



## PATIENT

Little Man Wilson

## SPECIES

Canine

## BREED

Austr. Cattle Dog

## SEX

Neutered Male

## AGE

9.6.2009

## WEIGHT

43.4 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

Brighton AH

## REFERRING VET

Mackenzie Ciccone

## INVOICE

11655

## DATE

9.19.2022

## PRESENTING CLINICAL SIGNS

History of a right liver nodule. Elevated liver enzymes. PU/PD. Gall bladder debris. Currently on Denamarin Advanced and Sertraline. Last ultrasound was in May 2022.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly 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 (0.87 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 (5.79 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The **right kidney** is normal size (6.36 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

### Adrenal Glands

The **left adrenal gland** is normal size (0.50 cm at cranial pole) (0.60 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 (1.06 cm at cranial pole) (0.58 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 subjectively normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

### Liver

The **liver** is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogenous in appearance. In the region of the right medial lobe, an approximately 4.20 cm isoechoic swelling/mass is observed. A few, small cystic areas are observed within lesion. 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 moderately distended. The wall is normal in thickness. A few, small, polypoid-like lesions are arising from the luminal surface. A moderate amount of mineralized gall bladder debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.



**PATIENT**

Little Man Wilson

**SPECIES**

Canine

**BREED**

Austr. Cattle Dog

**SEX**

Neutered Male

**AGE**

9.6.2009

**WEIGHT**

43.4 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**

Brighton AH

**REFERRING VET**

Mackenzie Ciccone

**INVOICE**

11655

**DATE**

9.19.2022

**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. There is no evidence of an obstructive pattern.

**Pancreas**

The base and limbs 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.

**Free Abdomen**

There is no evidence of free fluid. The abdominal **lymph nodes** are normal/not visible.

**Other**

A brief **echocardiogram** reveals no obvious evidence of pericardial effusion.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Right hepatic swelling/mass. Differentials include excessive regenerative nodular hyperplasia, adenoma, adenocarcinoma, or other. The diffuse hepatic parenchymal changes trend toward the benign (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy). However, inflammatory disease or early hepatopathies cannot be completely excluded.
- Mineralized gall bladder debris - incidental

**Secondary Findings**

- Minor degenerative renal changes
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A fine-needle aspirate of the hepatic mass can be considered. Clotting times (PT/PTT) should be performed prior to aspiration. It should be noted, however, that it can be difficult to discriminate hyperplasia versus adenoma, adenocarcinoma cytologically. Therefore, surgical biopsies may be necessary to get a definitive diagnosis. A more conservative approach would be to consider serial sonographic monitoring of the lesion to assess for growth along with serial monitoring of the patient's liver values.

Three-view thoracic radiographs can also be considered to assess for pulmonary metastatic disease.



**PATIENT**

Little Man Wilson

**SPECIES**

Canine

**BREED**

Austr. Cattle Dog

**SEX**

Neutered Male

**AGE**

9.6.2009

**WEIGHT**

43.4 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**

Brighton AH

**REFERRING VET**

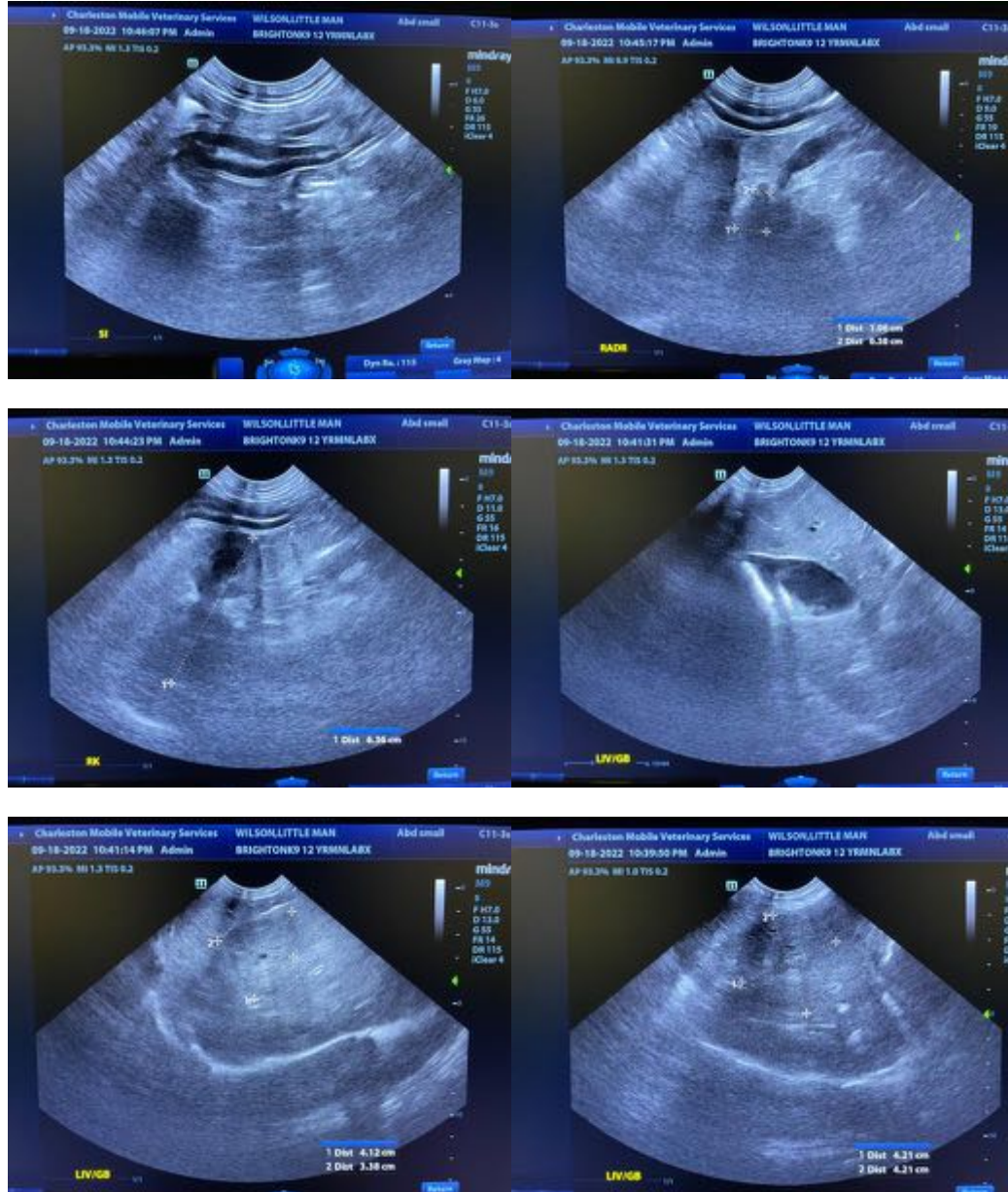
Mackenzie Ciccone

**INVOICE**

11655

**DATE**

9.19.2022





**PATIENT**

Little Man Wilson

**SPECIES**

Canine

**BREED**

Austr. Cattle Dog

**SEX**

Neutered Male

**AGE**

9.6.2009

**WEIGHT**

43.4 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**

Brighton AH

**REFERRING VET**

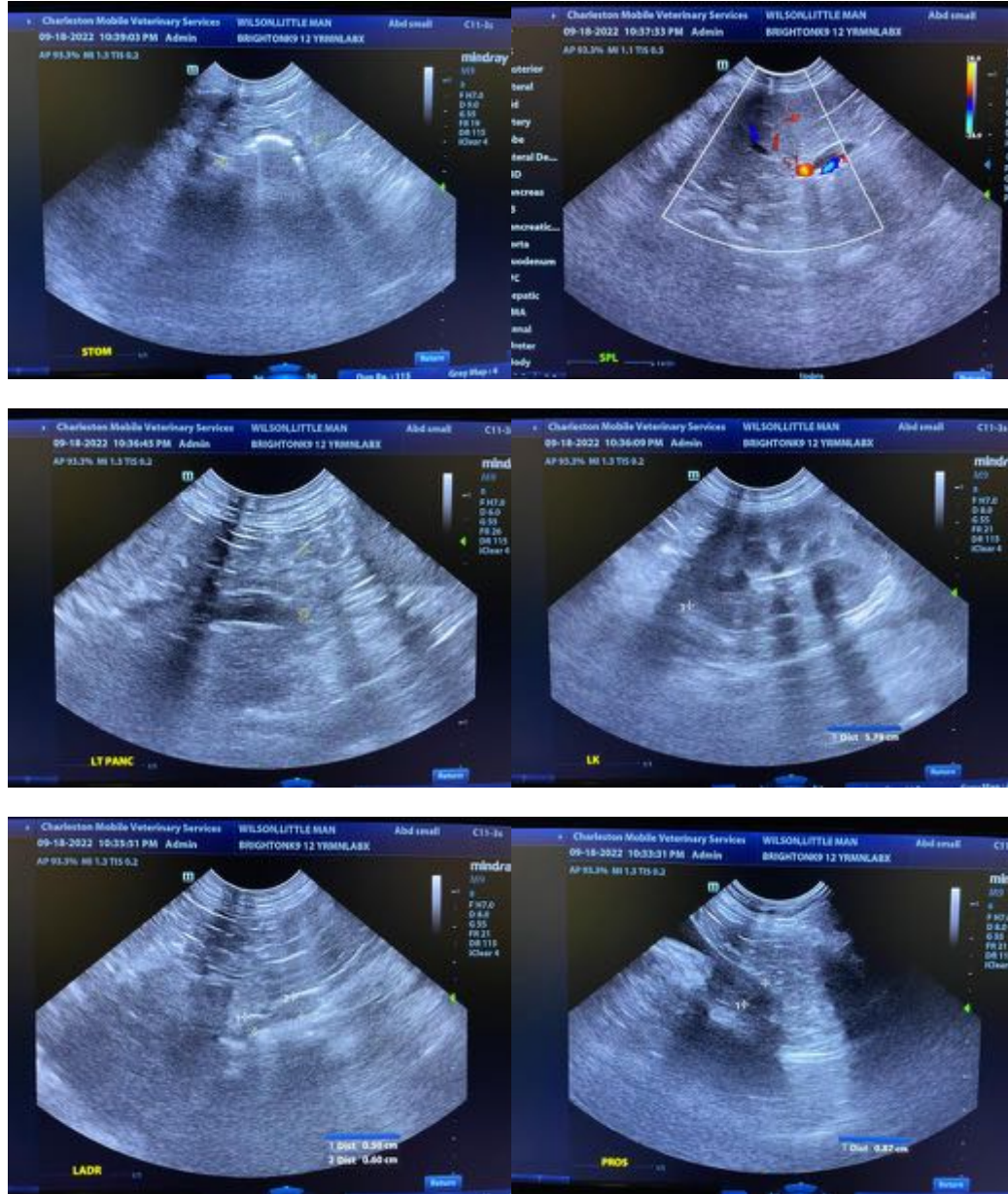
Mackenzie Ciccone

**INVOICE**

11655

**DATE**

9.19.2022



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