



PATIENT

Daisy Bradbury

SPECIES

Canine

BREED

Shih Tzu mix

SEX

Female, spayed

AGE

14 Yrs.

WEIGHT

24.4 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Shari Reffi CVT

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

Dr. Gabriel

INVOICE

13211

DATE

4/18/22

PRESENTING CLINICAL SIGNS

History: Abdominal pain, yellow MM (jaundice), anorexia, vomiting. R/O Pancreatitis vs liver dz vs abd. mass vs other. Current meds: Metronidazole, Pepcid, Ursodiol, Denamarin
Abnormal PE/Chem/CBC/UA Results: BUN 35 (27 H), Glob 5.1 (4.5 H), ALP >2000, GGT 69 (11 H), TBili 14.6 (0.9 H), Chol (320 H), Amyl 1923 (1500 H), Lipase 5795 (1800 H), K+ 3.4 (3.5 L)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is of appropriate thickness for the level of repletion. The mucosal surface in the region of the apex is slightly irregular. A few small cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (4.02 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. Several non-obstructive nephroliths are visualized. There is mild pyelectasia (0.18 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.11 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. Several non-obstructive nephroliths are visualized. There is trace pyelectasia. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.52 cm at cranial pole) (0.53 cm at caudal pole) (1.42 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 enlarged with a mass effect (2.32 x 2.32 cm). The parenchyma is heterogeneous with hyperechoic to mineralized foci. There is complete loss of glandular detail. There is no obvious evidence of vascular invasion.

Spleen

The spleen is normal in size (1.25 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 normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is distended. The wall is thin and smooth. A small to moderate amount of echogenic debris is observed within the lumen, some of which is gravity-dependent and some of which is suspended. The cystic and common bile ducts are mildly dilated (up to 0.28 cm) but cannot be followed to the level of the duodenal papilla due to artifact.

Gastrointestinal



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The gastric lumen is mildly distended with ingesta. 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 segmentally dilated with chyme. 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.

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Pancreas

The right limb of the pancreas is visible/prominent with slightly irregular peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. Surrounding mesentery is hyperechoic.

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Free Abdomen

The mesentery in the cranial abdomen is hyperechoic. There is no obvious evidence of free fluid. A prominent gastric lymph node is visualized (0.97 x 0.67 cm). Surrounding mesentery is hyperechoic. A few additional prominent cranial abdominal lymph nodes are suspected.

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Other

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Right adrenal mass. Neoplasia (i.e., adenoma, adenocarcinoma, pheochromocytoma) is suspected with a lower possibility of a benign process (i.e., nodular hyperplasia).
- Gallbladder/cystic/common bile duct distention. There is no obvious evidence of intraluminal obstruction. However, this possibility cannot be excluded.
- The pancreatic changes are suggestive of mild chronic active pancreatitis.
- Cranial peritonitis is present, possibly secondary to pancreatic and/or hepatobiliary pathology.

Secondary Findings:

- Bilateral, age-related renal changes with non-obstructive nephrolithiasis and pyelectasia.
- Small cystic calculi.

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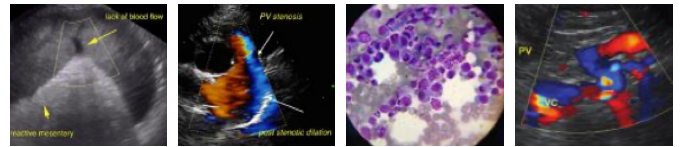
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the degree of hyperbilirubinemia, an abdominal exploratory with assessment of bile duct patency should be considered along with a liver biopsy, +/- removal of the bladder stones with submission for analysis and culture. Clotting times and thoracic radiographs should be assessed prior to any surgical or tissue sampling procedure. If surgery is pursued, referral to a board-certified surgeon is recommended due to the potential for perioperative complications.
- If surgery is not pursued, empirical treatment for pancreatitis/cholangiohepatitis/cholecystitis/cholangitis is recommended including fluid therapy, broad-spectrum antibiotics, pain medication, gastric protectants, antiemetics +/- fresh



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frozen plasma. If the total bilirubin continues to increase despite aggressive supportive care, an abdominal exploratory should be revisited.

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- To further evaluate for a functional right adrenal tumor, a low-dose dexamethasone suppression test and urine/blood catecholamine levels are recommended. An abdominal CT scan would be useful to further assess for vascular invasion.

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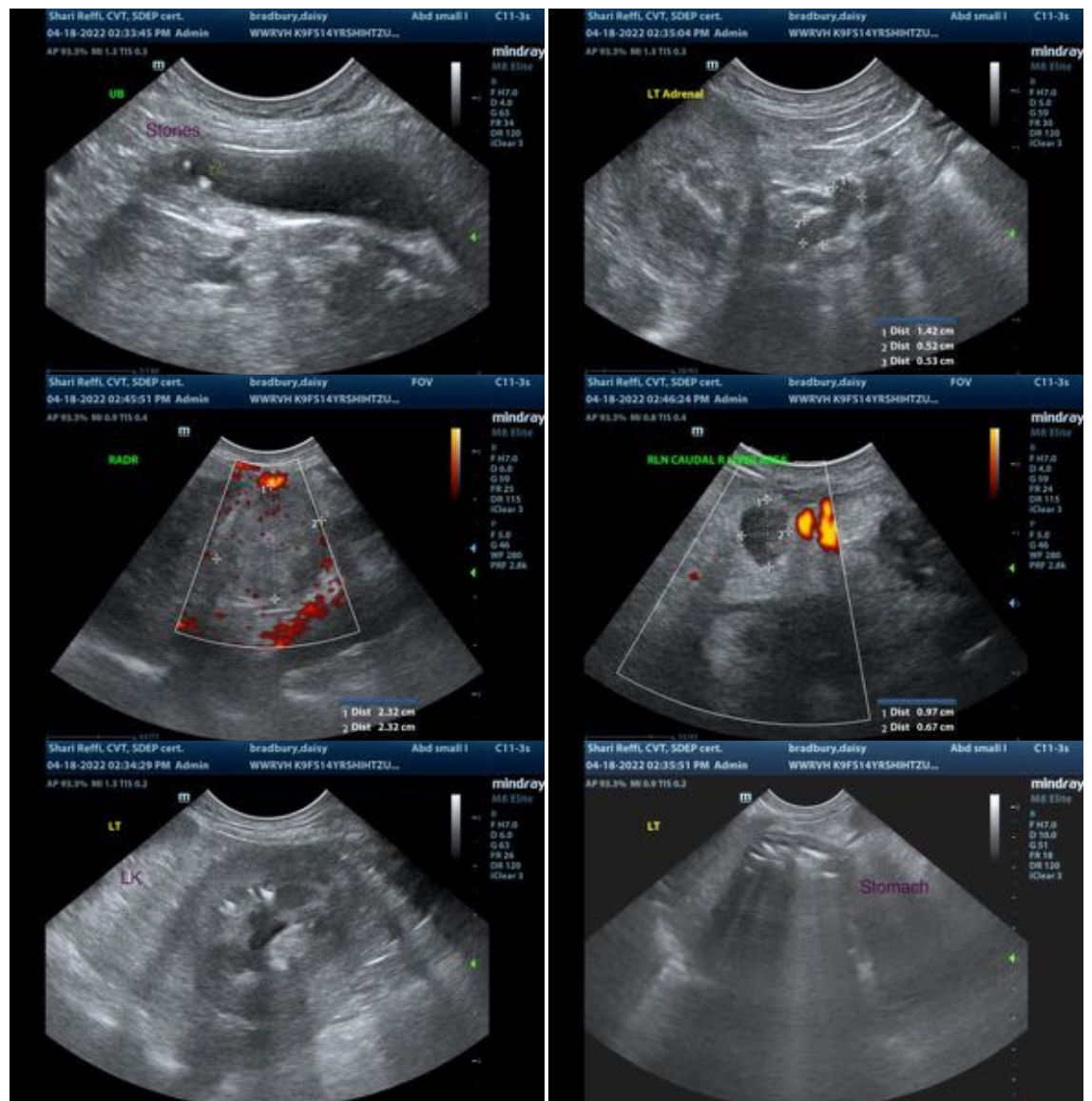
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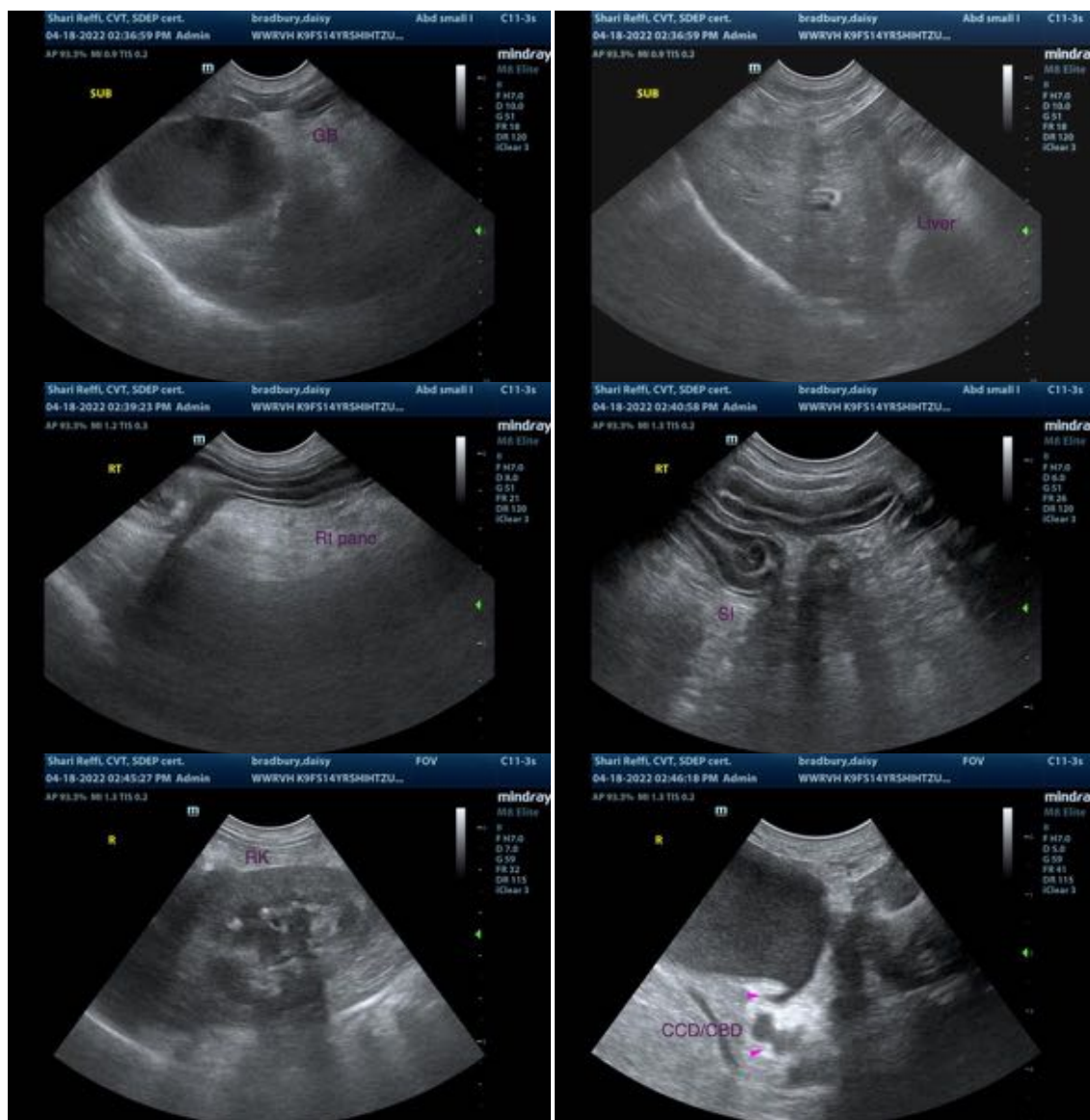
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

Andrea.nicastro@sonopath.com