

PATIENT PRESENTING CLINICAL SIGNS

Alice Szasz
SPECIES Canine
Clinical Exam Findings: History of acute onset hemorrhagic diarrhea. Elevated liver enzymes. P presents with acute onset anorexia beginning yesterday, inappropriate defecation over the past few days with blood first presenting yesterday pm., and vomiting clear foam. P presents dehydrated with pale mucous membranes. O does not believe P got into anything.
Abnormal Lab-work Values (emailed)
Current Medications: None

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Aus Cattle Dog
Urinary System

SEX Spayed Female
The bladder is moderately distended. A small amount of suspended, echogenic debris is observed within the lumen. 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.

AGE 6/21/2008
The left kidney is normal size (5.62 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT 31.5 lbs/14.3 kg
The right kidney is normal size (6.04 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY Adrenal Glands

Andrea Nicastro,
DVM, Diplomate
ACVIM (Small Animal
Internal Medicine)
The left adrenal gland is normal size (0.64 cm at cranial pole) (0.58 cm at caudal pole) (2.59 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.

IMAGING PERFORMED BY
Andrea Nicastro,
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The right adrenal gland is normal size (0.99 cm at cranial pole) (0.54 cm at caudal pole) (2.50 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.

HOSPITAL NAME Flowertown AH
Spleen
The spleen is normal in size (1.37 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.

REFERRING VET Dr. Pignatello
Liver
The liver is subjectively prominent in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely mottled in appearance, with numerous, varying-sized hypoechoic nodules throughout the organ. On the right side, an approximately 6.00 cm cavitated mass-like lesion is observed adjacent to the diaphragm. In addition, an approximately 1.08 cm heterogenous nodule is also observed on the right adjacent to the diaphragm. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

INVOICE 11131
The liver is subjectively prominent in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely mottled in appearance, with numerous, varying-sized hypoechoic nodules throughout the organ. On the right side, an approximately 6.00 cm cavitated mass-like lesion is observed adjacent to the diaphragm. In addition, an approximately 1.08 cm heterogenous nodule is also observed on the right adjacent to the diaphragm. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

DATE 6/21/22



PATIENT

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/not seen.

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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. The lumen of the descending colon contains a small amount of liquid-appearing fecal material. There is no evidence of an obstructive pattern.

Canine

BREED

Aus Cattle Dog

SEX

Pancreas

Spayed Female

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.

AGE

6/21/2008

Free Abdomen

WEIGHT

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 1.04 cm medial iliac lymph node is visualized.

31.5 lbs/14.3 kg

Other

INTERPRETED BY

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

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- Cavitated hepatic mass. Differentials include neoplasia (i.e., hemangiosarcoma, adenocarcinoma with necrotic areas, other) versus a benign process (i.e., abscessation).
- The diffuse hepatic nodules could be consistent with metastatic disease, regenerative nodular hyperplasia or inflammatory foci.

HOSPITAL NAME

Secondary Findings

Flowertown AH

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

REFERRING VET

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dr. Pignatello

Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

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Regarding the hepatic mass/lesions, biopsies would be necessary to get a definitive diagnosis. If pursued, referral to a board-certified surgeon is recommended due to the potential for perioperative complications, particularly if the larger mass is to be removed. Cultures of the mass may also be warranted.

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Regarding the current clinical signs, consider the following:

6/21/22



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Spayed Female

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HOSPITAL NAME

Flowerstown AH

REFERRING VET

Dr. Pignatello

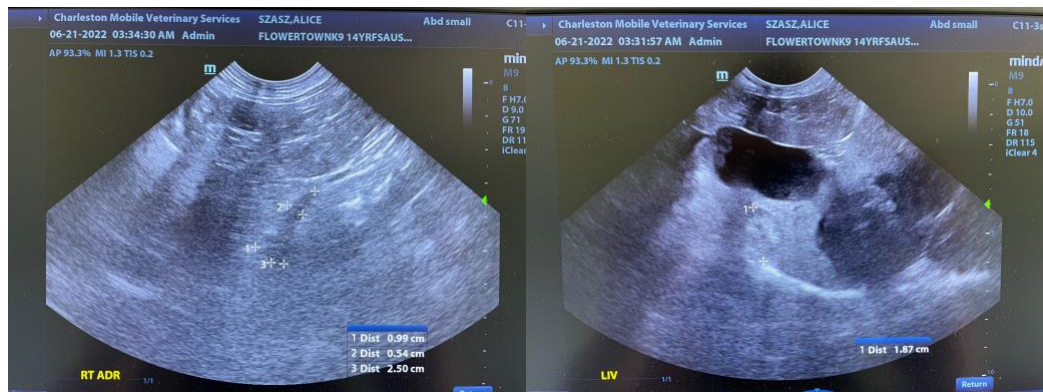
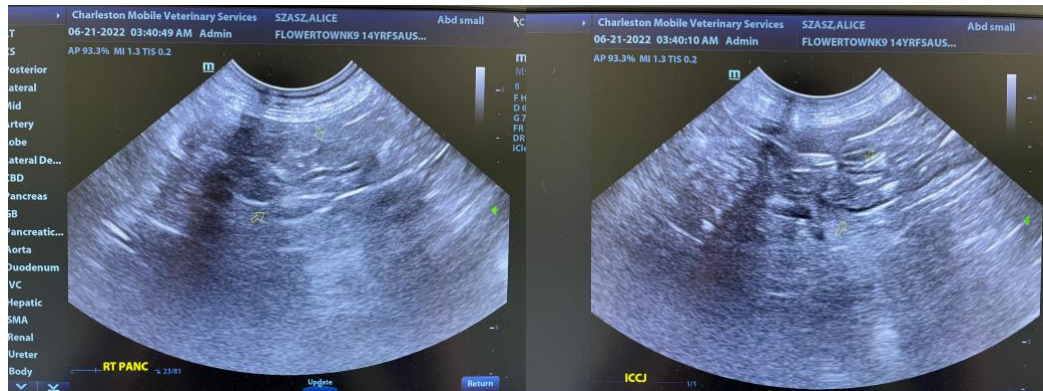
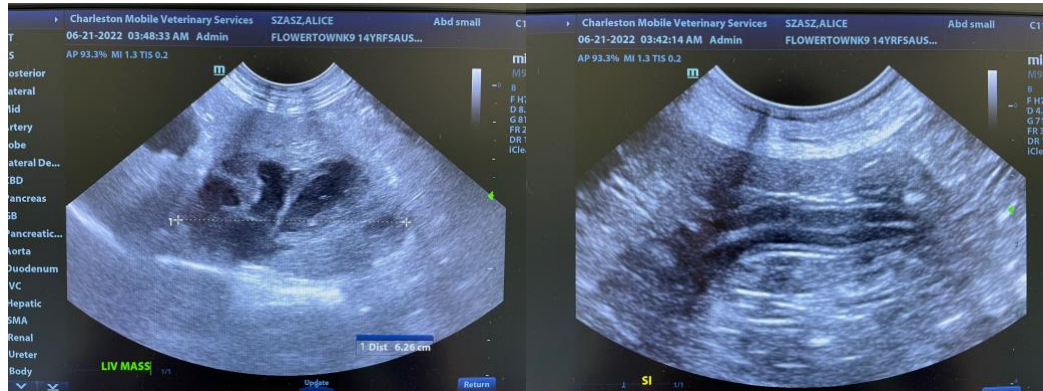
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1. Fecal evaluation for ova and Giardia
2. Prophylactic deworming with fenbendazole
3. Broad-spectrum antibiotic therapy to help prevent bacterial translocation
4. Initiation of a probiotic with a high colony count (i.e., Provable Forte or Visbiome)
5. Other supportive/symptomatic measures to treat hemorrhagic gastroenteritis.





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Aus Cattle Dog

SEX

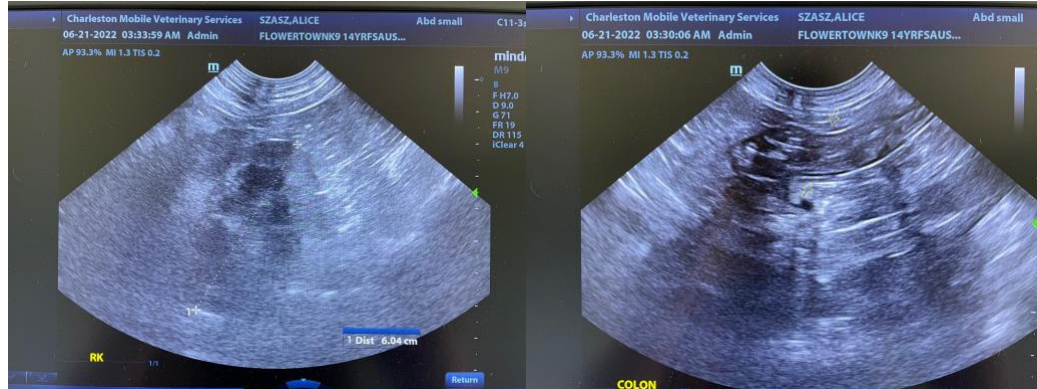
Spayed Female

AGE

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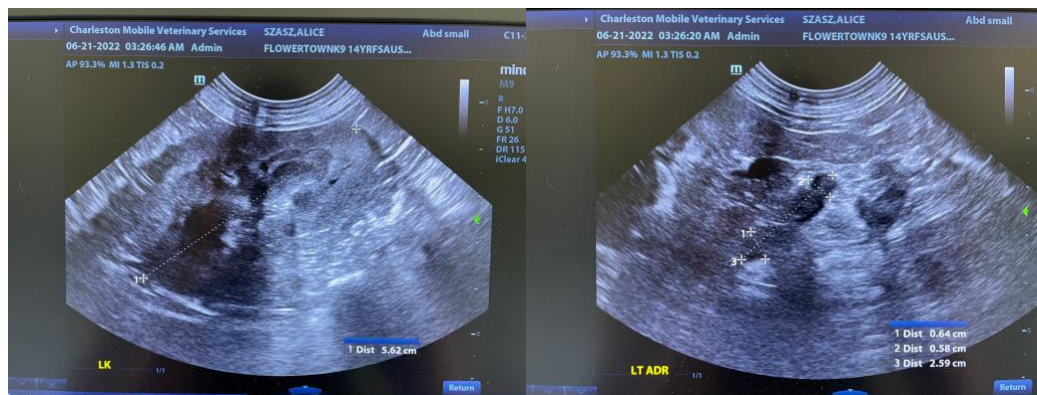


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Flowertown AH

REFERRING VET

Dr. Pignatello

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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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