



PATIENT PRESENTING CLINICAL SIGNS

Maxx Hinton Clinical Exam Findings:
PE: QAR, BCS 4/9
Heart/Lungs: Grade 3/6 L sided HM. No crackles/wheezes/arrhythmias noted. Pulses moderate but synchronous. Chest very round
SPECIES eyes: Moderate to severe corneal edema OD with possible visible corneal defect. OS mature cataract
Canine ears: clear
nose/throat: Clear
BREED oral: MM pk. 4+ dental dz
integument: Clear
abdomen: Soft/nonpainful. No masses/FB noted
Lhasa Apso Neuro: Moderately ataxic on back end, crossing legs when walking but normal placing
Musculoskeletal: No frx/lux palpable
SEX
Male Neutered Abnormal lab-work values: ALT 3803, ALKP 1982, AMYL 2178, LIPA 5307
Current Medications: Famotidine, Buprenex, Cerenia, Unasyn
Radiographic Findings: Sent separately via Keystone.

AGE ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

9/28/11 **Urinary System**
The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.
WEIGHT
6.37 kg The prostate is normal in size (0.83 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

INTERPRETED BY

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

IMAGING PERFORMED BY

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HOSPITAL NAME

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Summerville

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Kelsey Harris

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6.14.23

The left kidney is normal in size (4.45 cm in length) with smooth curvilinear peripheral contours. The cortex is mildly thickened and isoechoic relative to the spleen, with pinpoint hyperechoic-to-mineralized foci. There is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.13 cm in length) with smooth curvilinear peripheral contours. The cortex is mildly thickened and isoechoic relative to the spleen, with pinpoint hyperechoic-to-mineralized foci. There is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.73 cm at cranial pole) (0.93 cm at caudal pole) with a slightly irregular shape. The parenchyma is subtly heterogenous in appearance with some loss of glandular detail. No distinct focal lesions are observed. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (1.64 cm at cranial pole) (0.64 cm at caudal pole) with a slightly irregular shape. The parenchyma is hypoechoic with some loss of glandular detail. No focal lesions are observed. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.70 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.



PATIENT *Liver*

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The liver is overall normal in size with slightly irregular peripheral contours. On the right side, adjacent to the diaphragm, a 4.58 x 3.68 cm irregular, heterogenous, cavitated mass is visualized. The mass is compressing the gallbladder wall. The remaining hepatic parenchyma is hypoechoic relative to the spleen and relatively homogenous in appearance. 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.

SPECIES

Canine

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

BREED

Lhasa Apso

Gastrointestinal

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.

SEX

Male Neutered

Pancreas

The right limb and base are prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

AGE

9/28/11

Free Abdomen

The mesentery in the cranial abdomen is hyperechoic. There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

WEIGHT

6.37 kg

Other

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Right hepatic mass. Neoplasia (i.e., carcinoma, sarcoma, round cell tumor) is consider likely with a low possibility of a non-neoplastic process.
- The pancreatic changes are suggestive of mild pancreatitis

Secondary Findings

- Bilateral adrenomegaly
- Bilateral chronic nephropathy with nonobstructive nephrocalcinosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastatic disease (if not already performed).
- If an aggressive approach is desired, consider an abdominal exploratory with mass removal or debulking (preferably with a board-certified surgeon). An abdominal CT scan would be useful in



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Maxx Hinton

presurgical planning. If surgery is not pursued, palliative care is recommended. In the meantime, symptomatic care for pancreatitis should be considered.

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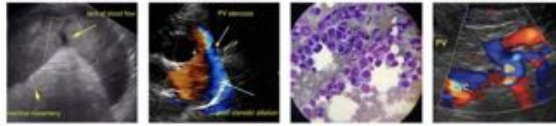
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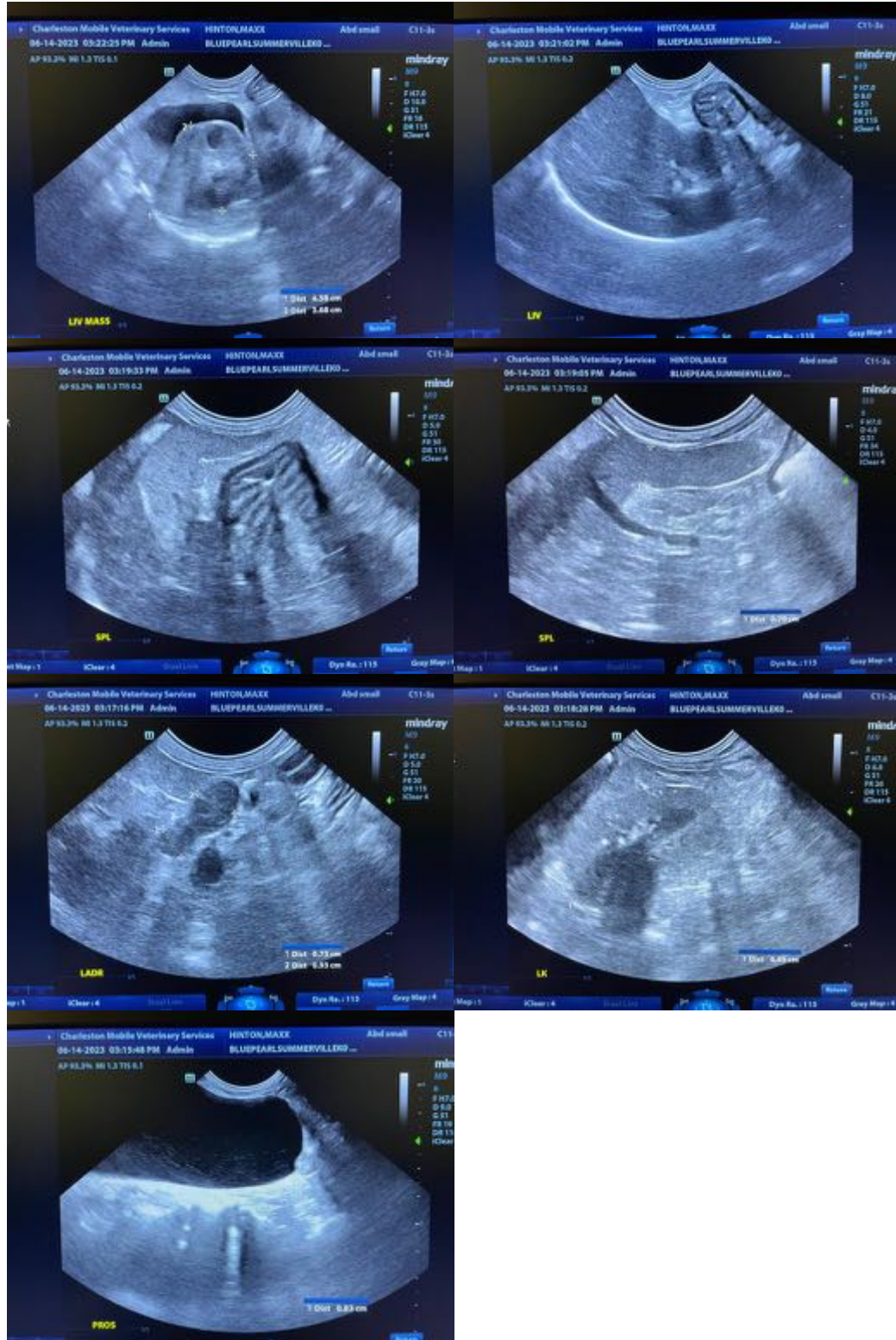
Kelsey Harris

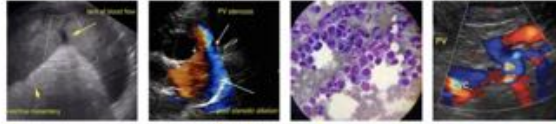
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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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info@SonoPath.com

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