

**PATIENT**

Lucy Clemente

**SPECIES**

Canine

**BREED**

Hound X

**SEX**

Spayed Female

**AGE**

2/21/11

**WEIGHT**

42 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Andrea Nicastro,  
DVM, Diplomate  
ACVIM (Small Animal

**HOSPITAL NAME**

Brighton Animal  
Hospital

**REFERRING VET**

Dr. Elizabeth Wetzel

**INVOICE**

16036

**DATE**

6/13/22

**PRESENTING CLINICAL SIGNS**

History: Had a benign liver mass removed approximately 1 year ago and the blood work in March showed an ALP of 1022, T. bili of 0.4. Doing well at home. This is a follow up ultrasound post-surgery.

**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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (5.47 cm in length) with a normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.50 cm in length) with a normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is mildly enlarged (0.68 cm at cranial pole) (0.77 cm at caudal pole) (2.72 cm in length) 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.

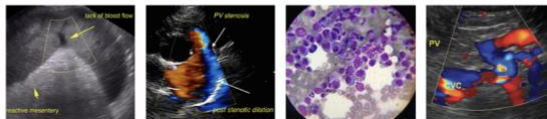
The right adrenal gland is upper limits of normal size (1.45 cm at cranial pole) (0.71 cm at caudal pole) (2.94 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is subjectively normal in size (1.65 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is of appropriate echogenicity and echotexture. Pinpoint hyperechoic foci are observed throughout the organ. Splenic vasculature is normal with no evidence of thrombosis.

**Liver**

The liver is subjectively prominent in size with slightly irregular/swollen peripheral contours. The parenchyma is isoechoic relative to the spleen with numerous varying sized hypoechoic nodules throughout the organ, the largest measuring 2.55 cm in diameter (in the region of the right medial lobe). At least one hyperechoic nodule is also seen on the right side. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.



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The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

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**Gastrointestinal**

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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.

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**Pancreas**

Spayed Female

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

**AGE**

**Free Abdomen**

2/21/11

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

**WEIGHT**

**Other**

42 Pounds

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

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**ULTRASONOGRAPHIC FINDINGS**

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**Primary Findings**

**IMAGING PERFORMED BY**

- Given the patients prior ultrasound, previous biopsy findings and current asymptomatic state, the diffuse changes are likely secondary to a benign process (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy). However, infiltrative neoplasia cannot be completely excluded.

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**Secondary Findings**

**HOSPITAL NAME**

- Minor age-related renal and pancreatic changes
- Borderline bilateral adrenomegaly
- Suspected dystrophic mineralization of the spleen, a benign incidental finding, often seen with endocrinopathies

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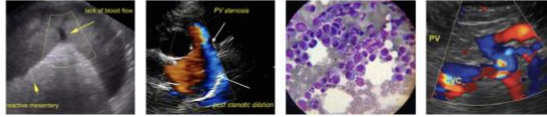
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, a repeat abdomen ultrasound +/- a more advanced hepatic work-up (i.e., tissue sampling) may be warranted.

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Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.

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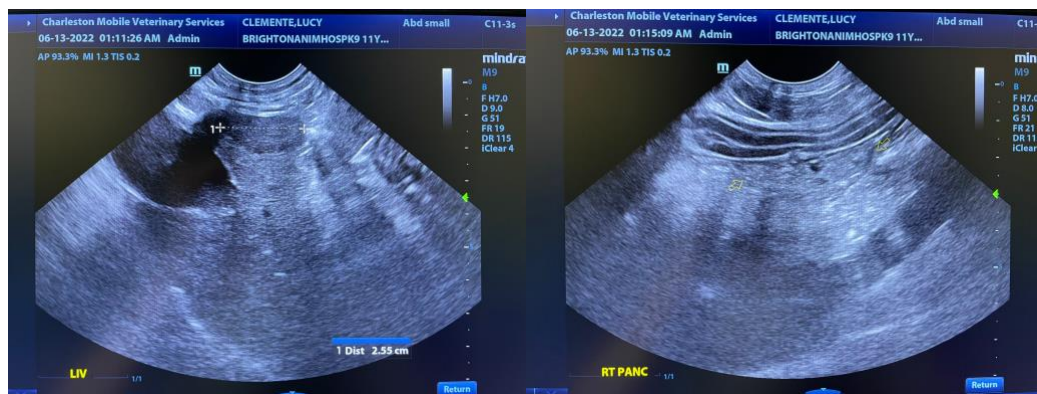
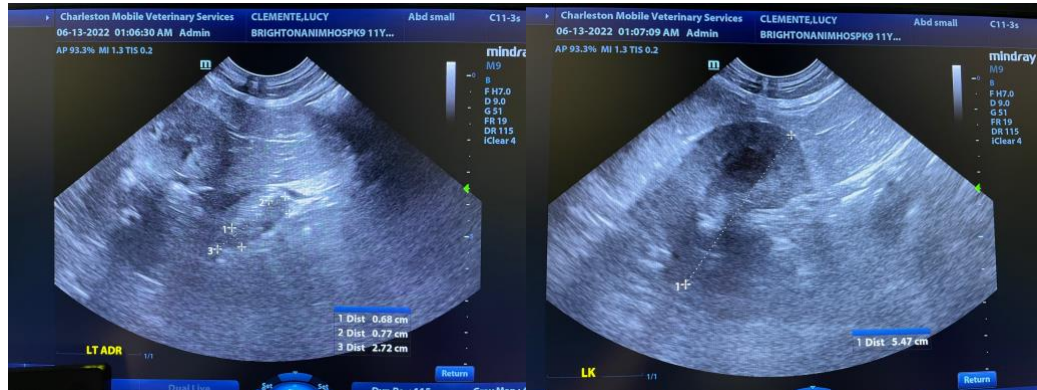
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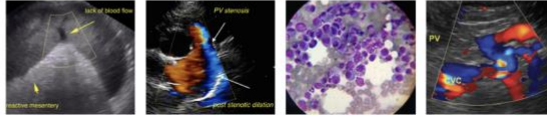
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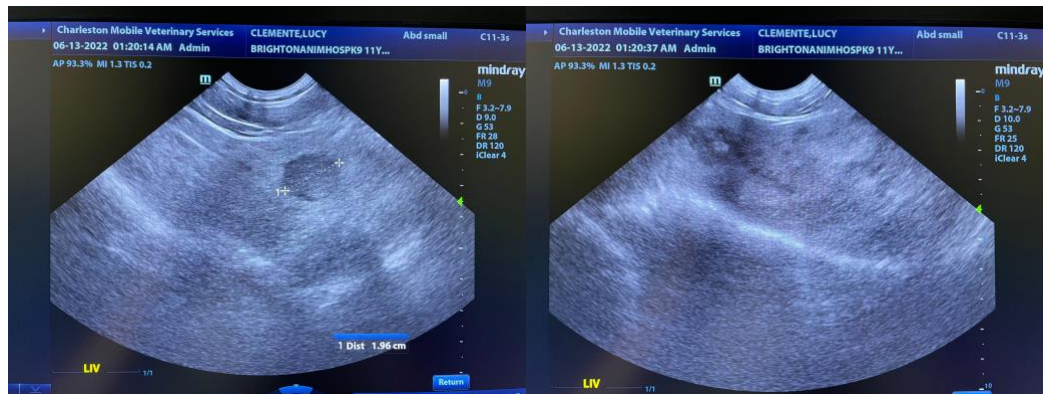
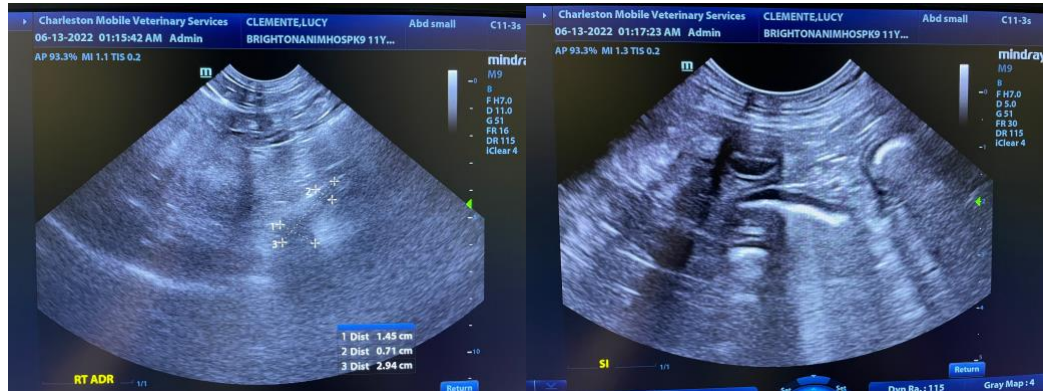
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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