



PATIENT

Skye Robertson

SPECIES

Canine

BREED

Heeler Labrador X

SEX

Female Spayed

AGE

9 years

WEIGHT

40 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr Belan

HOSPITAL NAME

Healthy Paws
Forward VC

REFERRING VET

Dr Hen Boisen

INVOICE

13914

DATE

8.2.23

PRESENTING CLINICAL SIGNS

History: Nonclinical but body score 5/5, is PU

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall in the region of the apex is slightly thickened (up to 0.44 cm) with an irregular mucosal surface. The wall tapers to a normal thickness as it extends towards the cystourethral junction. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (6.30 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. One small cortical cyst is seen. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal in size (6.52 cm in length) with a normal shape, architecture and 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.

Adrenal Glands

One still image is available for interpretation. The left adrenal gland is normal in size (0.47cm at cranial pole) (0.70 cm at caudal pole) 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.

One still image is available for interpretation. The right adrenal gland is in normal size (0.38 cm at cranial pole) (0.58 cm at caudal pole) 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.

Spleen

The spleen is normal in size (1.95 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. A few, small, ill-defined, hypoechoic nodules/areas are seen throughout the organ. Splenic vasculature is normal.

Liver

The liver is normal to prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. A few ill-defined, hypoechoic-to-heterogenous nodules are observed (the largest measuring 2.09 cm in the left lateral lobe). 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-to-moderate amount of aggregated, echogenic-to-mineralized, gravity-dependent debris/sludge is observed within the lumen, along with a few, small, nonobstructive choleliths.

Gastrointestinal

The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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. There is no evidence of an obstructive pattern.



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Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic 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.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely. The hepatic nodules are most consistent with a benign process (i.e., regenerative nodular hyperplasia) with a lower possibility of emerging neoplasia.
- Gallbladder sludge, non-mucocele. Small choleliths, nonobstructive.

Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- 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).
- Mild bilateral chronic renal changes with subtle dystrophic mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urinalysis is recommended to assess for isosthenuria. If present, consider further testing for Cushing's disease (i.e., low-dose dexamethasone suppression test or ACTH stimulation test). Given the polyuria, a urine culture and sensitivity should also be considered.
- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, a repeat abdomen ultrasound +/- a more advanced hepatic work-up (i.e., tissue sampling) may be warranted.



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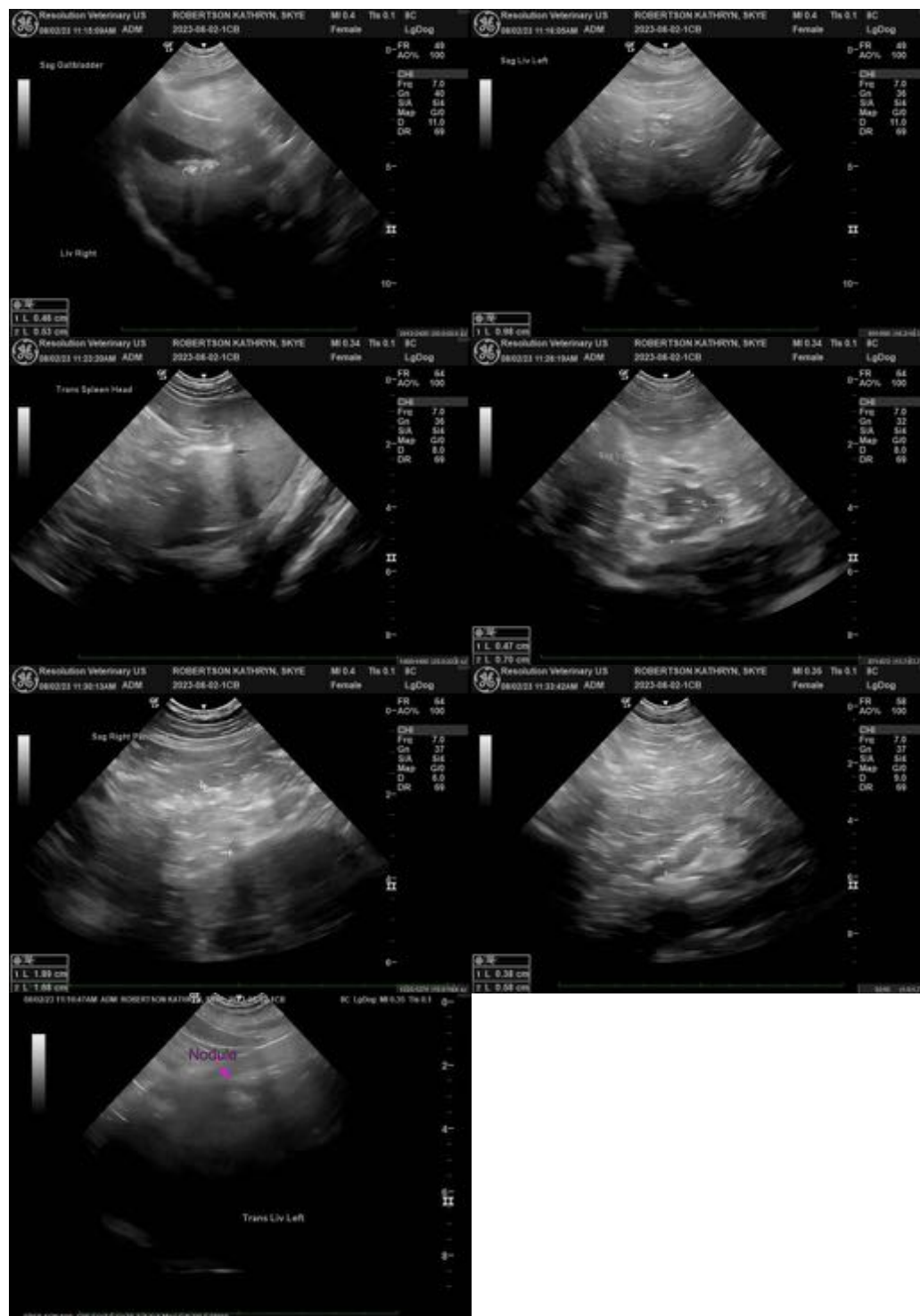
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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info@SonoPath.com

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