



PATIENT PRESENTING CLINICAL SIGNS

Cash Mason Distended firm abdomen (at least 2 yrs). Historically elevated ALP. Chronic cough (~1+ yrs) that is worsening. It is mildly responsive to hydrocodone -- P takes hydrocodone q12h with meals, cough gets worse in the few hours prior to meals. Previous chest rads revealed chronic bronchointerstitial pattern, but no other abnormalities.

SPECIES

Canine

8/23/21: ALP 1491, Chol 337, Plt426, otherwise WNL

BREED

Galliprant 100mg q24h

Labrador Retriever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Male, intact

The urinary bladder, trigone, and pelvic urethra are 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.

AGE

5/22/08

The prostate is enlarged (4.33 cm in width) with a normal shape. The parenchyma is mildly hyperechoic to heterogeneous in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

WEIGHT

96.4 lbs.

The left kidney is normal size (7.57 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 hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DVM,
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The right kidney is normal size (8.18 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 hydronephrosis. Renal vasculature is normal.

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Adrenal Glands

The left adrenal gland is normal size (0.67 cm at cranial pole) (0.94 cm at caudal pole) (2.82 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

Sun, Dog, Cat, Moon
VC

The right adrenal gland is normal size (2.00 cm at cranial pole) (1.09 cm at caudal pole) (5.13 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.

REFERRING VET

Dr. Abby Clayton

Spleen

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The spleen is normal in size (1.10 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.

DATE

2/1/22



PATIENT *Liver*

Cash Mason
The liver is subjectively normal in size with relatively normal peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely mottled in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is mildly distended. 1-2 polypoid like lesions are arising from the luminal surface. A small amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

SPECIES

Canine

BREED *Gastrointestinal*

Labrador Retriever
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.

SEX

Male, intact

AGE

5/22/08

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.

WEIGHT

96.4 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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Other

The testicles are relatively symmetrical in size (left testicle 2.21 x 1.25 cm; right testicle 2.63 x 1.89 cm) with normal shape and smooth peripheral contours. The parenchyma is subtly heterogeneous. No distinct focal lesions are observed.

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ULTRASONOGRAPHIC FINDINGS

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Gallbladder debris- incidental.
- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.
- The testicular changes are consistent with age-related remodeling.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fine needle aspirate of the liver can be considered to help rule out round cell neoplasia (i.e., lymphoma). However, given the lack of overt illness in the dog, this differential is considered



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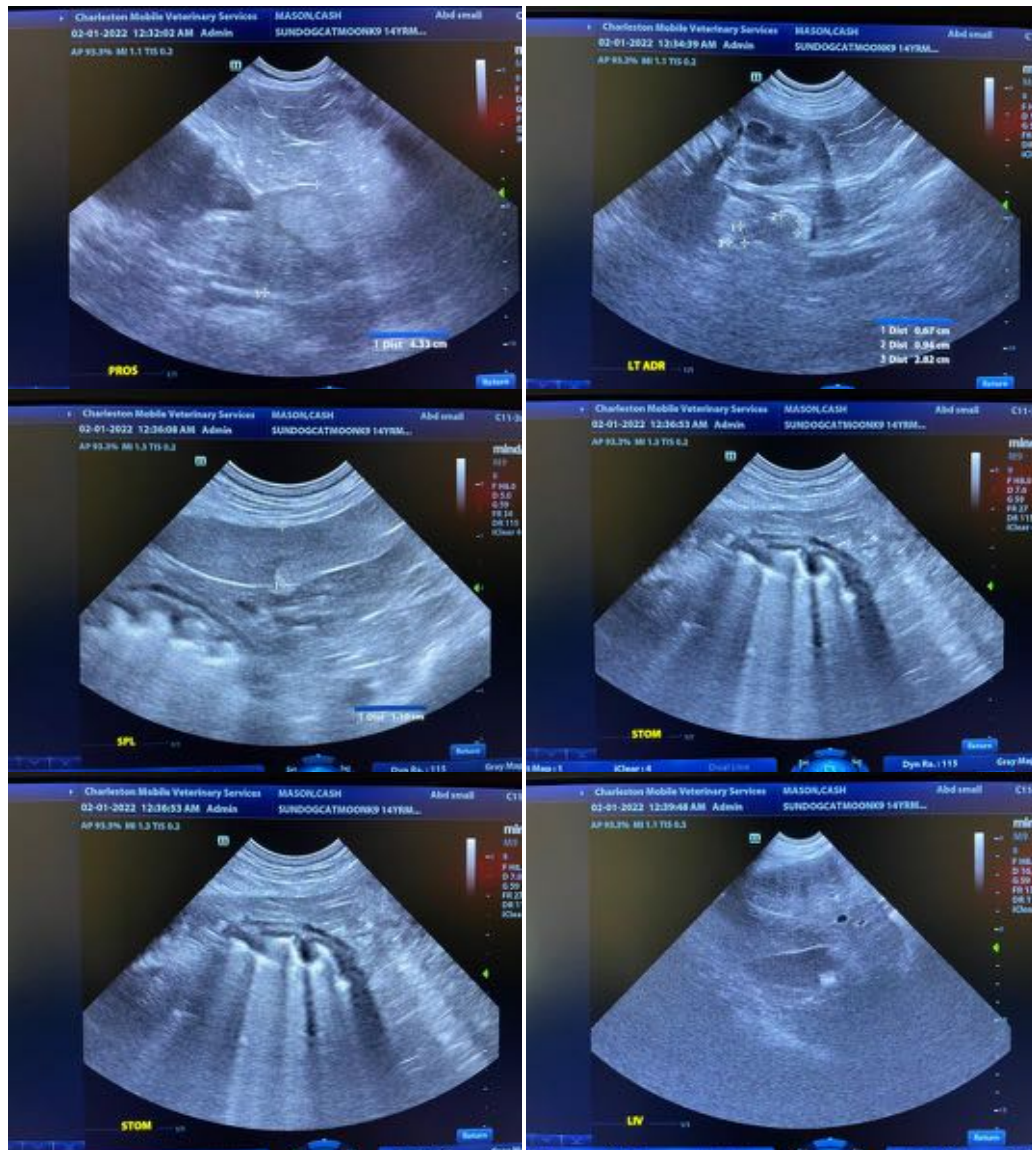
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DATE

2/1/22

less likely. If hepatic tissue sampling is pursued, clotting times (i.e., PT/PTT should be performed).

- If a more conservative approach is desired, serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If liver values continue to increase, repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.





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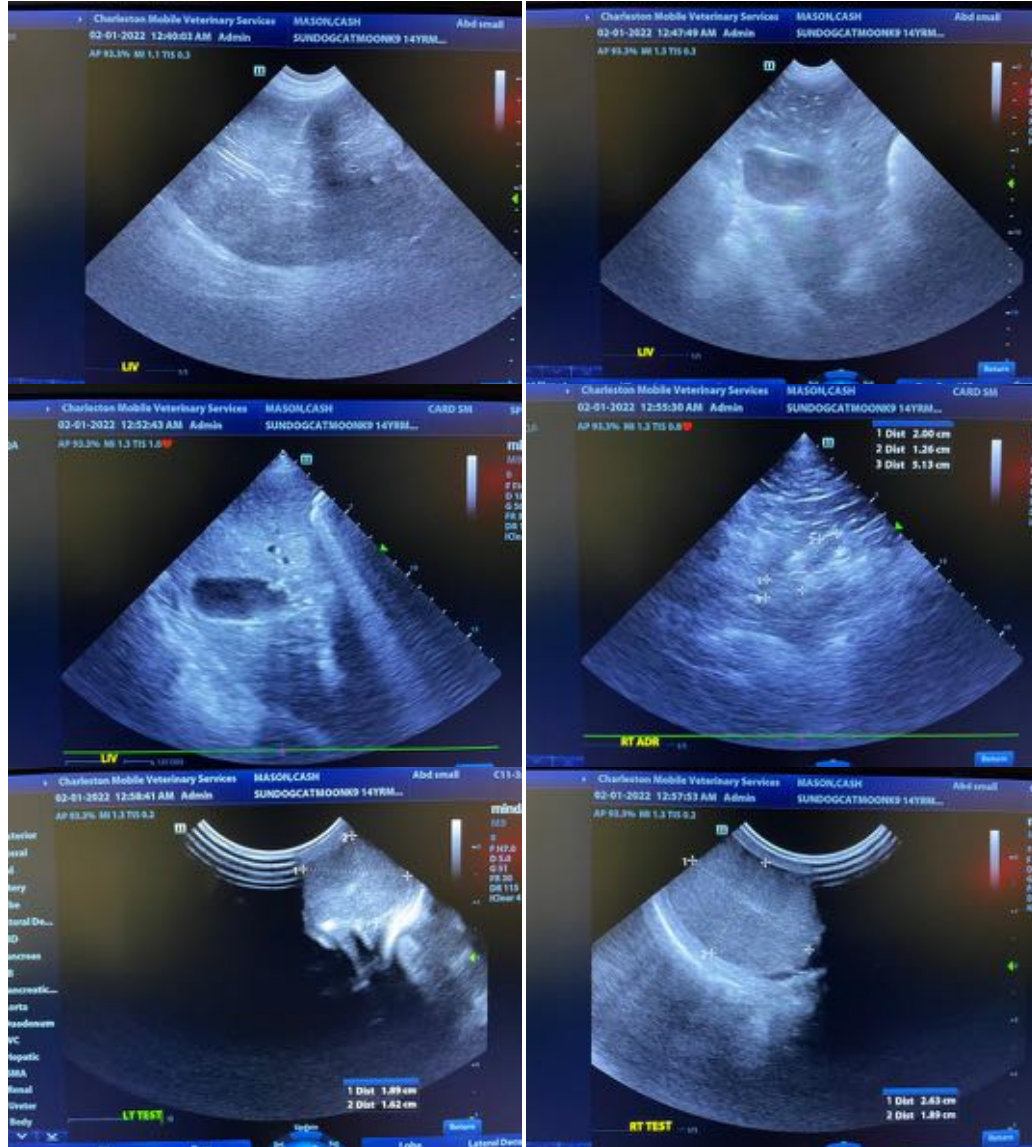
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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