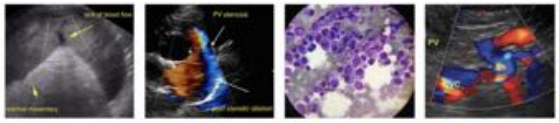


PATIENT

Ovie Baxter

SPECIES

Canine

BREED

Bernese Mt Dog Mix

SEX

Neutered Male

AGE

6.6.2010

WEIGHT

92.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Foxbank VH

REFERRING VET

Dr. Ashley Parsons

INVOICE

11161

DATE

6.28.22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Recheck abdominal ultrasound-splenic nodule seen one month ago
Current Medications: Galliprant, Denamarin, Gabapentin, Chondroprotec

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 prostate is normal in size (1.09 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The **left kidney** is normal size (6.98 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 hydroureter. Renal vasculature is normal.

The **right kidney** is normal in size (7.12 cm in length) with a slightly irregular shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A cortical infarct is suspected at the caudolateral aspect. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.78 cm at cranial pole) (0.97 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 **right adrenal gland** is normal size (1.56 cm at cranial pole) (0.77 cm at caudal pole) (3.05 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.

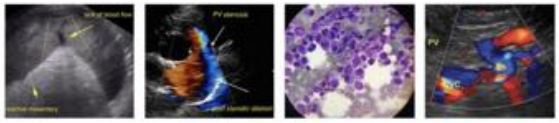
Spleen

The **spleen** is normal in size (1.84 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The **liver** is subjectively prominent in size with a slightly irregular contour in the region of the left, lateral lobe. The parenchyma is hypoechoic relative to the spleen and subtly mottled in appearance. A 1.16 x 1.05 cm irregular, septated cystic structure is observed at the tip of the left, lateral lobe. 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.

The **gall bladder** is distended. The wall is normal in thickness. A moderate amount of aggregated, echogenic, partially dependent to suspended debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The **gastric wall** is normal in thickness with a normal layering pattern. Within the lumen, a small amount of ingesta, as well as a 3.23 cm hard, shadowing structure is observed. The pyloric outflow tract appears patent. 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. There is no evidence of an obstructive pattern.

Pancreas

The **pancreas** is diffusely prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic effusion.

Free Abdomen

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion.

Lymph nodes

(See "Other" category)

Other

A 2.08 x 1.51 cm oval, hypoechoic structure is observed in the right cranial quadrant.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The cystic hepatic lesion in the left, lateral lobe is similar in size to the previous sonogram. Differentials include a benign cyst versus emerging tumor. A benign process is favored. The diffuse hepatic parenchymal changes are nonspecific and trends toward the benign (i.e., age-related remodeling, regenerative nodular hyperplasia and/or vacuolar hepatopathy). Correlation with the patient's liver values is recommended.
- The origin of the hypoechoic structure in the right cranial quadrant is unclear. It may be arising from lymph node, mesentery, pancreas, other. Differentials include reactive lymph node, neoplasia, granuloma, inflammatory focus, other.

Secondary Findings

- The gall bladder debris/sludge could be consistent with fasting, cholestasis, or less likely, an emerging mucocele.
- Bilateral, minor age-renal changes with dystrophic mineralization and a suspected right cortical infarct.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The mild, left adrenomegaly may be a normal variant for this patient for this large patient or may be secondary hyperplastic change. An emerging tumor is possible but considered less likely.
- Suspected gastric foreign body. This finding is similar to the previous sonogram.

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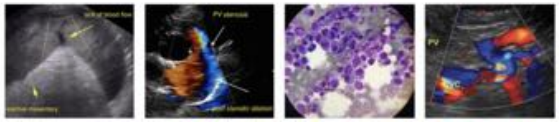

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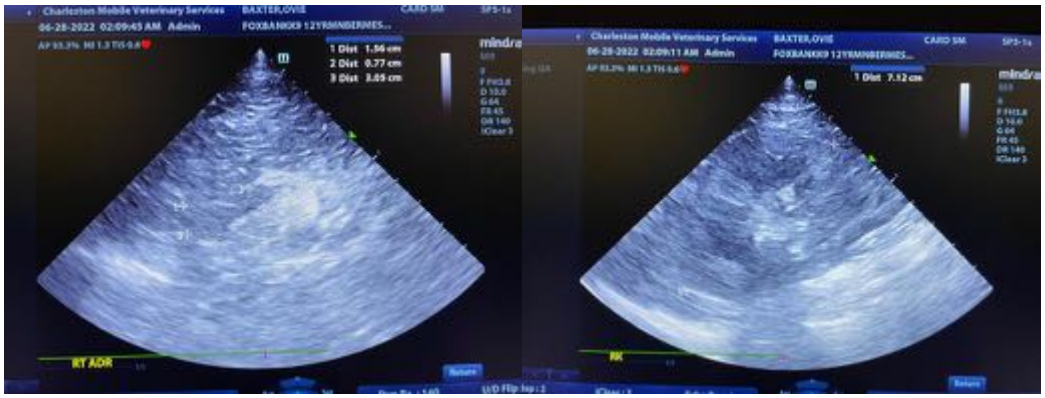
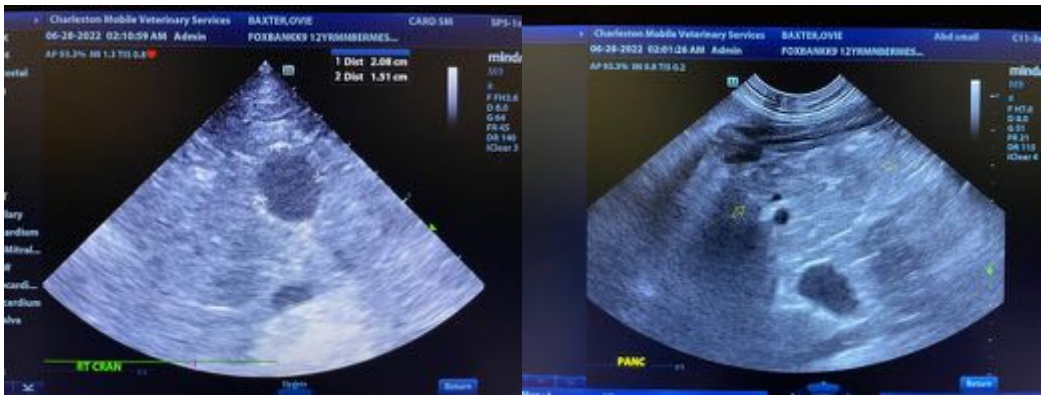
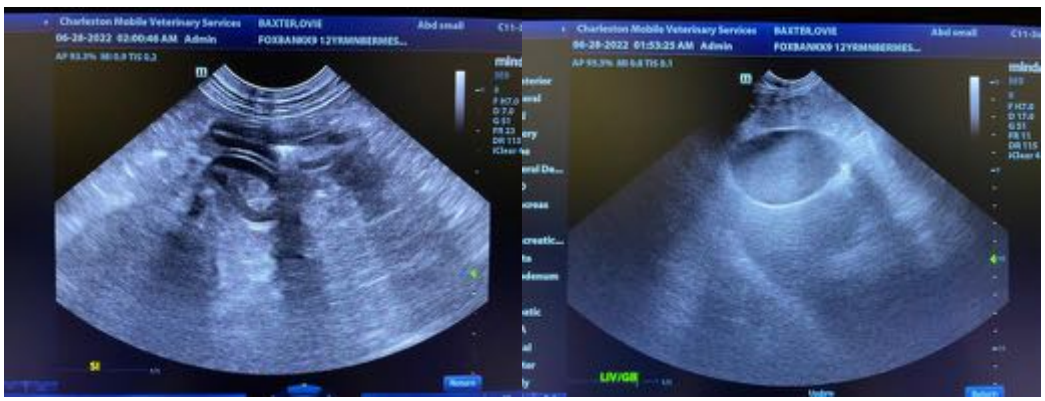
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Continued supportive care for chronic diarrhea is recommended along with the recommendations discussed in the previous report.

Consider a repeat ultrasound in 4-6 weeks to reevaluate the lesion in the right cranial quadrant as well as the cystic lesion in the left lateral lobe of the liver.







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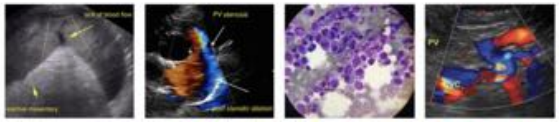

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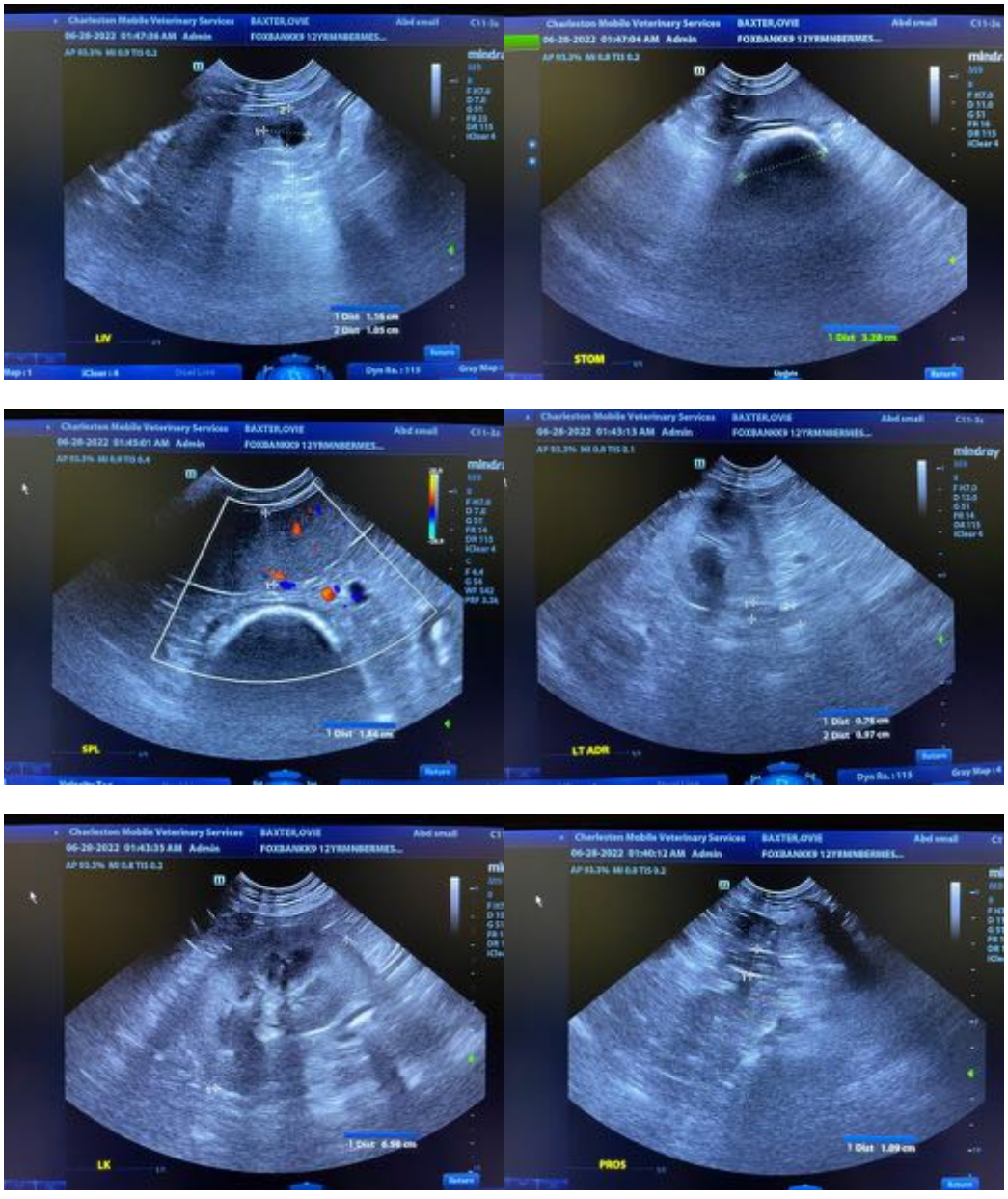

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 DACVIM (Small Animal Internal Medicine)
info@SonoPath.com