



**PATIENT PRESENTING CLINICAL SIGNS**

Murphy LaPorte History: rectal wnl, H/L wnl, hyperkeratosis nose, ABD/LN wnl, OU lenticular sclerosis, AU mild was in horizontal canals, ALT mildly elevated, Calcium 12.7 Current meds: Augmentin

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**Urinary System**

**BREED**

Boxer

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small amount of suspended 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**

Neutered Male

The prostate is normal in size (1.33 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**AGE**

2012

The left kidney presented normal size (6.65 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

65 lbs

The right kidney presented normal size (7.05 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Andrea Nicastro,  
DVM, Diplomate  
ACVIM (Small Animal

**Adrenal Glands**

The left adrenal gland is normal size (0.57 cm at cranial pole) (0.55 cm at caudal pole) (2.11 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 mildly to moderately enlarged (1.26 cm at cranial pole) (1.02 cm at caudal pole) (3.47 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.

**HOSPITAL NAME**

Southside AH

**Spleen**

**REFERRING VET**

Dr. Michele Mihok

The spleen is normal in size (2.11 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**

**DATE**

12/13/21

The liver is subjectively normal in size. The parenchyma is hypoechoic relative to the spleen. An approximately 6.0 cm hypoechoic and slightly irregular nodule/mass is observed deep mid to right



**PATIENT**

Murphy LaPorte

liver, adjacent to the diaphragm. The lesion causes mild capsular expansion. The remaining parenchyma is homogeneous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

**SPECIES**

Canine

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.

**BREED**

Boxer

**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 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 or overt infiltrative disease is noted.

**SEX**

Neutered Male

**Pancreas**

**AGE**

2012

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.

**WEIGHT**

65 lbs

**Free Abdomen**

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

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

**Other**

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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DVM, Diplomate  
ACVIM (Small Animal

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Deep mid to right hepatic nodule/mass. Differentials include neoplasia (i.e., adenoma, adenocarcinoma) versus benign pathology (i.e., regenerative nodule) versus other.
- Mild right adrenomegaly

**Secondary Findings**

- Urinary bladder debris

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\*It is unclear whether the patient's hypercalcemia is associated with the liver nodule/mass. There may be two separate processes occurring.

**REFERRING VET**

Dr. Michele Mihok

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Regarding the hypercalcemia, A PTH/PTHrP/ionized calcium is recommended.
- Regarding the liver lesion, if a conservative approach is desired, consider a recheck ultrasound in 4 weeks to assess for progression. If a more aggressive approach is desired, an abdominal CT scan can be performed for further evaluation. Alternatively, an abdominal exploratory with mass removal and submission for histopathology can be considered. If

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surgery is to be pursued, referral to a board-certified surgeon is recommended due to the potential for perioperative complications.

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Internal Medicine)

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DVM, Diplomate  
ACVIM (Small Animal

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**REFERRING VET**

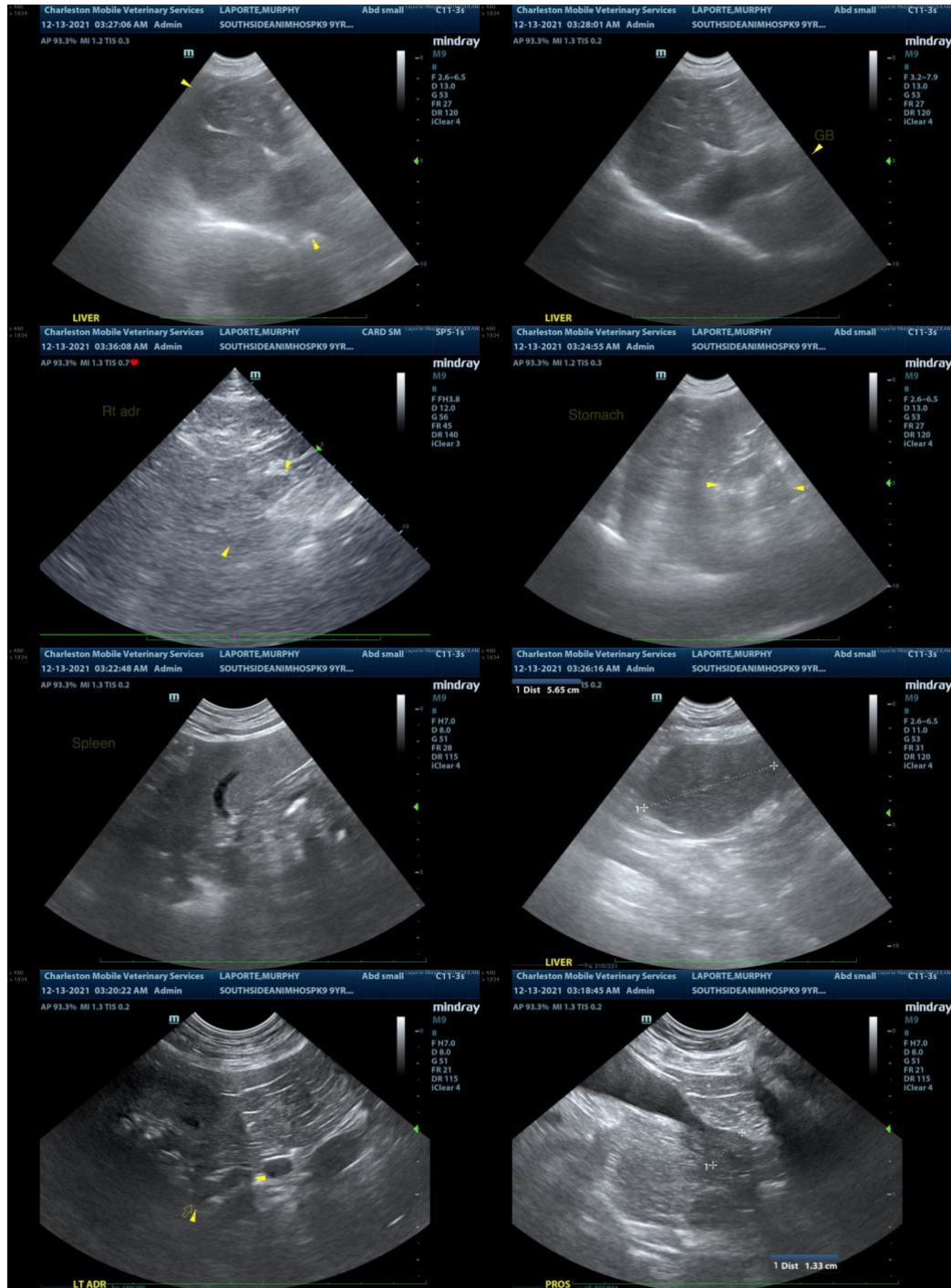
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



**PATIENT**

Murphy LaPorte

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.

**SPECIES**

Canine

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

Andrea.Nicastro@CharlestonMobile.net

**BREED**

Boxer

**SEX**

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**AGE**

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Internal Medicine*)

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