



**PATIENT PRESENTING CLINICAL SIGNS**

**Zoe Cvetkovic**  
History: sedation 0.1ml dex/torb IV- P recently had a solitary liver mass (hepatocellular carcinoma) excised in 4/2022. P has been doing very well since procedure. Recheck labs post procedure showed a almost complete resolution of ALT and ALP. P presented for eyelid mass removal and dental on 9/15/2022. P's preanesthetic bloodwork showed an elevating ALT 266 and ALP 385. O elected to wait on procedure and recheck for tumor regrowth and liver function. Bile Acids normal. K9 F/S 12.5Y Siberian Husky 44.4#

**SPECIES**

Canine

**BREED**

Husky

**SEX**

Female, spayed

**AGE**

12.5 Years

**WEIGHT**

44.4 Pounds

**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 moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The left kidney is normal size (5.50 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 (6.42 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.

*Adrenal Glands*

The left adrenal gland is normal size (0.55 cm at cranial pole) (0.64 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 (1.19 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.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

Incline VH

*Spleen*

The spleen is normal in size (1.56 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.

**REFERRING VET**

Dr. Moger

*Liver*

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. Deep on the right side, adjacent to the diaphragm, a 3.37 cm irregular, hyperechoic nodule/lesion is visualized. The remaining parenchyma is homogeneous. 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 amount of aggregated, echogenic, gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**INVOICE**

14018

**DATE**

9/26/22



**PATIENT** *Gastrointestinal*

Zoe Cvetkovic

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.

**SPECIES**

Canine

*Pancreas*

**BREED**

Husky

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.

**SEX**

Female, spayed

*Free Abdomen*

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. 1-2 prominent medial iliac lymph nodes are visualized, the largest measuring 1.15 cm in length. A few prominent mesenteric lymph nodes are also seen, the largest measuring 2.09 cm in length.

**AGE**

12.5 Years

*Other*

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

**WEIGHT**

44.4 Pounds

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

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

**Primary Findings:**

- Right hepatic nodule/mass. This lesion may represent recurrence of the previous hepatic mass, depending on where the original mass was located. Alternatively, a metastatic lesion or a benign process (i.e., inflammatory focus, granuloma or regenerative nodule) may be present.

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**Secondary Findings:**

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

**HOSPITAL NAME**

Incline VH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Consider a recheck ultrasound in 3-4 weeks to reassess the hepatic lesion. Alternatively, an abdominal CT scan can be considered to further define the lesion.
- Three-view thoracic radiographs are also recommended to assess for pulmonary metastatic disease, if not already performed.

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**REFERRING VET**

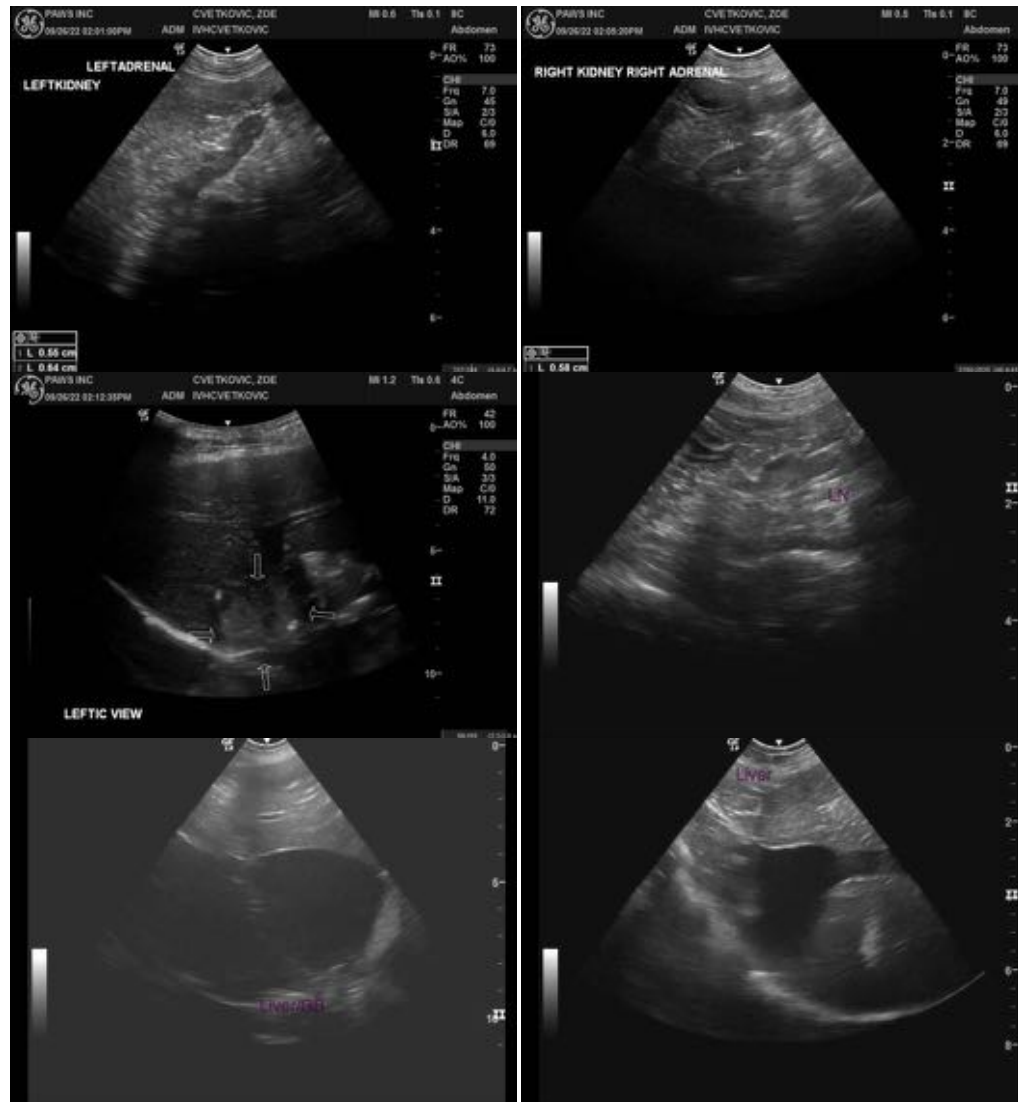
Dr. Moger

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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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