



PATIENT

Scarlet Schilling

SPECIES

Canine

BREED

Beagle

SEX

Female, spayed

AGE

10 Yrs.

WEIGHT

30.6 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Goodman

HOSPITAL NAME

Evendale-Blue Ash Pet
Hospital

REFERRING VET

Dr. Gogluizza

INVOICE

13805

DATE

8/9/22

PRESENTING CLINICAL SIGNS

History: Prev history of elevated ALP since 1 year ago. Presented 7/6/22 for annual wellness with CBC/Chem/UA/T4. Results showed continued ALP elevation and now GGT and ALT elevation. She's been doing well at home, e/d and acting herself. Current meds: Gabapentin, Carprofen and Dasuquin. Hx of cervical neck pain.

Abnormal PE/Chem/CBC/UA Results: 7/13/21: ALP: 429 ALT: 80 GGT: 12 7/7/22: ALP: 1232 ALT: 142 GGT: 43

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is mildly distended with anechoic urine. The wall is thickened (up to 0.57 cm), particularly in the region of the apex. The mucosal surface is irregular. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (5.11 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (5.82 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.58 cm at cranial pole) (0.63 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 (0.61 cm at cranial pole) (0.52 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.

Spleen

The spleen is normal in size (1.55 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few small, irregular/ill-defined hyperechoic nodules/areas are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen. A >5 cm irregular, heterogeneous mass effect is observed in the region of the right medial lobe. The remaining parenchyma is subtly heterogeneous in appearance. Vascular and 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 partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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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. No obstructive disease is noted.

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Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

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Free Abdomen

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

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Lymph Nodes

See *Other*.

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A 0.76 x 0.64 cm echogenic nodule is observed just medial to the caudal aspect of the spleen.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Right hepatic mass effect. Neoplasia (i.e., adenocarcinoma, adenoma, round cell tumor) is considered likely with a lower possibility of a benign process (i.e., focus of regenerative nodular hyperplasia).
- The gallbladder sludge could be consistent with cholestasis, fasting or a developing mucocele (less likely).

Secondary Findings:

- Minor bilateral degenerative renal changes.
- The urinary bladder wall thickening could be consistent with cystitis. However, it may be artifactual due to lack of full repletion. Correlation with the patient's clinical signs and urinalysis findings is recommended.
- Borderline left adrenomegaly. This may be a normal variant for this patient or may represent early hyperplastic change.
- The hyperechoic splenic nodules trend toward the benign (i.e., myelolipomas) with a low possibility of emerging neoplasia.
- The echogenic nodule in the left mid-abdomen may represent extra-splenic tissue, a prominent lymph node, granuloma, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If an aggressive approach is desired, consider referral to a board-certified surgeon for hepatic mass removal and submission for histopathology. An abdominal CT scan would be useful in pre-surgical planning.

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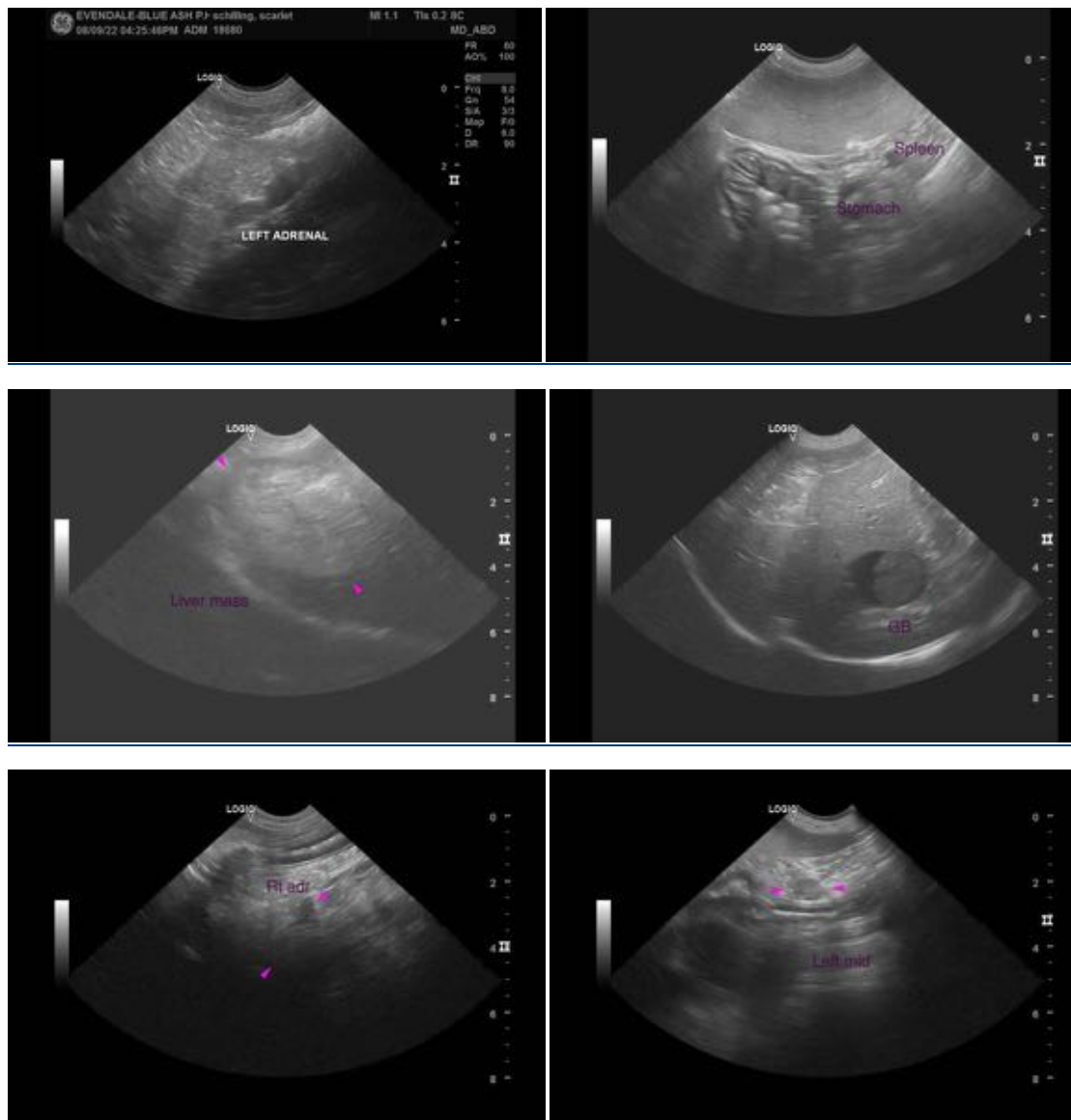
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

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