

PATIENT PRESENTING CLINICAL SIGNS

Dallas Skelton The patient presented with a rising ALP but asymptomatic. Has lipomas that need removing.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine Urinary System

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.

BREED

Bloodhound

SEX

Male, neutered

The left kidney is normal size (7.39 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. Renal vasculature is normal.

AGE

9/29/2011

The right kidney is normal size (7.77 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. Renal vasculature is normal.

WEIGHT

100 lbs.

Adrenal Glands

The left adrenal gland is normal size (0.51 cm at cranial pole) (0.53 cm at caudal pole) (2.40 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.

INTERPRETED BY

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

The right adrenal gland is normal size (1.10 cm at cranial pole) (0.55 cm at caudal pole) (3.12 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.

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Spleen

The spleen is normal in size (2.40 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.

HOSPITAL NAME

Flowerton AH

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is slightly mottled in appearance. A 3.20 cm irregular, hyperechoic nodule/mass is observed in the right cranial aspect. 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.

REFERRING VET

Dr. Randinelli and Dr.
Bianchetto

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13057

DATE
3/1/22

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.



PATIENT *Pancreas*

Dallas Skelton 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.

SPECIES

Canine *Free Abdomen*

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

BREED

Bloodhound *Other*

A brief echocardiogram reveals no evidence of pericardial effusion.

SEX

Male, neutered

ULTRASONOGRAPHIC FINDINGS

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Primary Findings:

- The hepatic parenchymal changes trend toward the benign (including the hyperechoic nodule). Top differentials include regenerative nodular hyperplasia and/or vacuolar hepatopathy. Based on the patient's liver values and sonographic changes, inflammatory disease and infiltrative neoplasia are considered unlikely.

WEIGHT

100 lbs.

Secondary Findings:

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

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase a recheck ultrasound +/- hepatic tissue sampling may be warranted.
- A hepatic antioxidant (i.e., Denamarin) can be considered. However, if no improvement in the liver values is seen within a month of therapy, the Denamarin can be discontinued.
- Based on the ultrasound findings, there are no contraindications to anesthesia. As a precaution, Benzodiazepines should be avoided and opioids should be used judiciously.

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PATIENT

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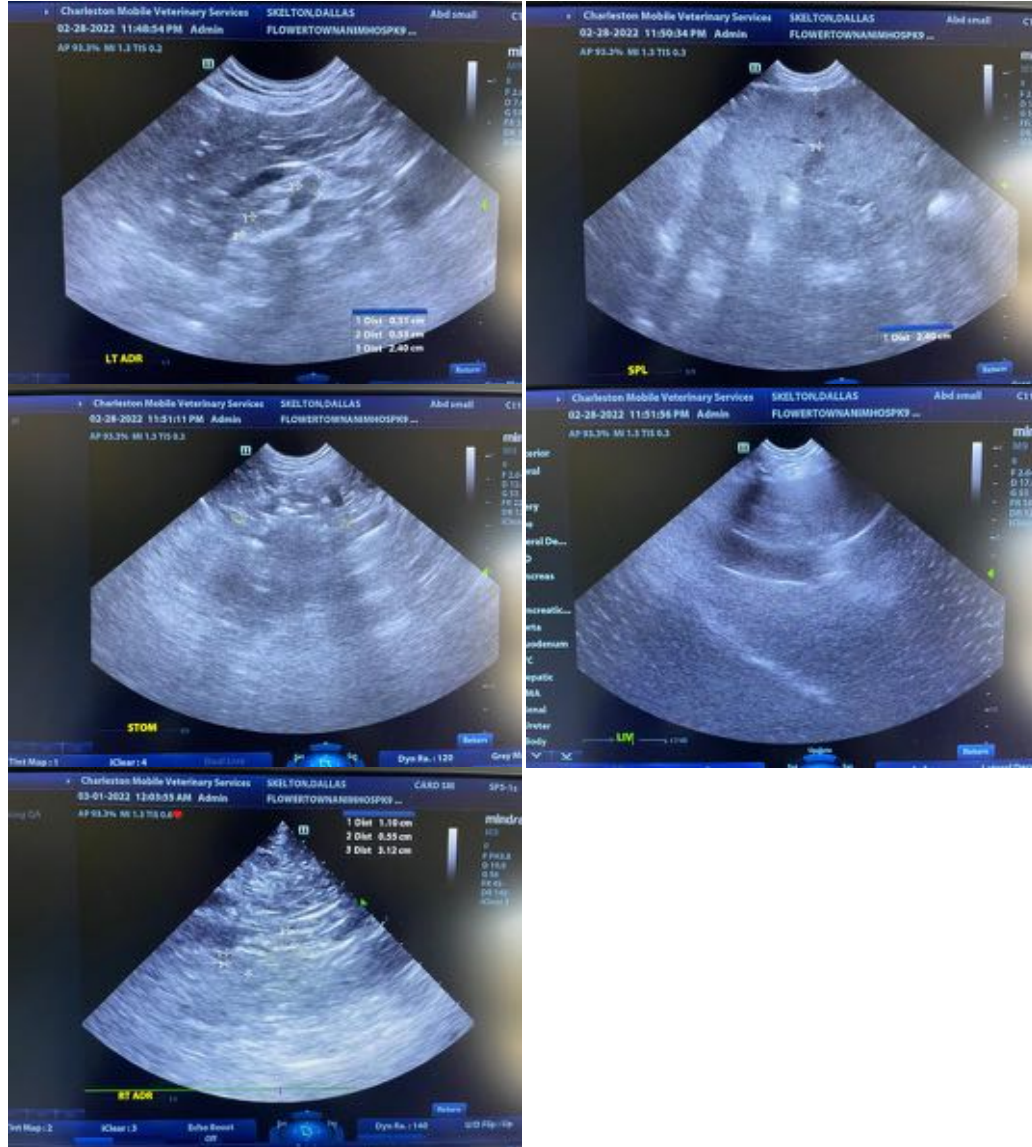
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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