



**PATIENT**

Riley Fetrow

**PRESENTING CLINICAL SIGNS**

History: Diabetic; Hyperglycemia; cataracts-quick onset.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: See attached; Continued elevated liver values. ALP is 1536, ALT is 275, GGT is 276, elevated PSL. CBC is unremarkable.

**BREED**

Maltese

**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 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.

**SEX**

Male Neutered

The prostate is not definitively visualized due to its pelvic location.

**AGE**

12 Years

The left kidney is normal size (4.44 cm in length) with a normal shape and smooth peripheral contours. The cortex is mildly thickened and there is poor corticomedullary distinction. Pinpoint hyperechoic foci are observed within the cortex. A small cortical cyst is observed at the lateral aspect. Trace pyelectasia is present (0.13 cm in the longitudinal plane). There is no evidence of infarcts or hydronephrosis.

**WEIGHT**

11 lbs.

The right kidney is normal size (4.72 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 corticomedullary distinction. Hyperechoic, shadowing, diverticular foci are visualized. A small cortical cyst is observed at the caudal aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

**INTERPRETED BY**

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

*Adrenal Glands*

The left adrenal gland is not definitively visualized.

What is thought to be the caudal pole of the right adrenal gland is normal size (0.53 cm in width) with a normal shape, glandular echogenicity, and detail. Surrounding vasculature appears normal.

**IMAGING PERFORMED BY**

Tasha

*Spleen*

The spleen is normal in size (1.03 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few small, hyperechoic nodules/areas are observed, some of which are in the region of the hilus. Splenic vasculature is normal.

**HOSPITAL NAME**

Dillsburg VC

*Liver*

The liver is subjectively enlarged with rounded to irregular peripheral contours. A 4.59 cm hyperechoic, cystic mass is observed in the left lateral lobe. In addition, a 5.8 cm swelling/mass-effect is seen in the deep left to mid-liver. The remaining parenchyma is heterogeneous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder is distended. The wall is normal thickness. A scant amount of adhered, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**REFERRING VET**

Dr. Crow

*Gastrointestinal*

The gastric lumen is mildly 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. The colonic lumen contains shadowing fecal material. There is no evidence of obstruction.

**INVOICE**

11767kk

**DATE**

9/3/21



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**Pancreas**

The left and right limbs of the pancreas are visible with minimal deviation from the normal peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic effusion.

**SPECIES**

Canine

**Free Abdomen**

There is no evidence of free fluid. A 0.64 cm hypoechoic lymph node is observed in the cranial abdomen. Surrounding mesentery is hyperechoic.

**BREED**

Maltese

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- Hepatic masses. Differentials include neoplasia (i.e., adenoma, adenocarcinoma, hemangiosarcoma) versus excessive regenerative nodular hyperplasia. Inflammatory disease or other hepatopathy is also possible but considered less likely. A neoplastic process, particularly in the left lateral lobe, is slightly favored.

**SEX**

Male Neutered

**Secondary Findings:**

- Bilateral, age-related, renal changes with dystrophic mineralization.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The hyperechoic lesions adjacent to the splenic vessels are most consistent with myelolipomas. Although a neoplastic process within the spleen cannot be excluded, it is considered unlikely in this patient.
- The prominent cranial abdominal lymph node may represent reactive lymphadenitis, lymphoid hyperplasia, or less likely infiltrative neoplasia.

**AGE**

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**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Consider fine needle aspirates of the liver (if clotting status is appropriate). 25-gauge needles should be used. Care should be taken to avoid the cystic regions. If cytologic evaluations are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.
3. Also consider a urine culture and sensitivity as many diabetics have occult urinary tract infections.

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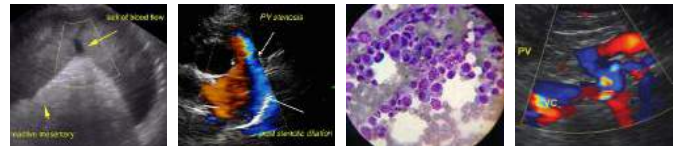
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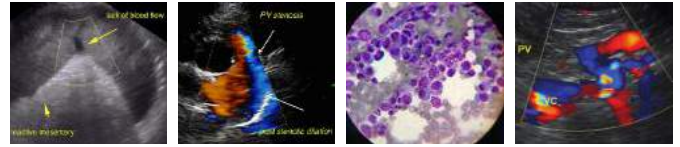
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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