

PATIENT PRESENTING CLINICAL SIGNS

Tiger Meszaros

History: intermittent anorexia
Abnormal PE/Chem/CBC/UA Results: Please see attached BW

SPECIES

Canine

ALT: 1502. ALP: 3586. tBili 13.1. GGT 86. Hypercalcemia. Hypoglycemia. Elevated precision PSL. CBS shows a mild thrombocytosis. Monocytosis. Eosinophilia. T4 is low.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Pom X

Urinary System

The urinary bladder is mildly distended. The wall is of appropriate thickness for the level of repletion. The luminal surface is mildly irregular in the region of the apex. Sever cystic calculi are observed. The region of the trigone and the visualized portion of the proximal urethra are normal.

SEX

Neutered Male

The prostate is normal in size (0.83 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

14years

The left kidney is normal in size (3.97 cm in length); normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. The cortex is heterogenous in appearance, with a few small cortical cysts observed. Areas of mineralization are visualized. There is trace pyelectasia. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

11 lbs

The right kidney is normal in size (4.36 cm in length); with a slightly irregular shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. The cortex is heterogenous in appearance, with a few small cortical cysts observed. Areas of mineralization are visualized. There is trace pyelectasia. There is no evidence of hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.54 cm at cranial pole) (0.48 cm at caudal pole) (0.95 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

Kelly Reschny

The right adrenal gland is normal size (1.32 cm at cranial pole) (0.57 cm at caudal pole) (1.71 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.

HOSPITAL NAME

Maples AH

Spleen

The spleen is normal in size (1.04 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.

REFERRING VET

Dr. Kazienko

Liver

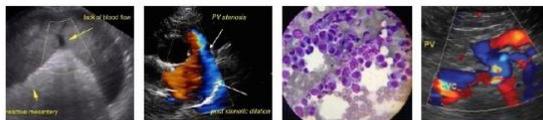
The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 1.90 cm hypoechoic nodule/lesion is observed in the region of the right medial lobe. The mesentery effacing the serosal surface in this region is hyperechoic. In the

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remainder of the organ, there is diffuse mineralization of the intrahepatic biliary tree. Hepatic vasculature is of normal volume with no evidence of congestion.

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Canine

The gall bladder lumen is distended. A moderate to large amount of aggregated, echogenic, mostly gravity dependent debris/sludge is observed within the lumen. The cystic duct appears distended (0.62 cm in diameter), with mineralization within the lumen.

BREED

Pom X

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.

SEX

Neutered Male

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.

AGE

14years

Free Abdomen

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

WEIGHT

11 lbs

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic nodule could be consistent with a tumor, inflammatory focus, granuloma, other. Regional peritonitis is present. Diffuse mineralization of the intrahepatic biliary tree is present.
- Gall bladder sludge, non-mucocele with mild dilation of the proximal cystic duct.
- Cystic calculi

Secondary Findings

- Bilateral, nonspecific age-related chronic renal changes with nonobstructive nephrolithiasis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status and to evaluate for evidence of pulmonary metastatic disease.

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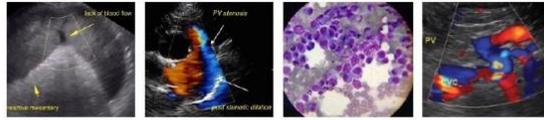
- Given the patient's bloodwork abnormalities and clinical history, an abdominal exploratory with liver biopsies, aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for potential copper quantitation is recommended. Bile duct patency should be assessed and the nodule in the region of the right medial lobe should be biopsied at the time of surgery. If surgery is pursued, a cystotomy/bladder stone removal with submission of the stones for analysis and culture should also be considered. Clotting time should be assessed prior to surgery, given the presence of a hepatopathy.

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- Leptospirosis testing (i.e., blood and urine PCR, serology), can also be considered, depending on the level of clinical suspicion for the disease in this patient

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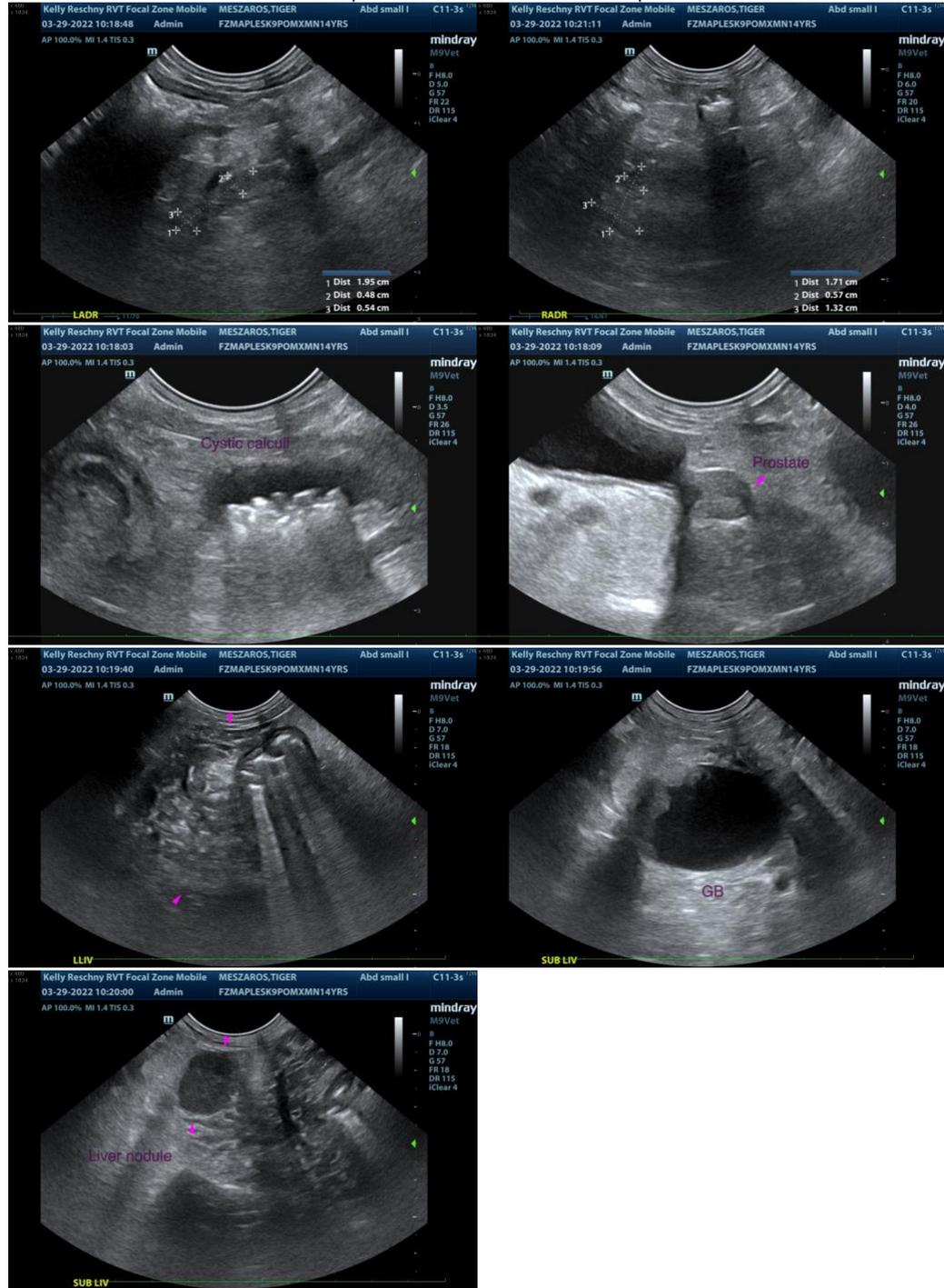
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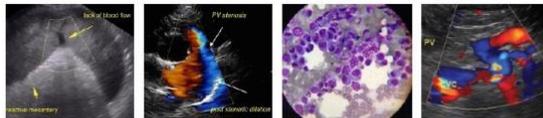
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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