



PATIENT

Benji Parks

SPECIES

Canine

BREED

Miniature Poodle

SEX

Male, intact

AGE

16 Yrs.

WEIGHT

13.75 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

VCA Salem

REFERRING VET

Dr. Wood

DATE

1/24/23

INVOICE

14507

PRESENTING CLINICAL SIGNS

History: -History of elevated liver enzymes first noted in November 2022 (blood work performed in August 2022 was WNL). Patient was started on Denamarin in November 2022 and recheck blood work was performed in January 2023. -Patient is clinically normal aside from occasional small intermittent tremoring episodes that were first noted in August 2022. Current Medications Denamarin, Bravecto, Interceptor Plus Primary Question/Differential to Be Answered in This Exam Is there a reason for the elevated liver enzymes that can be determined via ultrasonography?
Abnormal PE/Chem/CBC/UA Results: - November 2022 blood work abnormalities: ALT 605 (12-118) IU/L, ALKP 175 (5-151) IU/L - January 2023 blood work abnormalities: ALT 475 (12 - 118) IU/L, ALKP 259 (5-151) IU/L

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 prostate is enlarged (2.50 cm in width) with a slightly irregular shape. The parenchyma is hyperechoic relative to surrounding omental fat and slightly heterogeneous in appearance. 1-2 small ill-defined cystic areas are observed within the parenchyma. The prostatic urethra is not overtly dilated.

The left kidney is normal size (4.08 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

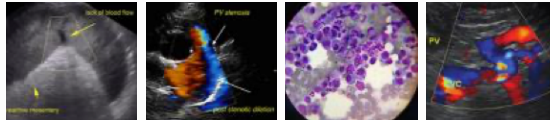
The right kidney is normal size (4.30 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.68 cm at cranial pole) (0.54 cm at caudal pole) (1.67 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 (0.36 cm at cranial pole) (0.51 cm at caudal pole) (1.86 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.

Spleen



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The spleen is normal in size (1.15 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.

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Liver

The liver is subjectively prominent in size. An approximately 4 cm irregular, heterogeneous mass is arising from the tip of the left lateral lobe. Ill-defined hyperechoic areas are observed within the mass. In the remainder of the liver, the margins are curvilinear and the 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

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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.

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Pancreas

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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

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(Small Animal Internal
Medicine)

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

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Primary Findings:

- Left hepatic mass. Neoplasia (i.e., adenoma, adenocarcinoma, round cell tumor) is the top differential. However a benign process (i.e., focus of nodular hyperplasia or inflammation) cannot be completely excluded.

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Secondary Findings:

- Minor bilateral age-related renal changes.
- The prostate changes are most consistent with cystic benign hyperplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

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- Consider a fine needle aspirate of the left hepatic mass, if clotting times are normal. A 25-gauge needle should be used. If cytology results are inconclusive, consider excisional biopsy of the hepatic mass.

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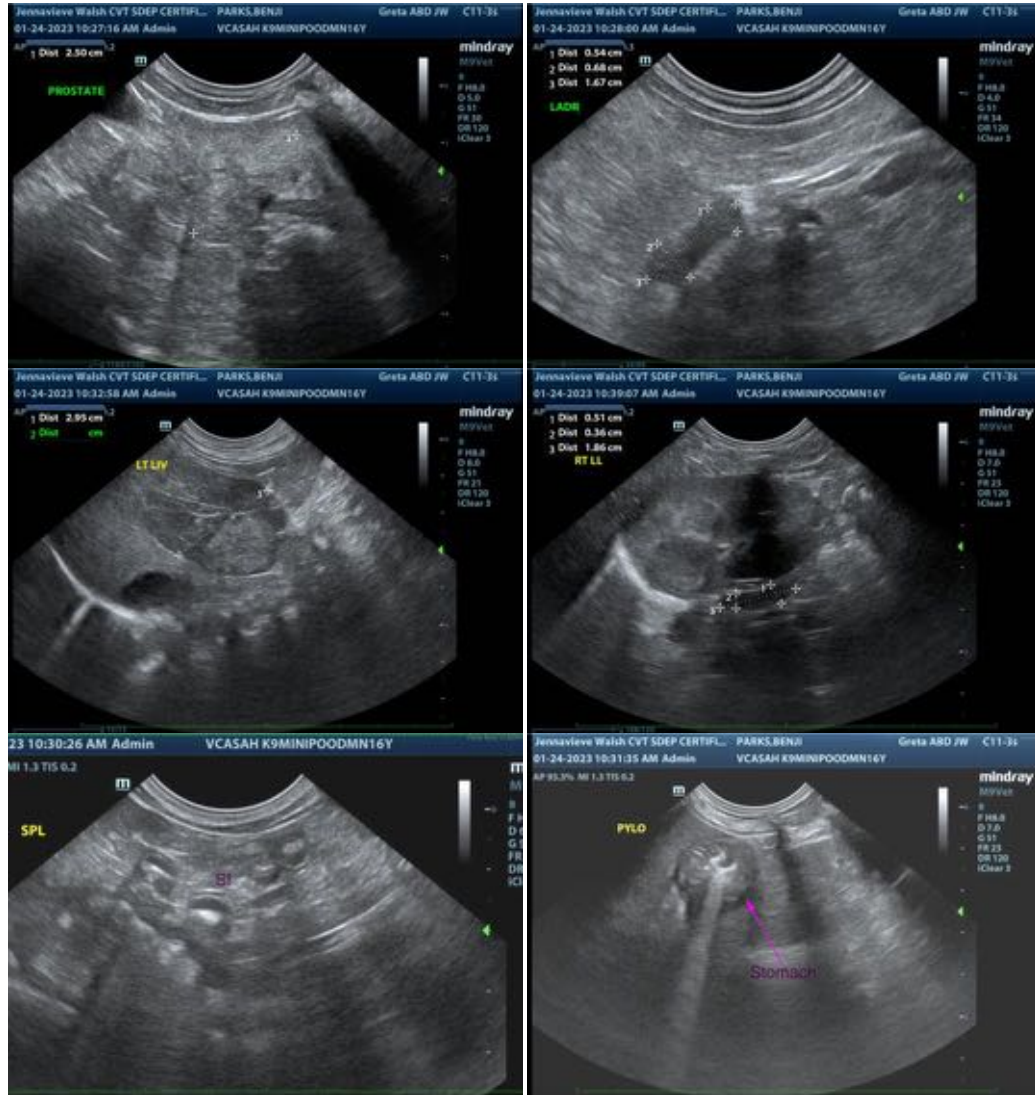
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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