



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Lexi Hainsworth  
**SPECIES** Canine  
**BREED** Pitbull mix  
**SEX** Female, spayed  
**AGE** 10 Years 7 months  
**WEIGHT** 70.5 Pounds

History: \_hepatopathy with ALT elevation predominating with >2000; all pancreatic enzymes elevated including snapCPL; rads show generalized hepatomegaly and rest NSF\_O told p had a bad tooth a while back and would need it extracted. They are wondering if this may be the cause of her issues currently. She had just become a lot more lethargic over the last week or so. Yesterday she began vomiting and having some coughing and decreased appetite She has not vomited or coughed today and did eat some of her breakfast. She may have had some diarrhea but not much and could have been the other dog. She is known to get into things but nothing known about recently. She did have an acute mushroom toxicity as a young dog in which she was very ill and hospitalized.

Abnormal PE/Chem/CBC/UA Results: sedated dex/torb- Chest RADS NSF

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The left kidney is normal size (5.73 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (7.77 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**Adrenal Glands**

The left adrenal gland is normal size (0.76 cm at cranial pole) (0.63 cm at caudal pole) (2.58 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 region of the right adrenal gland is evaluated. No obvious pathology is observed.

**Spleen**

The spleen is normal in size (2.33 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. 1-2 small myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

**Liver**

The liver is enlarged with irregular peripheral contours. Numerous coalescing heterogeneous nodules/masses are observed throughout the organ, some of which contain foci of mineralization. There is no visibly normal appearing hepatic parenchyma. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated echogenic to mineralized mostly gravity-dependent

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

Sierra Pet Clinic

**REFERRING VET**

Dr. Sperka

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5/17/22



**PATIENT**

debris is observed within the lumen. The cystic and common bile ducts are normal/not seen. The duodenal papilla is thickened (0.57 cm in width).

Lexi Hainsworth

***Gastrointestinal***

**SPECIES**

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 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.

Canine

**BREED**

***Pancreas***

Pitbull mix

In the portion of the pancreas that is discernable, the pancreas is prominent and hypoechoic relative to surrounding omental fat. See also *Other*.

**SEX**

***Free Abdomen***

Female, spayed

The mesentery throughout the abdomen is hyperechoic. A small amount of free fluid is present.

**AGE**

***Lymph Nodes***

10 Years 7 months

See *Other*.

**WEIGHT**

***Other***

70.5 Pounds

Throughout the cranial and mid-abdomen, numerous ill-defined hypoechoic nodules/masses are observed. Several of the lesions are coalescing.

**INTERPRETED BY**

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

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**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

**Primary Findings:**

Loetitia Saint-Jacques, RVT

- Diffuse hepatic nodules/masses. Neoplasia (i.e., carcinoma) is suspected with a lower possibility of multifocal inflammatory disease.
- The origin of the masses throughout the mesentery is unclear. They may be arising from omentum, lymph nodes, pancreas, other. Neoplasia (i.e., carcinomatosis) is the top differential with a lower possibility of another neoplastic process or multifocal inflammatory disease.
- Diffuse peritonitis is present, likely secondary to mesenteric and hepatic pathology.

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**Secondary Findings:**

- The visible pancreatic changes are suggestive of mild to moderate pancreatitis.

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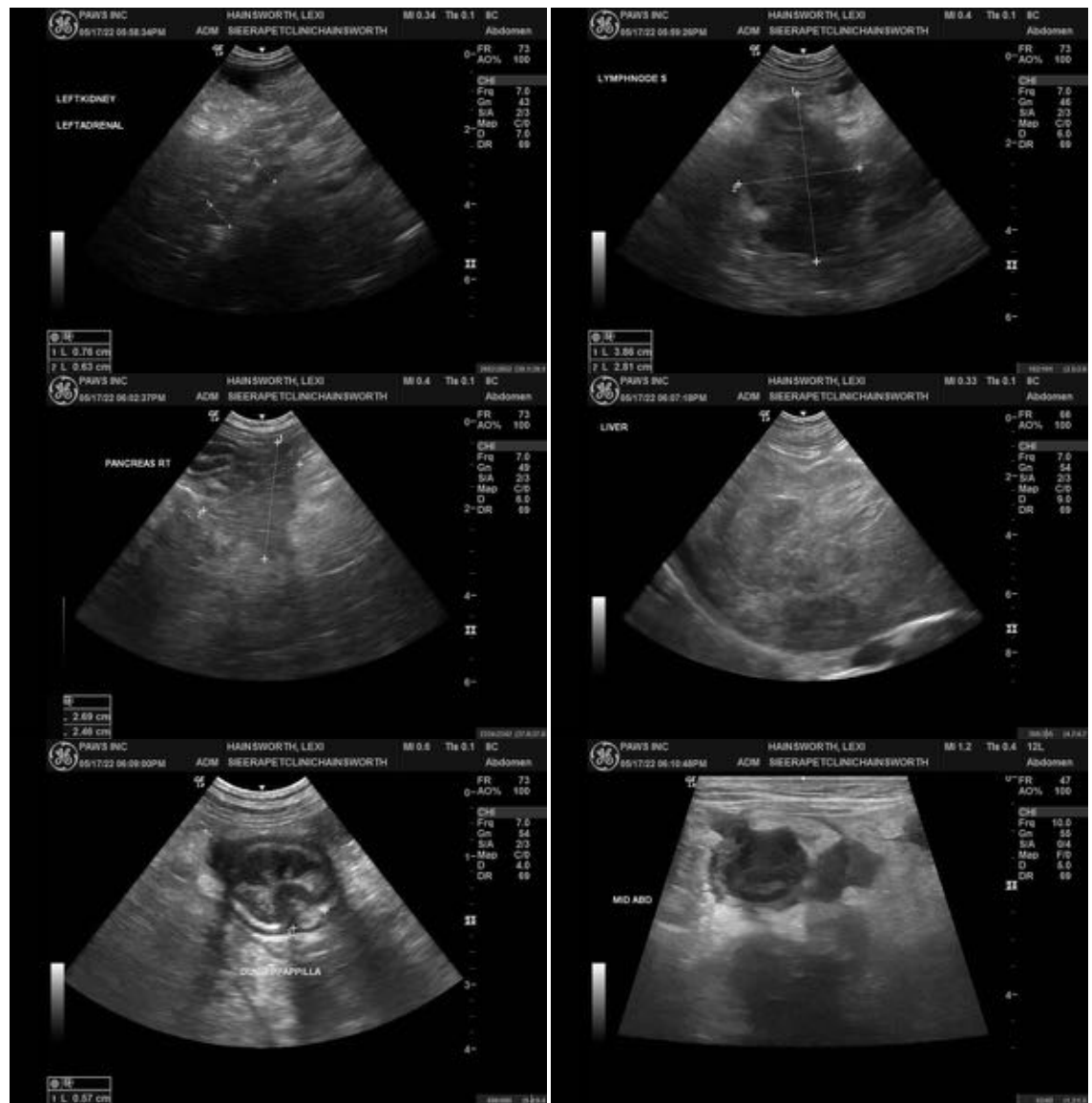
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine needle aspirates of the hepatic and mesenteric masses can be considered, if clotting status is appropriate. However, given the likelihood of a multifocal neoplastic process, the prognosis for this patient is considered guarded and palliative/symptomatic therapy should be considered.





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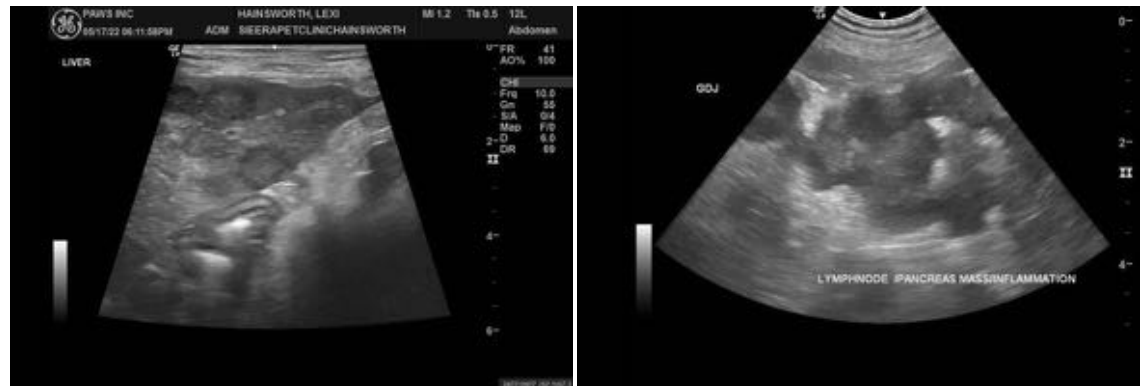
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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*)

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