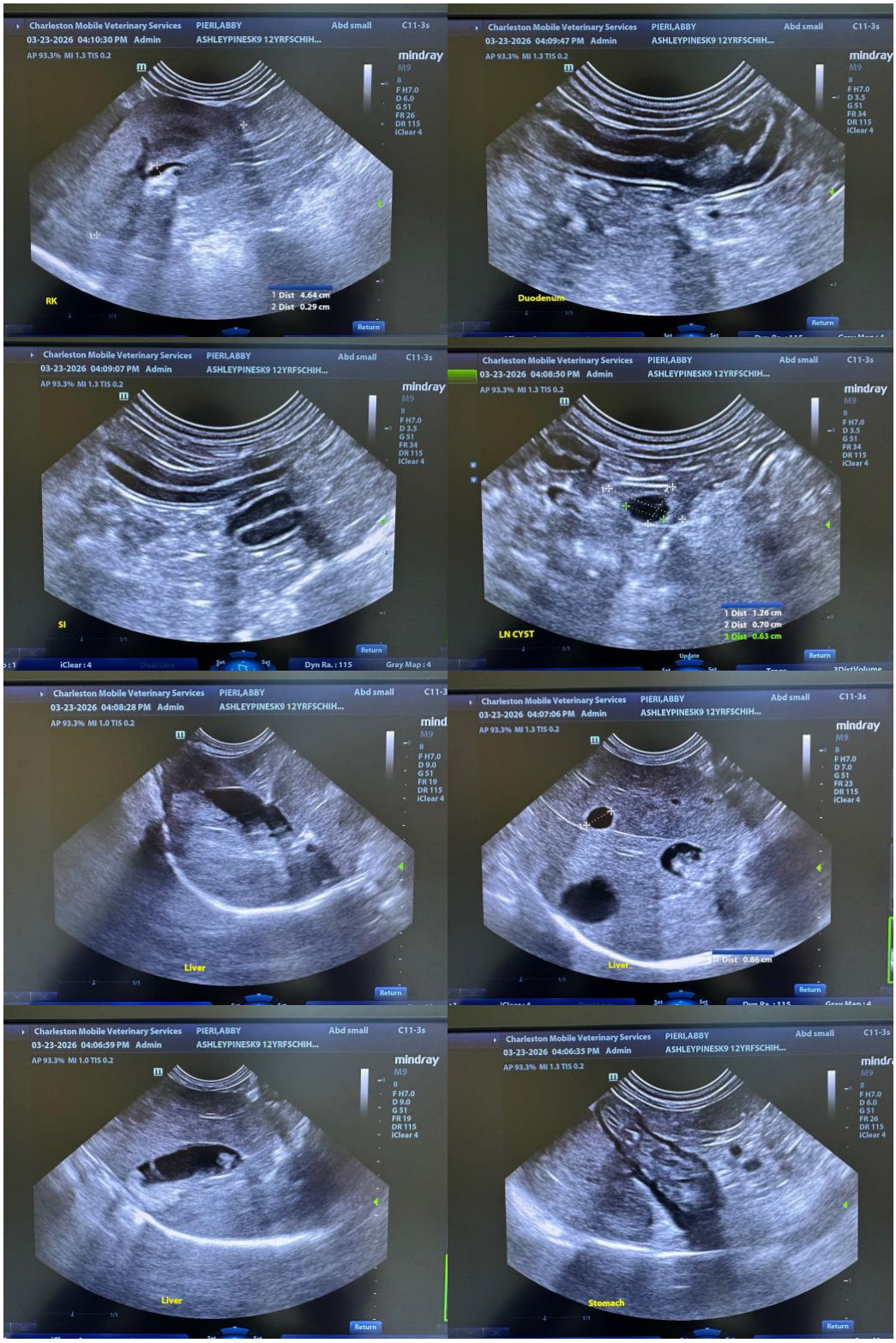

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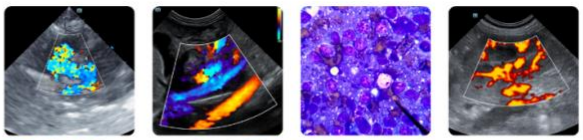

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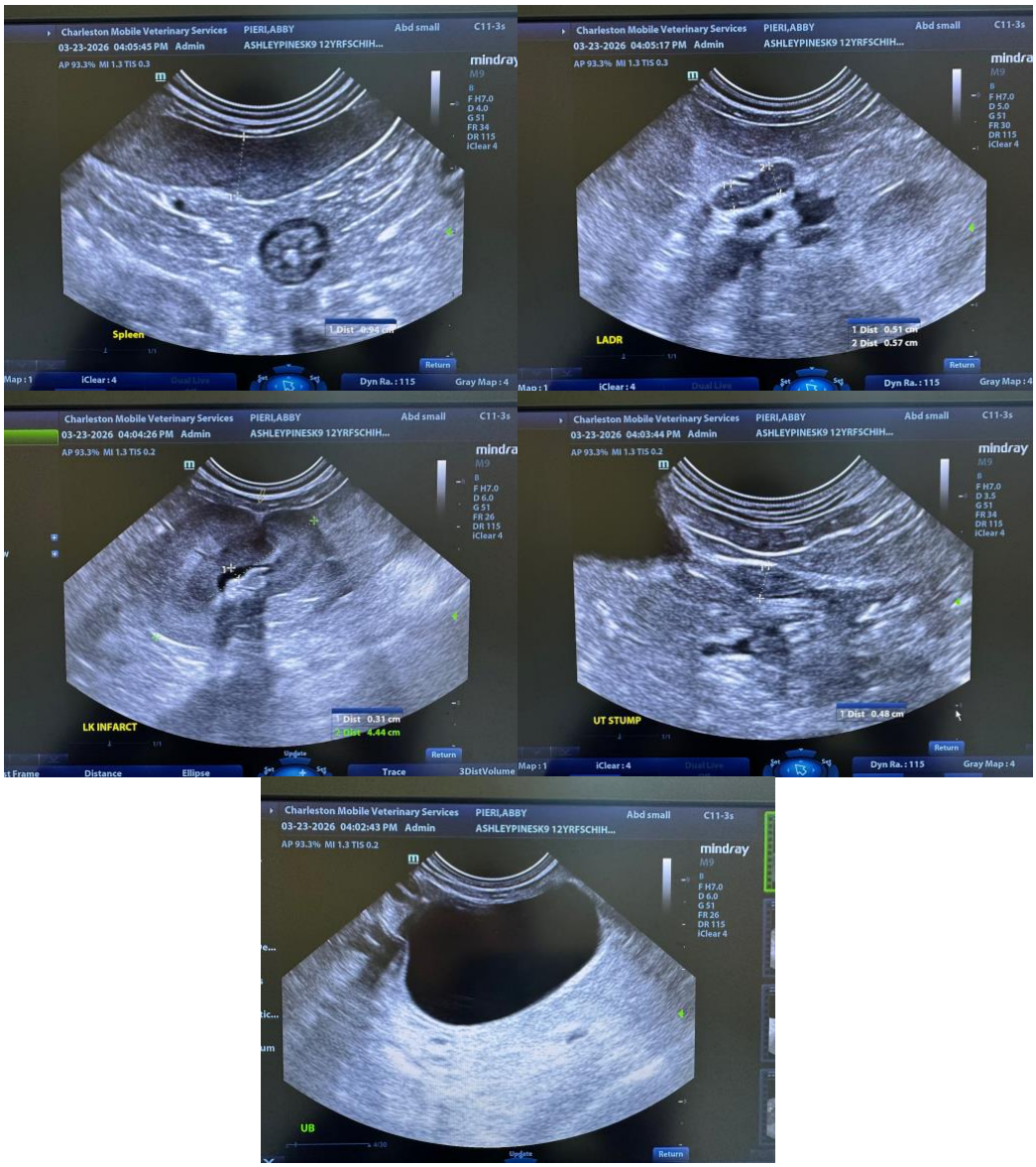

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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