



**PATIENT**

Nibbler Holdon

**PRESENTING CLINICAL SIGNS**

History: Anorexia, lethargy, and vomited. Previous AUS on 3/30/21.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: CBC - neutrophilic leukocytosis, mild anemia, platelets normal. Chemistry - azotemia, increase in ALK Phos and ALT. UA - spG 1.024, 3+ protein, pH 6.

**BREED**

Boston Terrier

**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 is moderately distended. A small amount of aggregated, echogenic debris is observed within the lumen. 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**

Female spayed

The left kidney is normal in size (4.58 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Pinpoint, hyperechoic, cortical foci are seen. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**AGE**

13 Years

The right kidney is normal in size (4.92 cm in length) with a slightly irregular shape. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**WEIGHT**

22 lbs.

*Adrenal Glands*

The caudal pole of the left adrenal gland is visualized and is normal in size (0.47 cm in width) with a normal shape, glandular echogenicity, and detail. Surrounding vasculature appears normal.

**INTERPRETED BY**

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

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

**IMAGING PERFORMED BY**

Dr. Beard

*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.

**HOSPITAL NAME**

West Prince Animal  
Hospital

*Liver*

The liver is subjectively prominent in size with slightly irregular peripheral contours at the caudal aspect. An approximately 5.5 cm irregular, heterogeneous, slightly cavitated mass is observed approximately mid-liver at the caudal aspect. The remaining parenchyma is subtly heterogeneous in appearance. Hepatic vasculature and intrahepatic 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 to moderate amount of echogenic debris is observed within the lumen, some of which is gravity-dependent and some of which is suspended. The cystic and common bile ducts are normal/not seen.

**REFERRING VET**

Dr. Beard

**INVOICE**

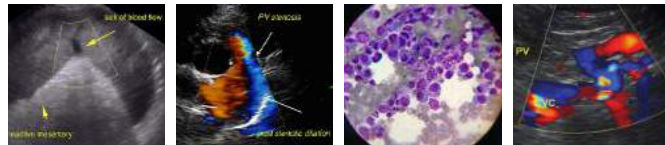
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*Gastrointestinal*

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

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9/7/21



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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**

The right limb of the pancreas is 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.

**BREED**

Boston Terrier

**Free Abdomen**

A small amount of echogenic free fluid is observed within the abdomen. The mesentery is diffusely hyperechoic.

**SEX**

Female spayed

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- Hepatic mass. Neoplasia (i.e., adenoma, adenocarcinoma, round cell tumor) is considered likely with a lower possibility of benign pathology (i.e., inflammatory focus). Secondary peritonitis is present.
- The ascites may be a neoplastic effusion or may be secondary to increased hydrostatic pressure or low oncotic pressure. Correlation with clinical findings is recommended.

**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.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Consider submission of the abdominal fluid for analysis and cytology.
3. If an aggressive approach is desired and there is no evidence of pulmonary metastatic disease, consider hepatic mass removal with submission for histopathology. If surgery is to be pursued, referral to a board-certified veterinary surgeon is recommended due to the potential for perioperative complications. An abdominal CT scan would be useful in pre-surgical planning.

**INTERPRETED BY**

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

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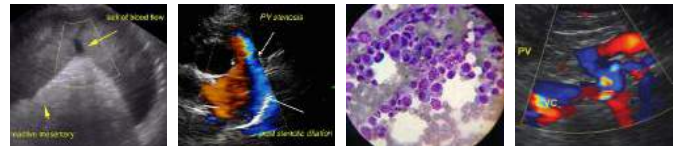
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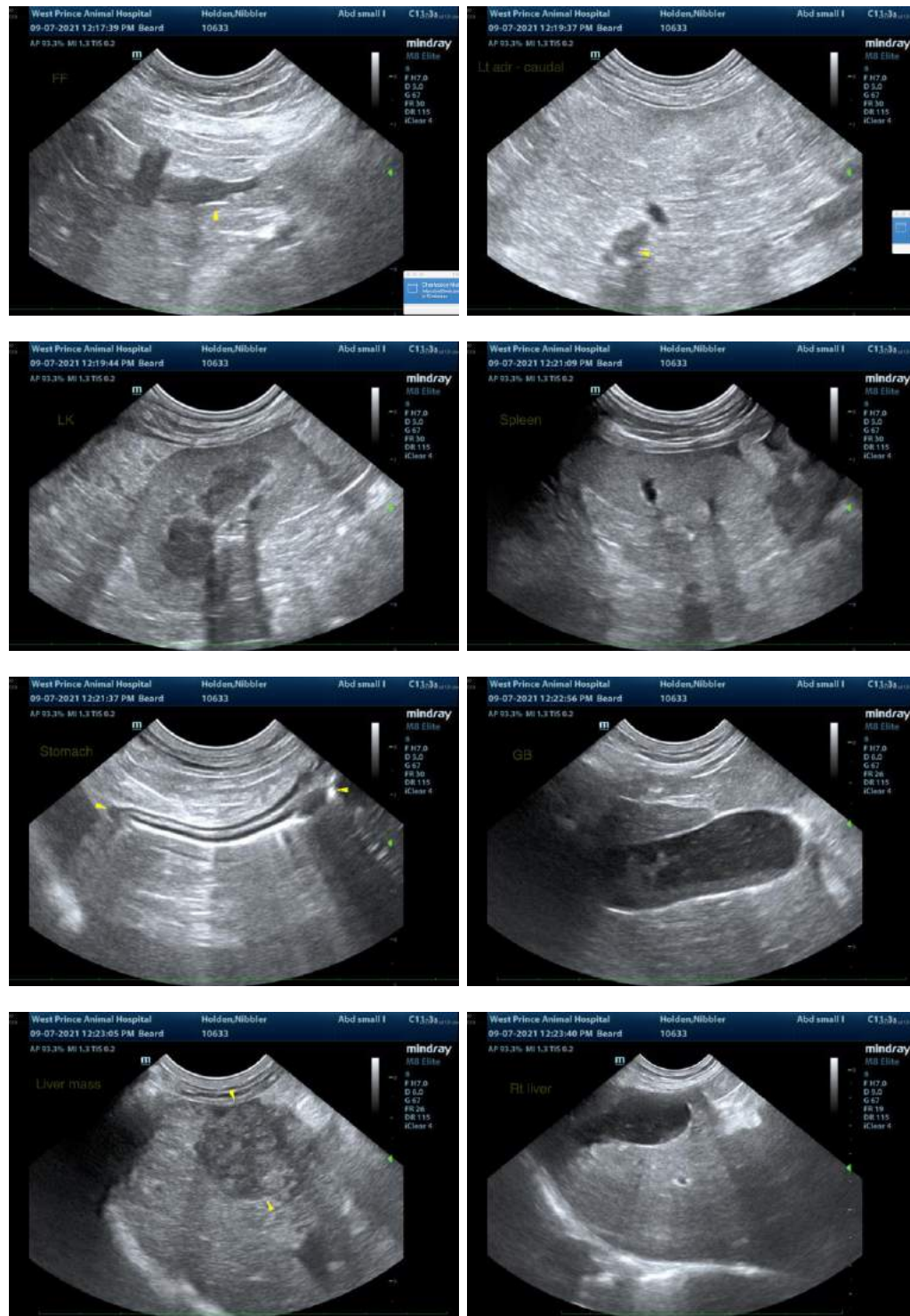
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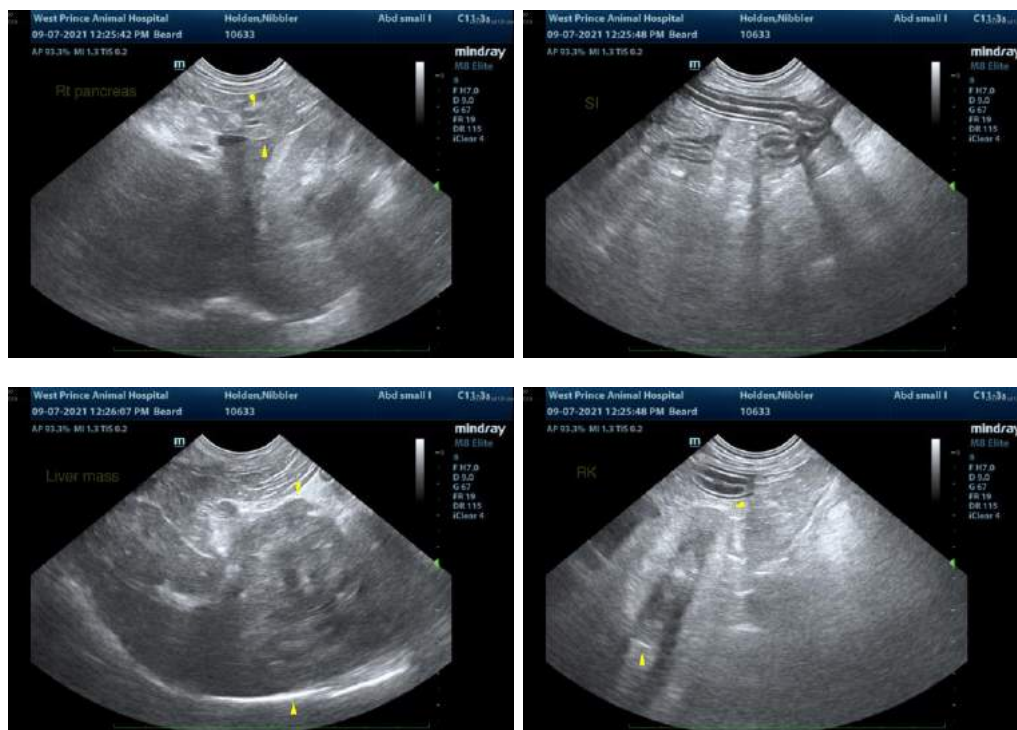
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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