

PATIENT

Cassie Nicholson

SPECIES

Canine

BREED

Siberian Husky

SEX

Spayed Female

AGE

9 years

WEIGHT

51 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
RVT LVT

HOSPITAL NAME

AC Of Penn Valley

REFERRING VET

Dr Nancy Reese

INVOICE

11592

DATE

9.8.22

PRESENTING CLINICAL SIGNS

History: Cassie presented 8/8/22 with a history of PU/PD for about a week and maybe some lethargy and intermittent decrease in appetite. PE findings were non-significant except for a “baseball” size lipoma in her flank fold.

Abnormal PE/Chem/CBC/UA Results: UA showed a USG of 1.007, CHEM (Vetscreen Antech)/CBC showed an ALP of 797 (5-131), and ALT of 473 (12-118) and lipemia. The rest of the values were all WNL (no T4). A low dose dexamethasone test was normal/ not consistent with Cushing’s. The owner had to be out of town for a bit, so we held off on further diagnostics- she thought her other dog was also PD, but UA on that dog had NSF USG of around 1.020 I think). Cassie is on Proheart injections for heartworm prevention.

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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The **left kidney** is normal size (6.35 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.

The **right kidney** is normal size (6.69 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 **left adrenal gland** is normal size (0.56cm at cranial pole) (0.67 cm at caudal pole) (2.72 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.

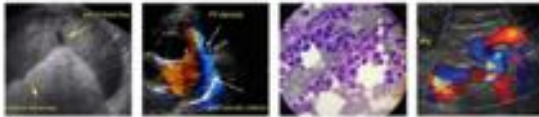
The **right adrenal gland** is normal size (1.03 cm at cranial pole) (0.72 cm at caudal pole) (3.18cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is normal in size (1.80 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.85 cm ill-defined hyperechoic area is observed near the hilus. Splenic vasculature is normal.

Liver

The **liver** is subjectively normal to slightly prominent in size with an irregular peripheral contour at the left caudal aspect. In this region, a 0.45 to 5.00 cm irregular heterogenous vascular mass is present. The lesion causes capsular expansion. The remaining hepatic parenchyma is mottled in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.



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The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated, echogenic, mostly gravity dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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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 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. There is no evidence of an obstructive pattern.

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Pancreas

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.

Free Abdomen

There is no evidence of free fluid. A 0.94 cm mesenteric **lymph node** is visualized.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Left hepatic mass. Neoplasia (i.e., adenoma, adenocarcinoma, round cell tumor) is suspected, with a lower possibility of a benign process (i.e., exuberant regenerative nodular hyperplasia).

Secondary Findings

- The hyperechoic area within the splenic parenchyma trends toward the benign (i.e., lymphoid hyperplasia, myelolipoma) with a lower possibility of emerging neoplasia.
- The prominent mesenteric lymph node is likely reactive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine-needle aspirate of the hepatic mass if clotting status is appropriate. A 25-gauge needle should be used. If cytology results are inconclusive, consider mass removal with submission for histopathology. Given the elevated liver enzymes, other liver lobes should also be biopsied at the time of surgery. An abdominal CT scan may be useful in presurgical planning.
- Given the PU/PD, consider a urine culture and sensitivity to assess for occult infection.

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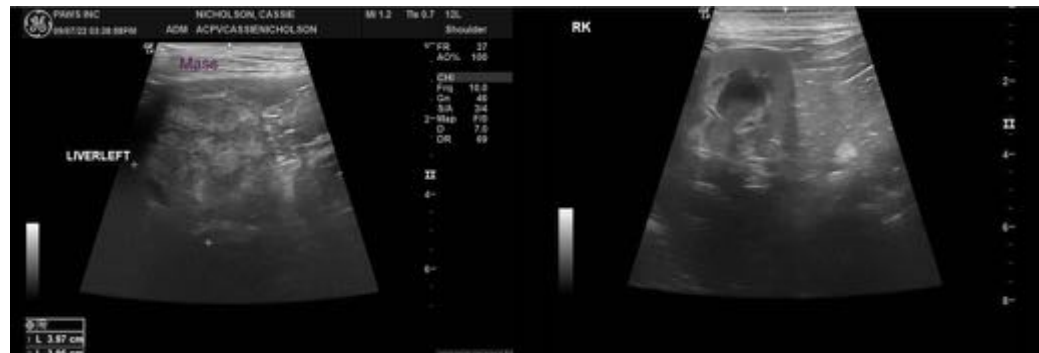
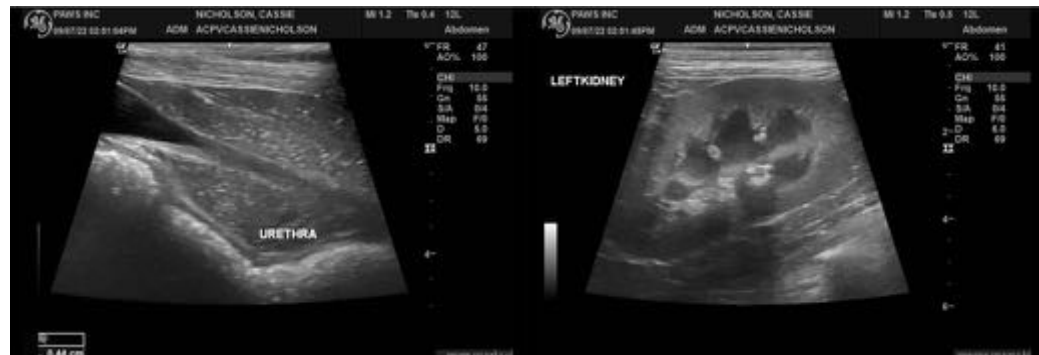
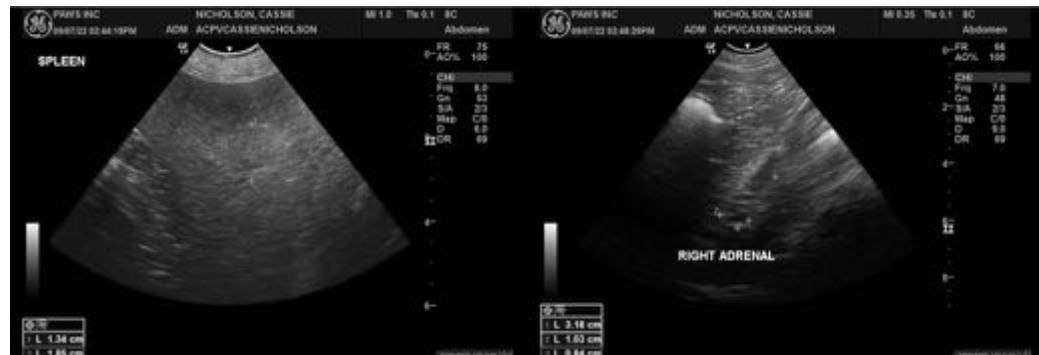
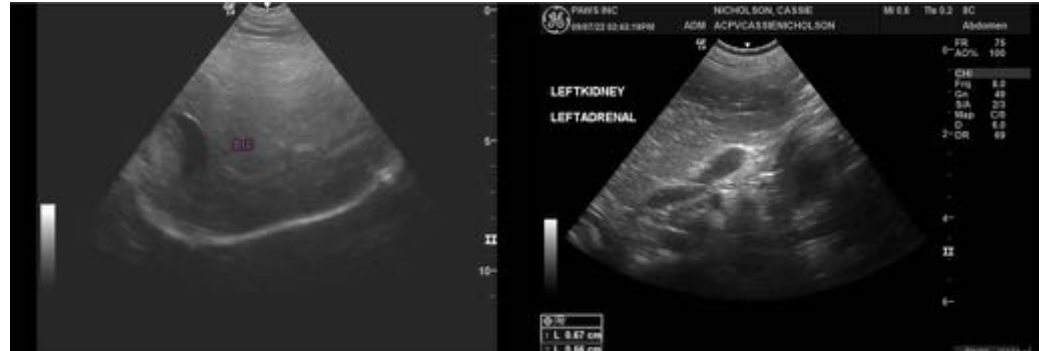
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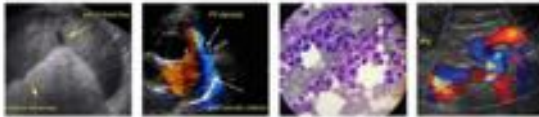
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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