



PATIENT

Hoover Aboe

SPECIES

Canine

BREED

Shih Tzu

SEX

Male Neutered

AGE

8/17/13

WEIGHT

18.3

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
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(Sm Animal Internal Med)

HOSPITAL NAME

Kind Care AH

REFERRING VET

Dr. Stengel

INVOICE

23016

DATE

5-15-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Hemorrhagic gastroenteritis - DDx: Antibiotic-responsive diarrhea (Clostridial overgrowth), medication-induced diarrhea (Ursodiol), inflammatory bowel disease, pancreatitis. The patient has a history of pancreatitis and an elevated canine pancreatic lipase. A fecal direct smear revealed Clostridium organisms. The hematocrit is at the high end of the normal range, which is concerning for hemoconcentration secondary to fluid loss.

Hepatobiliary disease - The patient has a history of elevated alkaline phosphatase and gamma-glutamyl transferase with a normal alanine transaminase, suggestive of a primary gallbladder issue. An abdominal ultrasound to further evaluate the gallbladder for conditions such as a mucocele remains a consideration.

PD - DDx: Compensatory fluid intake due to diarrheal losses, early renal disease, hyperadrenocorticism (Cushing's disease), diabetes mellitus. While hyperadrenocorticism is a differential for an elevated alkaline phosphatase, it is considered less likely given the patient's age and the mild degree of enzyme elevation.

Abnormal lab-work values: CBC unremarkable. (see above)
Current Medications: Tylan Powder: Give 1 capsule by mouth every 24 hours (ONCE daily).
Radiographic Findings: N/A

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 prostate is normal in size (0.62 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (4.13 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild- to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.59 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild- to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

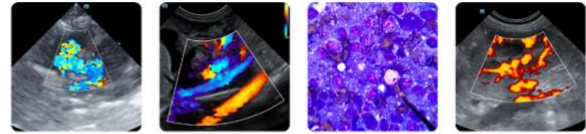
Adrenal Glands

The left adrenal gland is upper limits of normal in size (0.45 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.

The right adrenal gland is normal in size (0.74 cm at cranial pole) (0.50 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 (1.15 cm in width at the level of the hilus) with a normal capsular



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contour. There is appropriate echogenicity and echotexture. A 0.56 x 0.53 cm ill-defined, “target-like” lesion is observed approximately mid-body. Splenic vasculature is normal.

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Liver

The liver is overall normal in size with a slightly irregular caudal margin. A 4.1 x 2.3 cm isoechoic- to heterogenous mass is observed at the caudal aspect, approximately mid-liver. The remaining hepatic parenchyma is slightly mottled, with a few, small, ill-defined hypoechoic nodules/areas. 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.

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The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

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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 masses are not identified. The ileocecolic junction and colonic wall are normal. The colonic lumen contains some shadowing fecal material. There is no obvious evidence of an obstructive pattern.

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Pancreas

The right limb of the pancreas is 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.

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Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

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Other

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

ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Caudal hepatic mass, approximately mid-liver. Neoplasia (i.e., adenoma, adenocarcinoma, round cell tumor, sarcoma) is suspected, with a lower possibility of a non-neoplastic process (i.e., large regenerative nodule, inflammatory focus, other). The diffuse hepatic parenchymal changes are nonspecific and could be consistent with benign age-related parenchymal remodeling, regenerative nodular hyperplasia, infiltrative neoplasia, hepatotoxicosis (i.e., copper), fibrosis, inflammatory disease, and/or other hepatopathy.

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Secondary Findings

- Bilateral nonspecific renal changes with dystrophic mineralization
- The splenic nodule could be consistent with a benign focus (i.e., lymphoid hyperplasia or similar) with a lower possibility of an emerging tumor.

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- Minor pancreatic parenchymal remodeling in the right limb.

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include a microscopic enteropathy (i.e., food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue, other.

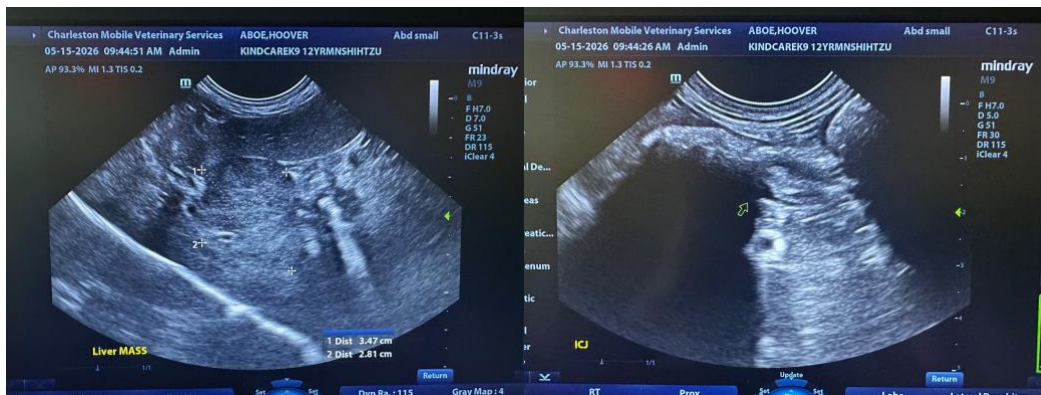
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

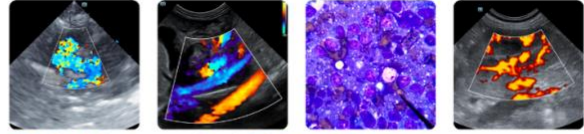
- Regarding the hepatic mass, consider the following:

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Consultation with a board-certified surgeon to discuss hepatic mass removal or debulking. An abdominal CT scan would be useful in presurgical planning.
3. If surgery is not pursued, consider a recheck ultrasound in 2-3 months to assess for growth of the lesion.

- Regarding the chronic diarrhea, consider the following:

1. Fecal evaluation for ova and Giardia, along with a fecal PCR infectious disease panel (if not already performed)
2. Prophylactic deworming with fenbendazole
3. GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level
4. Three-to-four-week limited antigen or hydrolyzed protein diet
5. Initiation of a fiber supplement (i.e., psyllium) may prove beneficial.
6. +/- endoscopic or surgical GI biopsies





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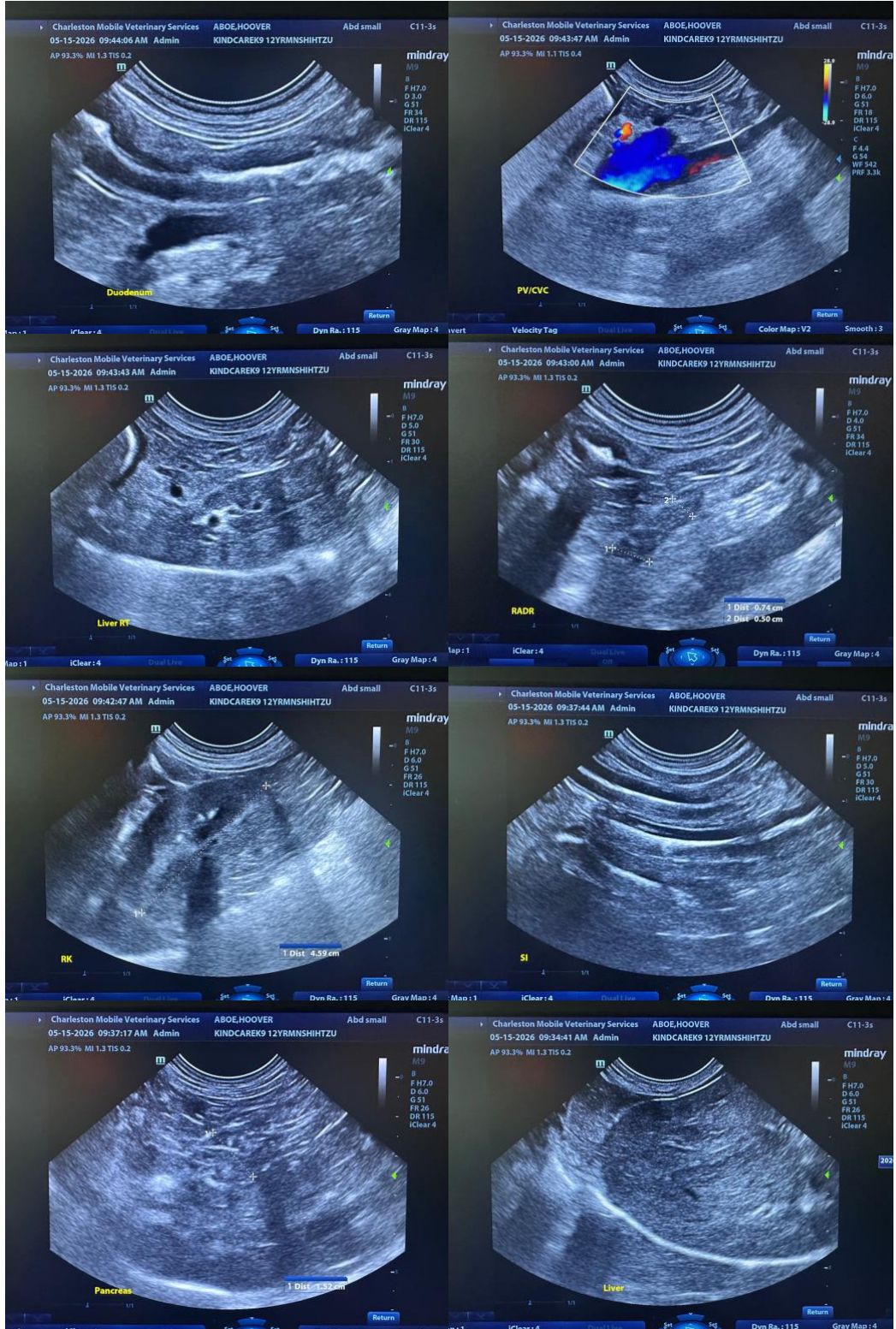
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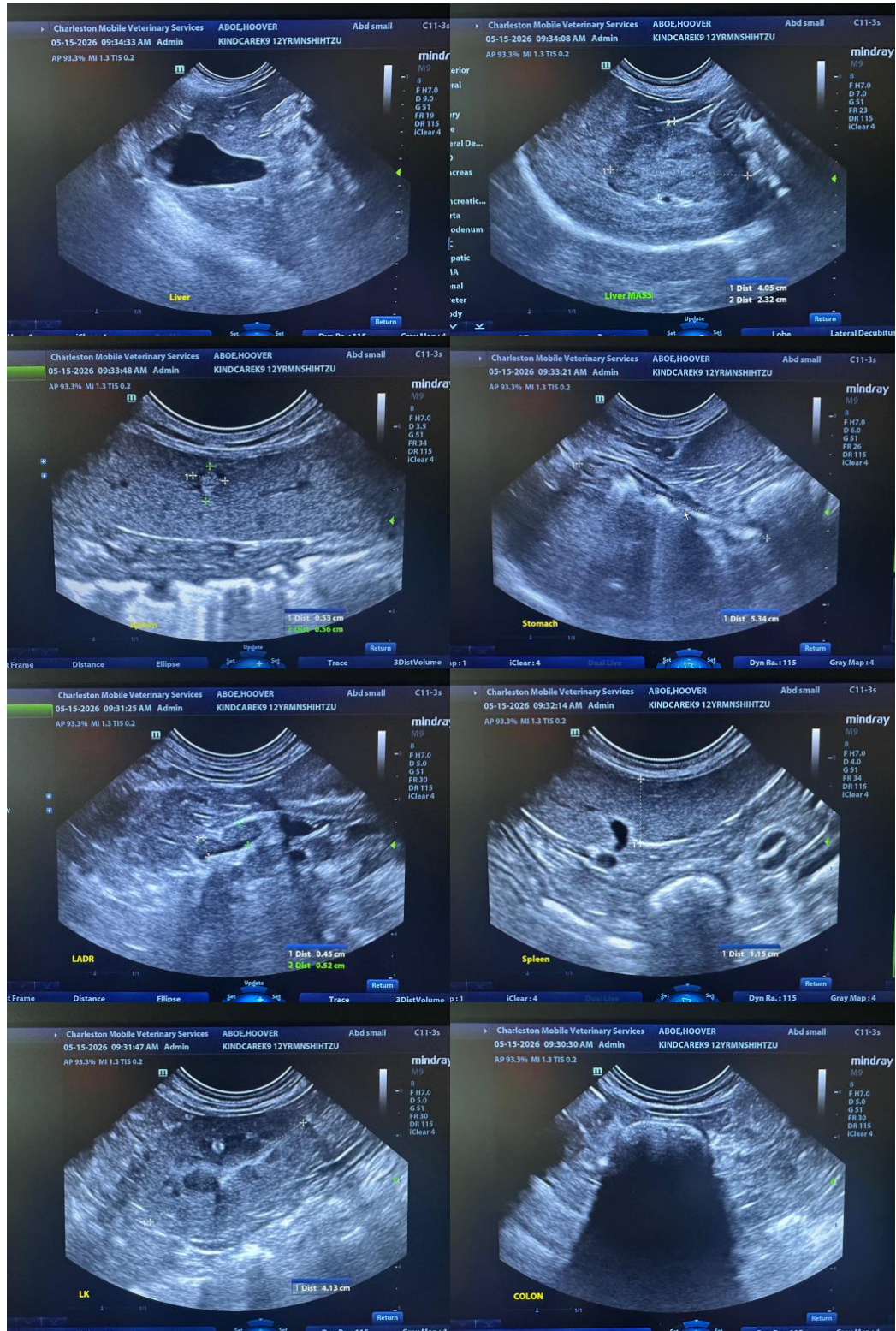
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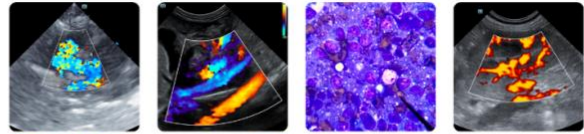
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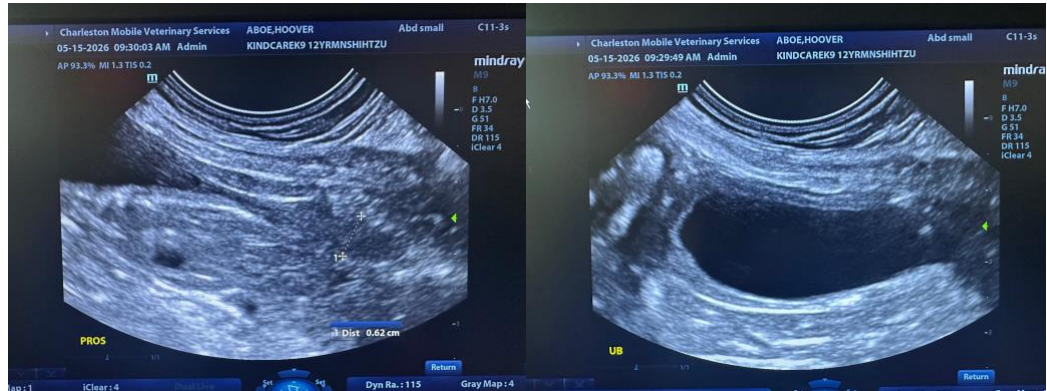
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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