



**PATIENT PRESENTING CLINICAL SIGNS**

Maggie Sarratea

History: Hospital Name: Alpine Animal Hospital Referring veterinarian: Lindsay Sjoloin, DVM Patient's Name: Maggie Owner's first and last name: Becky Sarratea Species: Canine Gender(altered?) S Age: 11Y Weight in #: 32 Breed: Queensland Heeler History: History of diabetes and liver mass. Concern for emerging gallbladder mucocele. Physical exam findings: Diabetic cataracts. Otherwise, PE WNL Abnormal CBC values: Mild thrombocytosis. Abnormal Chemistry Values: Glucosuria, mild elevation in ALT. Moderate to severe elevation in ALP, moderate to severe elevation in GGT, mild elevation in cholesterol Abnormal UA Values: glucosuria, proteinuria, elevated UPC 7.3 Radiograph Findings(email radiographs if available): Reason for Ultrasound: During a brief scan of the abdomen to evaluate any change in liver mass, noted a lot of sludge in the gallbladder. Would like a second opinion on gallbladder and if there is an emerging mucocele, or if ursodiol therapy would be appropriate vs contraindicated.

**SPECIES**

Canine

**BREED**

Queensland Heeler

**SEX**

Female, spayed

**AGE**

11 Years

**WEIGHT**

32 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

Alpine AH

**REFERRING VET**

Dr. Sjoloin

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6/13/22

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder is mildly to moderately distended with anechoic urine. The wall in the region of the apex is mildly thickened (up to 0.29 cm) with a slightly irregular mucosal surface. The wall tapers to a normal thickness as it extends toward the cystourethral junction. No 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 (6.36 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. 1-2 small cortical cysts are visualized, the largest measuring 0.66 cm in length. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (6.75 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

*Adrenal Glands*

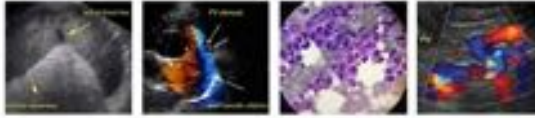
The left adrenal gland is normal size (0.58 cm at cranial pole) (0.73 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The caudal pole of the right adrenal gland is visualized and is normal size (0.61 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

*Spleen*

The spleen is normal in size (1.11 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.36 cm hypoechoic nodule is observed near the caudal aspect. Splenic vasculature is normal.

*Liver*



**PATIENT**

Maggie Sarraatea

The liver is subjectively enlarged with swollen peripheral contours. An approximately 5.5 cm irregular heterogeneous mass is observed at the caudal aspect. A 0.82 cm cyst is observed on the right side, near the diaphragm. The remaining parenchyma is isoechoic relative to the spleen and homogeneous in appearance. 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 moderate amount of echogenic debris is observed within the lumen, most of which is gravity-dependent and a small amount of which is suspended. The cystic and common bile ducts are normal/not seen.

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***Gastrointestinal***

**BREED**

Queensland Heeler

The gastric lumen is moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. 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.

**SEX**

Female, spayed

***Pancreas***

**AGE**

11 Years

A portion of the pancreas is obscured by the gastric distention. In one still image of the right limb, the pancreas appears largely isoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

**WEIGHT**

32 Pounds

***Free Abdomen***

Trace free fluid is observed. 1-2 medial iliac lymph nodes are visualized, the largest measuring 1.12 cm in length. The nodes are normal in shape and echogenicity.

***Other***

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

**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

**Primary Findings:**

Loetitia Saint-Jacques, RVT

- Large hepatic mass. Neoplasia (i.e., adenocarcinoma, adenoma) is considered likely with a lower possibility of benign pathology. The diffuse hepatic parenchymal changes are non-specific and could be secondary to a benign age-related process (i.e., vacuolar hepatopathy, regenerative nodular hyperplasia) or more insidious pathology (i.e., inflammatory or metastatic disease).
- Gallbladder debris, non-mucocele.
- The trace ascites is likely secondary to hepatic pathology.

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**Secondary Findings:**

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- Minor age-related renal changes. The urinary bladder wall changes at the apex are suggestive of cystitis. However, correlation with the patient's clinical history and urinalysis findings is recommended.
- Suspected age-related remodeling of the pancreas.
- The small splenic nodule trends toward the benign (i.e., focus of lymphoid hyperplasia or similar) with a lower possibility of emerging neoplasia.

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**PATIENT**

Maggie Sarratea

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If an aggressive approach is desired, consider referral to a board-certified surgeon to discuss hepatic mass removal or debulking. An abdominal CT scan would be useful in pre-surgical planning. Otherwise, continued symptomatic care is recommended. Ursodiol therapy is not indicated at this time.

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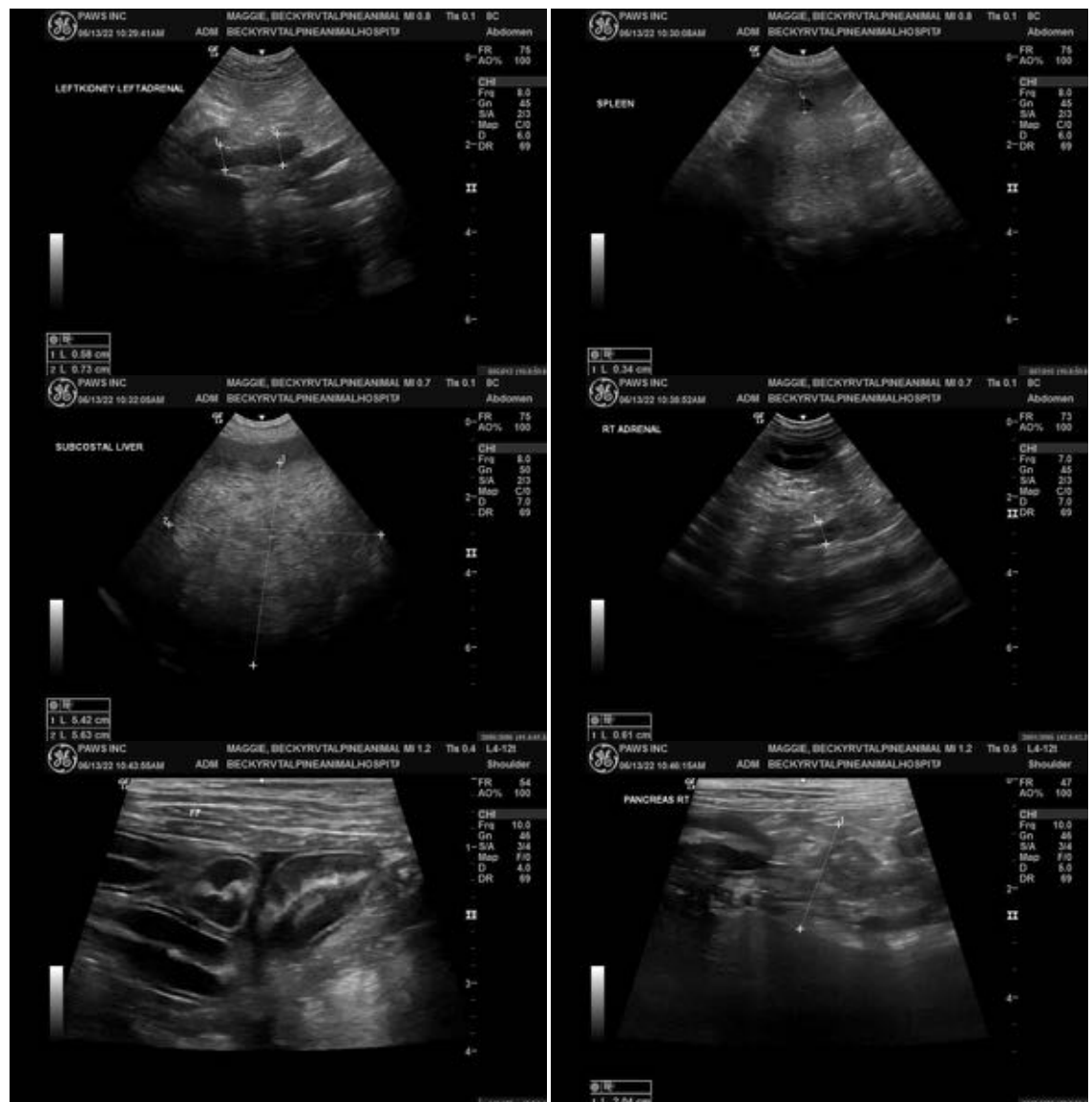
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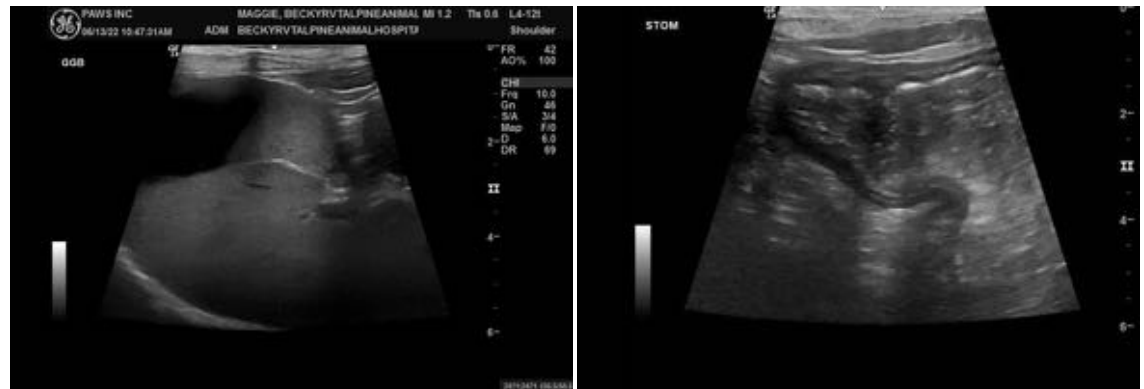
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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*)

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