



PATIENT

Joey Lemay

SPECIES

Canine

BREED

Labradoodle

SEX

Male, neutered

AGE

11 Yrs.

WEIGHT

71 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jenna Walsh

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Glaze

DATE

3/21/23

INVOICE

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PRESENTING CLINICAL SIGNS

History: PU/PD Isothenuric during day. Morning sample 1.025. Otherwise normal. Primary Question/Differential to Be Answered in This Exam Wellness scan of abdomen prior to anesthesia for dental and mass removal. Begin investigation for possible emergent Cushing's. Patient also lives on farm and is not vaccinated for Lepto.

Abnormal PE/Chem/CBC/UA Results: ALP gradually increasing over time. Currently 530. ALT previously WNL now 296. Other values WNL. No protein in urine.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.98 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (6.54 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. A few hyperechoic to mineralized foci are observed within the cortex. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (6.66 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. A few hyperechoic to mineralized foci are observed within the cortex. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.82 cm at cranial pole) (0.70 cm at caudal pole) (3.13 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 enlarged at the cranial pole and prominent in size at the caudal pole (2.97 cm at cranial pole) (0.86 cm at caudal pole) with a slightly irregular shape cranially. The glandular echogenicity and detail appear normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (2.39 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with swollen/slightly irregular peripheral contours. The parenchyma is isoechoic relative to the spleen. In the left lateral lobe, an approximately 5 cm irregular/ill-defined hyperechoic to heterogeneous cystic mass is visualized. The lesion causes slight



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capsular expansion. The remaining parenchyma is relatively homogeneous in appearance. 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

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

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.

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Free Abdomen

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings:

- Left hepatic mass. Differentials include biliary cyst adenoma/cyst adenocarcinoma, cystic hyperplastic nodule, adenoma, adenocarcinoma, inflammatory focus, other.
- Right adrenomegaly at the cranial aspect. Differentials include hyperplastic change or less likely, an emerging tumor.

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Secondary Findings:

- Minor, bilateral, age-related renal changes with subtle 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 splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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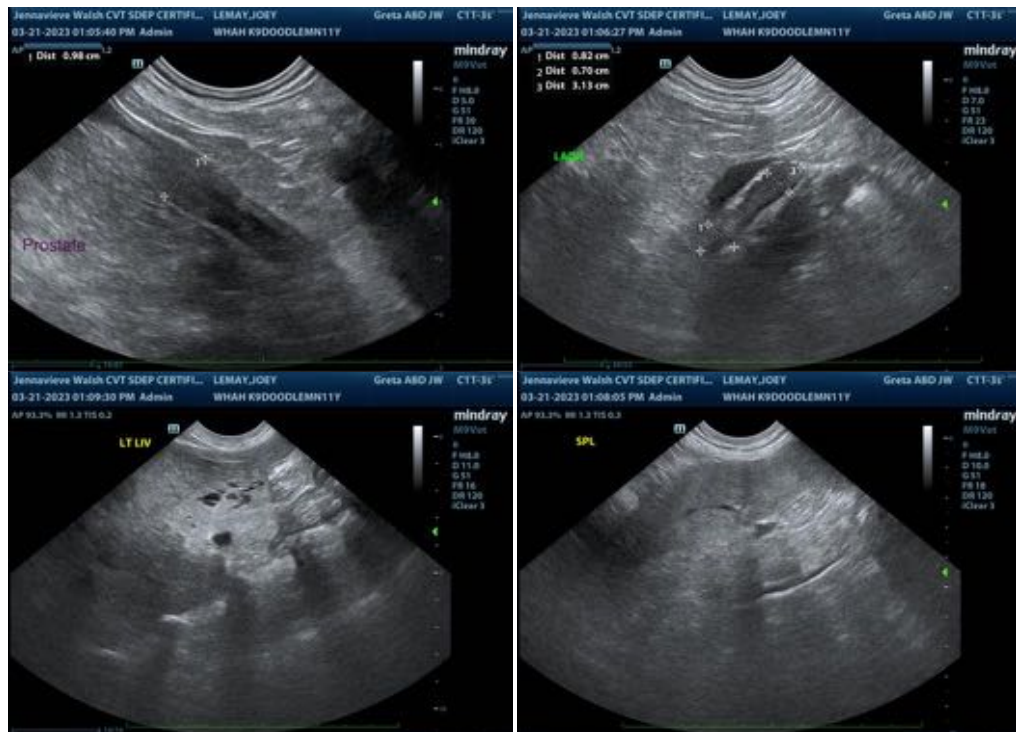
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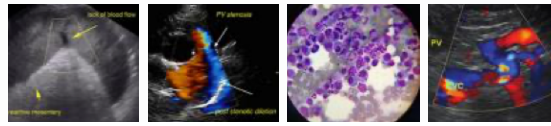
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- Consider fine needle aspirate of the left hepatic mass, if clotting status is appropriate. Care should be taken to avoid the cystic regions during the procedure. If cytology results are inconclusive and an aggressive approach is desired, consider mass removal with submission for histopathology. An abdominal CT scan would be useful in pre-surgical planning.
- Given the PU/PD, also consider the following:
 1. Urine culture and sensitivity to assess for occult pyelonephritis.
 2. Pre- and post-prandial serum bile acids to evaluate hepatic function.
 3. Cushing's testing (i.e., low-dose dexamethasone suppression test or ACTH stimulation test).
- If the patient is to undergo general anesthesia, benzodiazepines should be avoided and opioids used judiciously.





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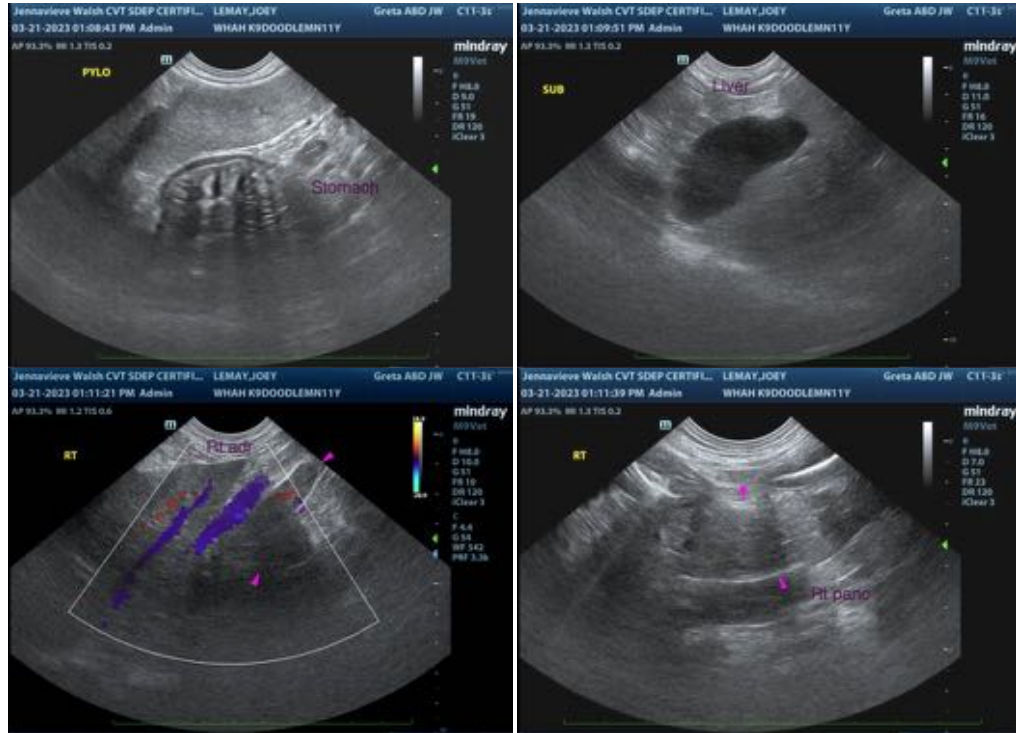
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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