



PATIENT PRESENTING CLINICAL SIGNS

Aitor Do Durand
History: Presented as a referral for an abdominal ultrasound to evaluate vomiting. Pt has a history of 2 weeks of recurring vomiting. 5 days ago, has an episode of diarrhea.
Abnormal PE/Chem/CBC/UA Results: FNA of the liver (Pending)

SPECIES

Canine

BREED

Bichon Frise

SEX

Neutered Male

AGE

7 years

WEIGHT

17.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ferrer

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Alfred E. Marzan

INVOICE

13470

DATE

6.22.23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The prostate is normal in size (1.71 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (4.34 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (4.90 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.40 cm at cranial pole) (0.50 cm at caudal pole) (1.79 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 mildly enlarged (0.56 cm at cranial pole) (0.60 cm at caudal pole) (1.69 cm in length) with a relatively normal shape. A 0.56 x 0.43 cm hyperechoic nodule is observed at the cuap. Glandular echogenicity and detail at the cranial pole are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.25 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 appears normal.

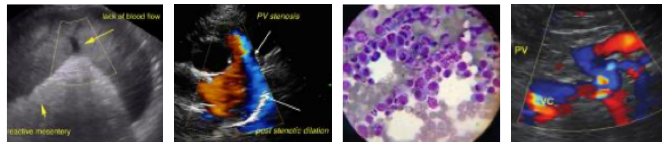
Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely mottled, with numerous, ill-defined hypoechoic nodules throughout the organ. Hepatic vasculature and intrahepatic 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 amount of echogenic debris is adhered to the luminal surface. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly fluid- and gastric 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



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detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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Pancreas

The base and right limb of the pancreas are 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.

BREED

Bichon Frise

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few prominent mesenteric lymph nodes are visualized (the largest measuring 1.20 x 0.32 cm). Surrounding mesentery is mildly hyperechoic.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic parenchymal changes are nonspecific and could be secondary to a benign process (i.e., regenerative nodular hyperplasia, vacuolar hepatopathy, age-related remodeling, or some combination thereof). Alternatively, a more insidious hepatopathy (i.e., infiltrative neoplasia, inflammatory disease, hepatotoxicosis, fibrosis) is also possible.

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Secondary Findings

- The right adrenal nodule could be consistent with nodular hyperplasia, adenoma, adenocarcinoma, or pheochromocytoma. A benign process is favored.
- Bilateral chronic age-related renal changes
- Minor age-related remodeling
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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*An obvious cause for the patient's GI signs is not definitively identified in this study. Considerations include underlying hepatopathy, microscopic gastrointestinal disease (i.e., dietary indiscretion, infectious/parasitic disease, food allergy/intolerance, other), other metabolic issue.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline lab work, including a CBC, chemistry panel, urinalysis and T4 is recommended (if not already performed).
- Depending on these results, as well as the liver cytology, a more comprehensive GI work-up may be warranted. In the meantime, symptomatic care is recommended.

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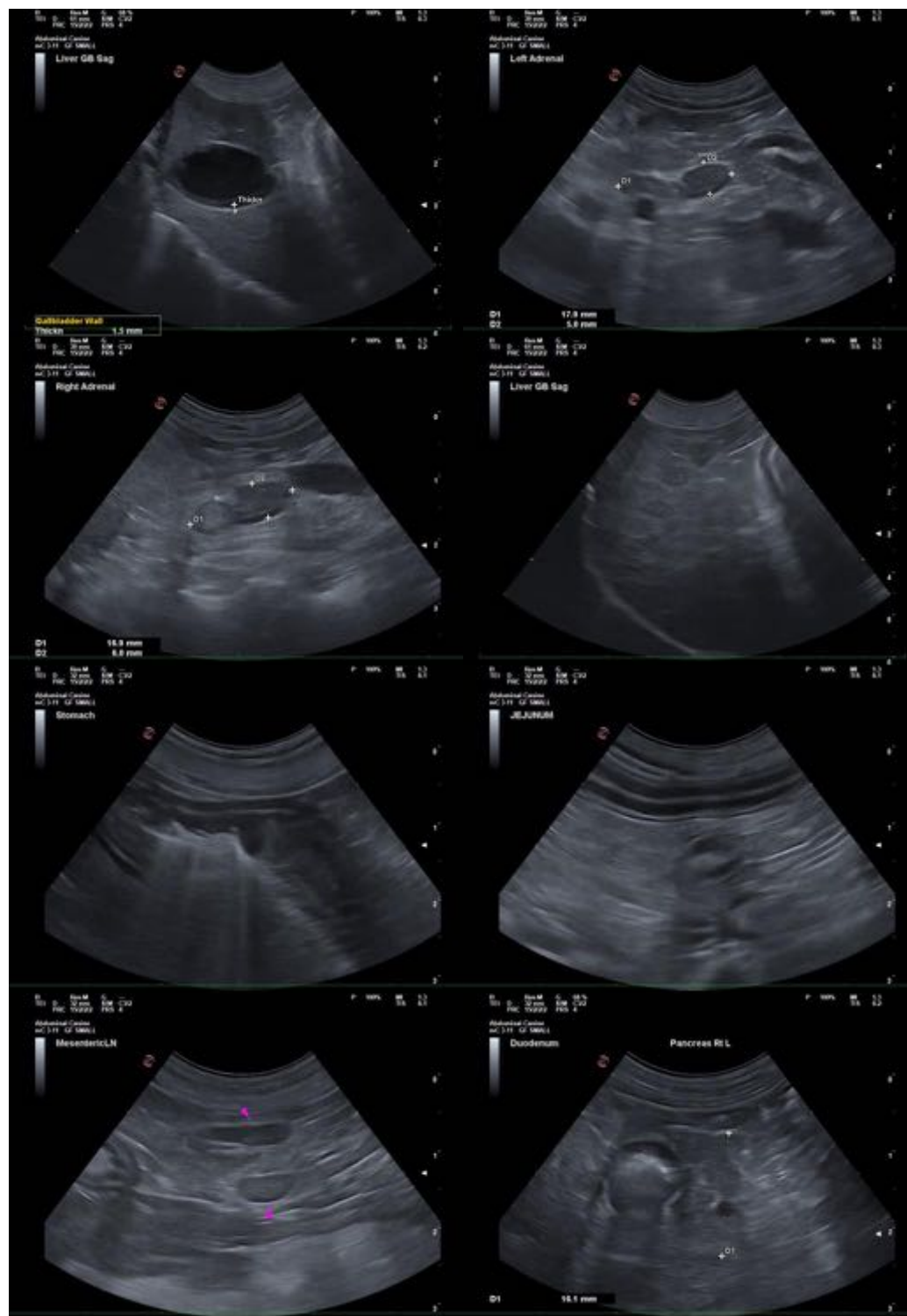
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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