

**DATE PRESENTING CLINICAL SIGNS**

9/15/21 History: Check liver. No other patient history provided by veterinarian.

**PATIENT** Current Medications: Not provided by the veterinarian.

Kyela Beck Lab Results: ALT is 297, ALP is 142 on a mini chemistry panel. The CBC is unremarkable and the T4 is normal.

**SPECIES** Radiographs: Not provided by the veterinarian.

Canine Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

**BREED** Sedation: IV utilized for AUS

Boxer Stat Report: not requested

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Female Spayed *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.

**AGE**

11/6/11

**WEIGHT**

112 lbs.

The left kidney is normal size (7.70 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.

**INTERPRETED BY**

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

The right kidney is normal size (6.09 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.

*Adrenal Glands*

The left adrenal gland is normal size (0.69 cm at cranial pole) (0.71 cm at caudal pole) (2.92 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**

Padonia Veterinary  
Hospital

The right adrenal gland is normal size (0.84 cm at cranial pole) (0.72 cm at caudal pole) (2.89 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.

**REFERRING VET**

Dr. Youssef

*Spleen*

The spleen is subjectively normal in size (2.21 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is diffusely mottled in appearance with numerous, small, ill-defined, hypoechoic nodules/areas. Splenic vasculature is normal with no evidence of thrombosis.

**INVOICE**

11824kk

*Liver*

The liver is subjectively prominent in size with slightly rounded to irregular peripheral contours. The parenchyma is isoechoic relative to the spleen. Numerous, varying sized, hypoechoic nodules are observed throughout the organ, at least one of which causes capsular expansion. 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. Luminal contents are anechoic. 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 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.

### ***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.

### ***Free Abdomen***

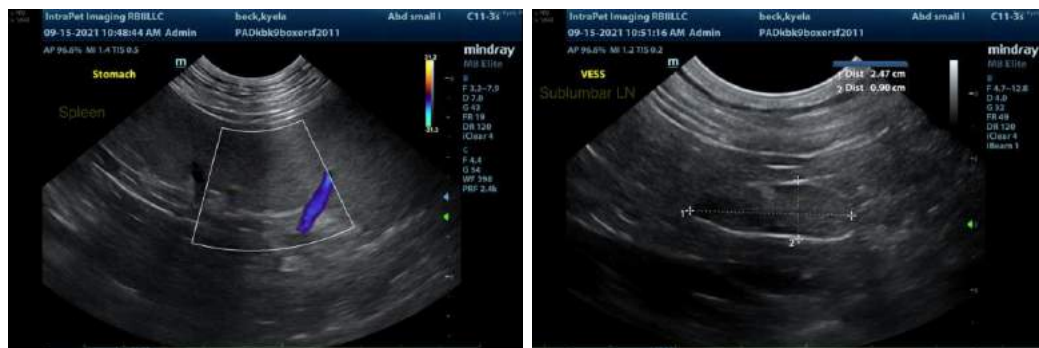
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 2.47 x 0.90 cm sublumbar lymph node is visualized.

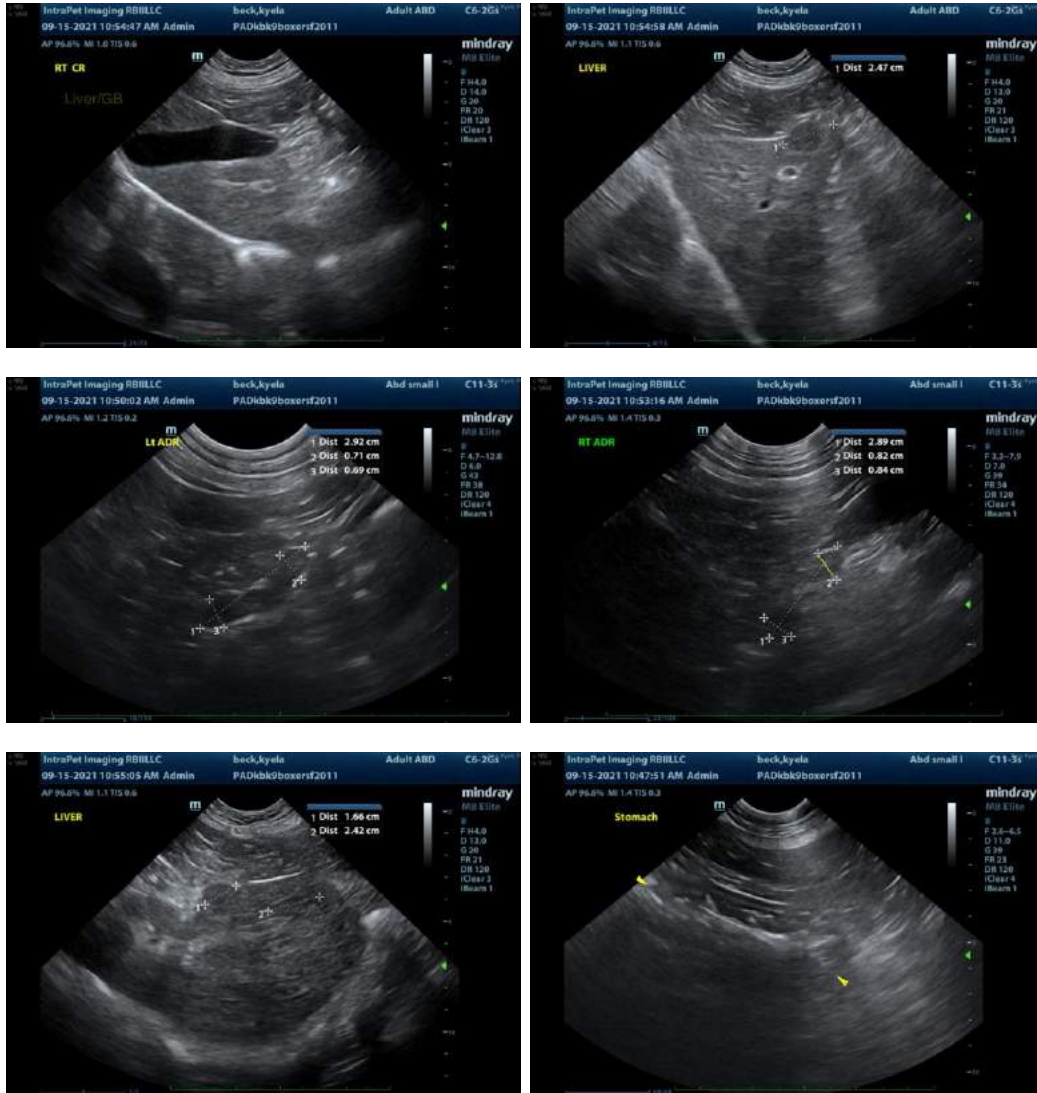
## **ULTRASONOGRAPHIC FINDINGS**

- The hepatic parenchymal changes could be consistent with infiltrative neoplasia, diffuse inflammatory disease, regenerative nodular hyperplasia, or other hepatopathy.
- The prominent sublumbar lymph node is most likely reactive with a lower possibility of emerging neoplasia.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

1. A fine needle aspirate of the liver can be considered (if clotting status is appropriate). A 25-gauge needle should be used. If cytologic evaluation is inconclusive, a surgical liver biopsy with aerobic and anerobic bile cultures and acquisition of additional hepatic tissue samples for potential copper quantitation may be necessary to get a definitive diagnosis. Leptospirosis testing can also be considered. However, if the liver enzyme elevations are chronic, this differential is considered unlikely. Three-view thoracic radiographs should be performed prior to any anesthetic event.
2. Given the prominent sublumbar lymph node, a rectal exam is recommended (to assess for any anal gland masses, etc.). Additionally, assessment of the hind end for any skin lesions is also recommended.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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