



**PATIENT**

Frosty Rowell

**SPECIES**

Canine

**BREED**

Lab/Chow

**SEX**

Male Neutered

**AGE**

13 Years

**WEIGHT**

43.7 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Messner

**HOSPITAL NAME**

Total Bond Veterinary  
Hospital - Bethel

**REFERRING VET**

Dr. Messner

**INVOICE**

11887kk

**DATE**

9/23/21

**PRESENTING CLINICAL SIGNS**

History: Chronic history of elevated ALT on lab work. Patient struggles to maintain weight. Previous ultrasound in May of 2020 showed suspected adrenal mass. Brief ultrasound in October 2020 showed that mass was stable at about 2.5cm in diameter. Further adrenal testing was not pursued as patient was asymptomatic. Gall bladder in October 2020 also showed sludge. Has been on ursodiol but recently owner was not giving due to fluctuations in eating. Patient was sedated for the exam.

Abnormal PE/Chem/CBC/UA Results: ALT 170 H (12-118) PSL 20 L (24-140). Unremarkable CBC except for mild thrombocytosis. T4 is low normal. Specific gravity is 1.027. No proteinuria. Inactive sediment.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*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 mostly 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 (1.43 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 (5.40 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.

The right kidney is normal size (5.41 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

*Adrenal Glands*

The region of the left adrenal gland is evaluated. The gland is not definitively visualized. However, no obvious pathology is observed in this area.

The right adrenal gland is severely enlarged (4.84 cm x 2.83 cm) and irregular with a mass-effect throughout the gland. The parenchyma is heterogeneous in appearance. A few smaller nodules are observed adjacent and cranial to the mass. There is concern for possible vascular invasion.

*Spleen*

The spleen is normal in size (1.07 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

*Liver*

The liver is subjectively prominent in size with slightly swollen peripheral contours. Numerous, varying sized, hyperechoic nodules are seen throughout the organ. In addition, a 3.67 x 2.55 cm isoechoic to slightly heterogeneous mass is observed at the caudal aspect, approximately mid to right liver. In addition, several target-like nodules are observed left to mid-liver. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder is distended. The wall is normal in thickness. A large amount of aggregated, echogenic, suspended sludge





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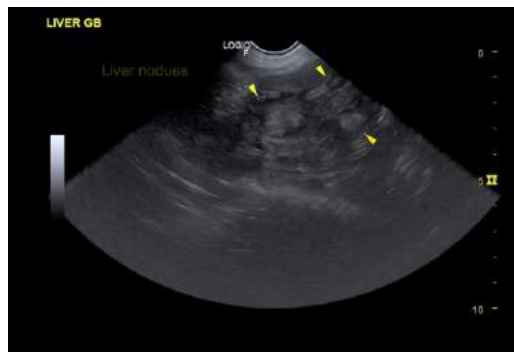
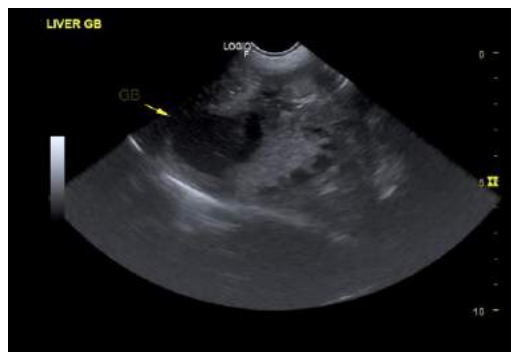
Dr. Messner

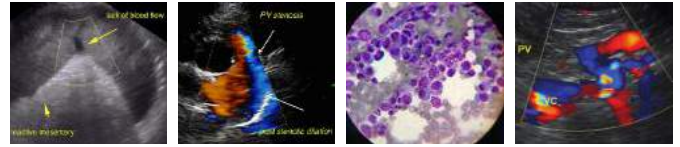
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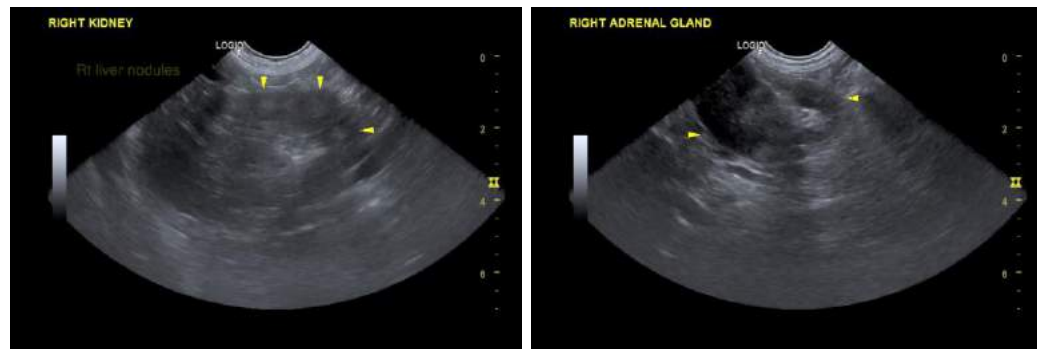
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.nicastro@sonopath.com