



PATIENT PRESENTING CLINICAL SIGNS

Bella Huber Clinical Exam Findings: chronic diarrhea. Recent fecal was negative. Has been on metronidazole, Fortiflora and Pro-pectalin. CBC shows hematocrit of 56. Potassium 5.8. ALP 304. T4 2.2. 4dx negative.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

The urinary bladder wall is normal in thickness and 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 2-3 cm, are normal.

BREED

Cocker Spaniel

The left kidney is normal in size (4.85 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

SEX

Female Spayed

The right kidney is normal in size (5.21 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

11-23-2012

Adrenal Glands

The left adrenal gland is normal in size (0.59 cm at cranial pole) (0.60 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.

WEIGHT

27.4 lbs

INTERPRETED BY

Andrea Nicastro, DVM,
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The right adrenal gland is in normal size (1.03 cm at cranial pole) (0.65 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.

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Spleen

The spleen is normal in size (1.02 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.

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Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic to slightly hypoechoic relative to the spleen. A 2.64 cm hyperechoic nodule/mass is observed on the right side, adjacent to the diaphragm. In addition, a 2.35 cm, ill-defined hypoechoic nodule/mass is observed deep on the left side. The remaining parenchyma is homogenous. 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.

REFERRING VET

Elizabeth Wetzel

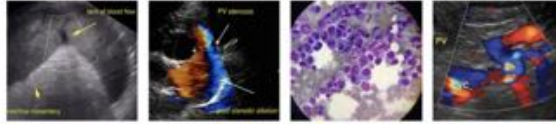
The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic, partially dependent sludge is observed within the lumen. Some of the sludge extends to the periphery. The cystic and common bile ducts are normal/not seen.

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PATIENT *Gastrointestinal*

Bella Huber 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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

SPECIES

Canine *Pancreas*

The base and right limb of the pancreas are visible 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.

BREED

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Free Abdomen

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There is no obvious evidence of free fluid. . A 0.92 cm medial iliac lymph node is visualized. The node is normal in shape and echogenicity.

Female Spayed

Other

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

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- An obvious cause for the patient's chronic diarrhea is not definitively identified in this study. Considerations include microscopic gastrointestinal disease (i.e., food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease), mild chronic pancreatitis, underlying metabolic issue, other.

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Secondary Findings

- The diffuse hepatic parenchymal changes could be consistent with vacuolar hepatopathy or less likely, inflammatory or infiltrative disease, particularly in light of the normal ALT. The hyperechoic hepatic mass trends toward the benign (i.e., regenerative nodule, myelolipoma, other). However, neoplasia cannot be completely excluded. Differentials for the hypoechoic mass include regenerative nodular hyperplasia, inflammatory focus, emerging tumor, other. This lesion also trends toward the benign.
- The gall bladder changes could be consistent with an emerging mucocele, cholestasis, or less likely, fasting.
- Bilateral chronic age-related remodeling renal changes
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Regarding the chronic diarrhea, consider the following:

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- Despite the negative fecal evaluation, consider prophylactic deworming with Fenbendazole.

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- A malabsorption panel, including serum cobalamin and folate, TLI, PLI and a resting cortisol level is recommended (send to Texas A&M).

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Canine

- A 2-4-week limited antigen or hydrolyzed protein diet trial is recommended to evaluate for food allergies.

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Cocker Spaniel

- Also consider initiation of a fiber supplement (i.e., psyllium).

- Ultimately, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis. Three-view thoracic radiographs should be performed prior to any anesthetic event.

SEX

Female Spayed

Regarding the hepatic lesions, if an aggressive approach is desired, consider surgical removal with submission for histopathology. Otherwise, a repeat ultrasound is recommended in 2-3 months to assess for growth.

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Regarding the gall bladder changes, Ursodiol therapy can be considered. Alternatively, consider a recheck ultrasound, preferably 2 hours post-small meal. If the gall bladder is similar in appearance to today's scan, Ursodiol can be initiated at that time.

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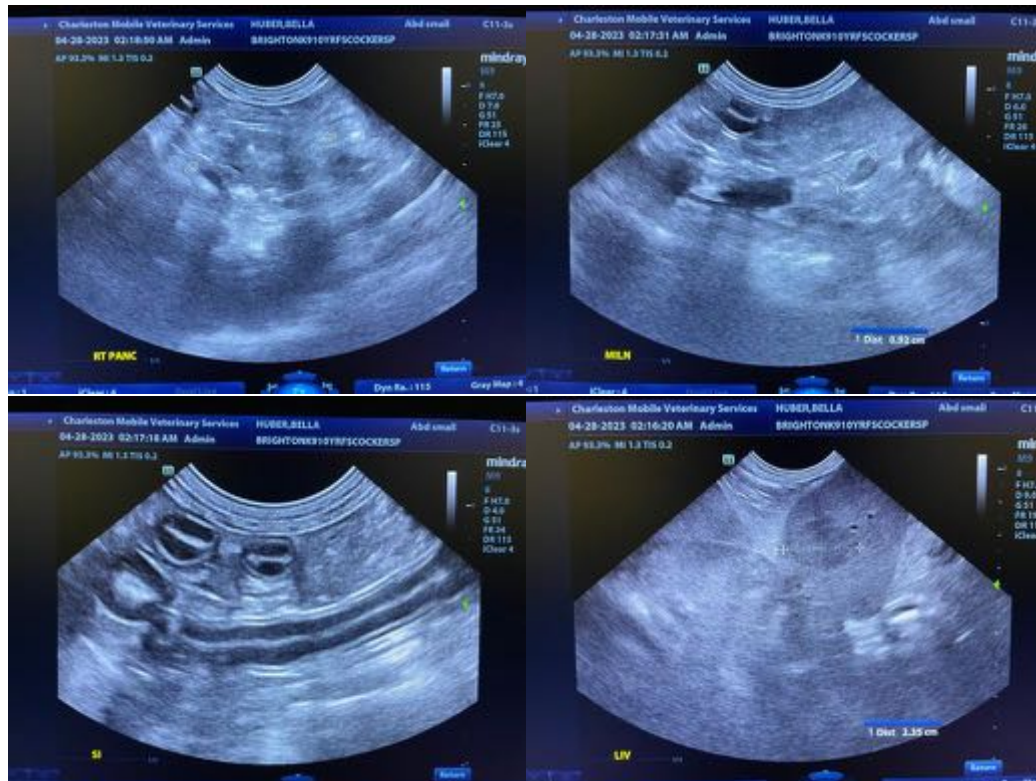
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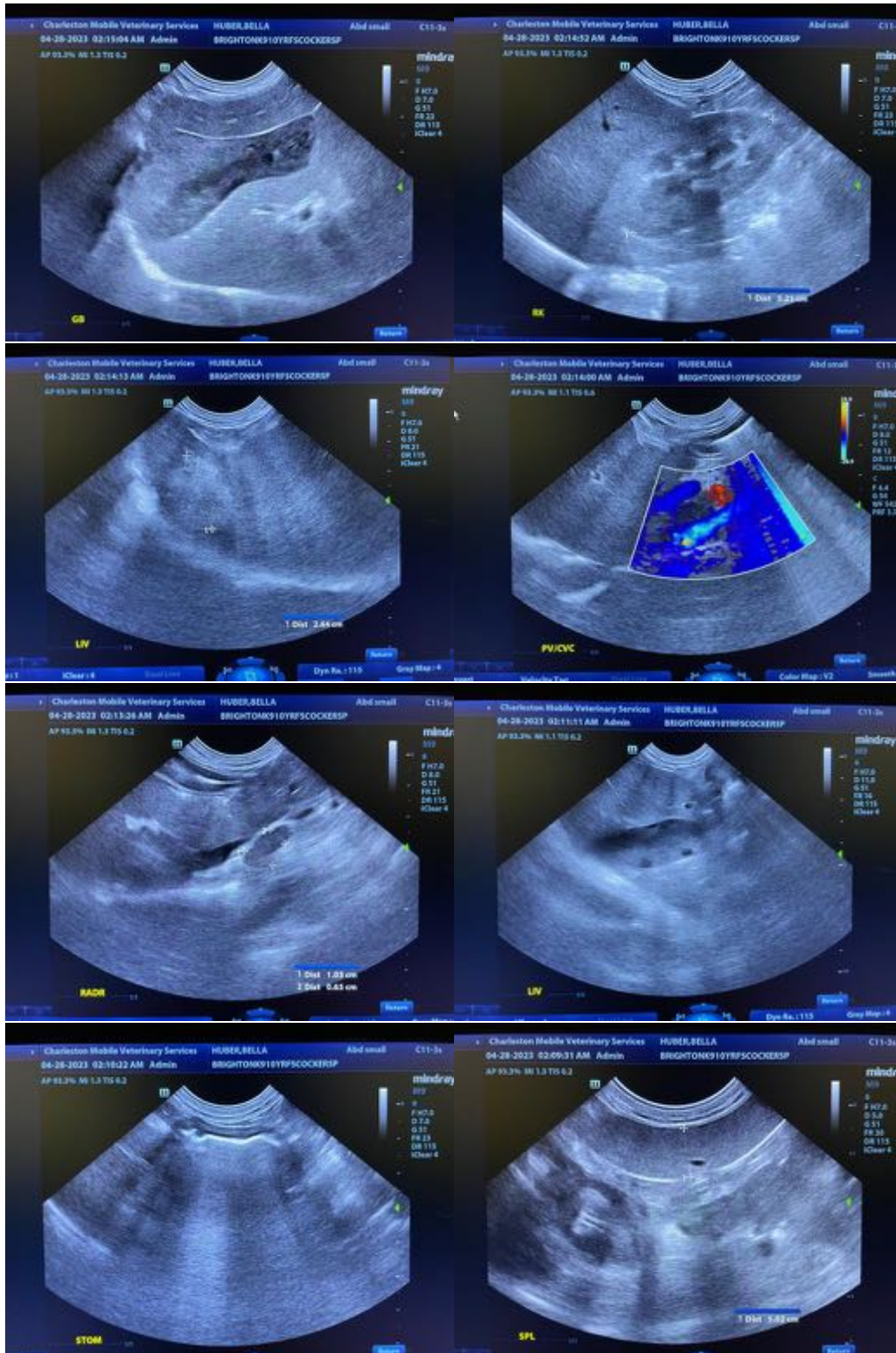
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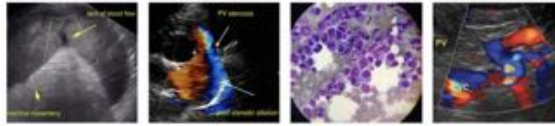
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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