



PATIENT

Gunner Frisk

SPECIES

Canine

BREED

Portuguese water dog

SEX

Male, neutered

AGE

13 Yrs. 8 Months

WEIGHT

50.3 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Diane McFadden,
RVT

HOSPITAL NAME

Budd Lake AH

REFERRING VET

Dr. Horn

INVOICE

12003

DATE

9/2/21

PRESENTING CLINICAL SIGNS

History: slight weight loss; chronic intermittent loose stool which has been fine recently. Had surgery Sept 2020 to remove hepatocellular carcinoma. Hx of hepatopathy. Last recheck US Feb 2021. recheck US today to assess liver for recurrence or other.

Abnormal PE/Chem/CBC/UA Results: ALT 345, ALKP 672, BUN/Crea 40, BUN 36, Trig 534, T4 low o.6.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is located in a pelvic position. The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed.

The prostate is normal in size (1.23 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 (6.47 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. Renal vasculature is normal.

The right kidney is normal size (6.11 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 borderline enlarged (0.65 cm at cranial pole) (0.76 cm at caudal pole) (2.27 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.

The right adrenal gland is mildly enlarged (1.33 cm at cranial pole) (0.84 cm at caudal pole) (2.68 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 (1.86 cm in width at the level of the hilus) with a normal capsular contour. A light micronodular pattern is present throughout the parenchyma. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. The parenchyma is isoechoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein: caudal vena cava ratio is approximately 1:1. 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.



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Gastrointestinal

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The gastric lumen is mildly to moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. 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. No obstructive disease is noted.

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Pancreas

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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.

SEX

Free Abdomen

Male, neutered

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

AGE

Other

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

WEIGHT

50.3 lbs.

ULTRASONOGRAPHIC FINDINGS

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Medicine*)

Primary Findings:

- Diffuse hepatopathy without obvious evidence of recurrence of neoplasia. Differentials include inflammatory/immune mediated disease, vacuolar hepatopathy, regenerative nodular hyperplasia, age-related remodeling, other hepatopathy..

Secondary Findings:

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Mild bilateral adrenomegaly.
- Bilateral age-related renal pathology.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Regarding the liver, consider repeating bloodwork and an abdominal ultrasound every 3-4 months to assess for recurrence of the tumor. If the ALT has been increasing, consider empirical treatment for bacterial cholangiohepatitis.
- Regarding the diarrhea, other diagnostic considerations include the following:

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1. A fecal evaluation for ova/Giardia

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2. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
3. Serum cobalamin, folate, PLI and TLI
4. A 6-week limited antigen diet trial to assess for food allergies
5. Ultimately, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.





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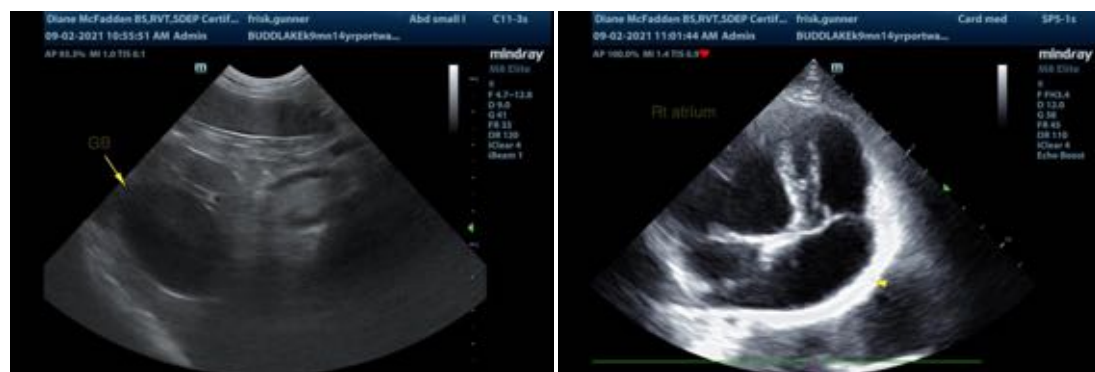
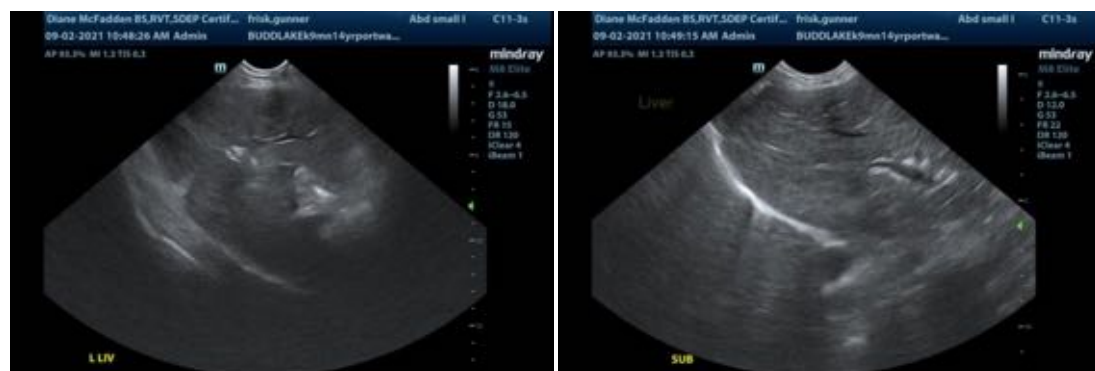
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

andrea_nicastro2@hotmail.com