

PATIENT PRESENTING CLINICAL SIGNS

Malibu Sibert The patient presented with elevated liver values on pre-anesthetic bloodwork.

SPECIES ALP 1796, ALT 174.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Husky mix The urinary bladder is moderately distended with mostly anechoic urine. A 0.68 x 0.46 cm polypoid like lesion is observed at the craniodorsal aspect. The remaining bladder wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Female, spayed

AGE

14 Yr. old.

The left kidney is normal size (6.26 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. Several small, non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

44 lbs.

The right kidney is normal size (6.68 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. Several small, non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DVM,
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Adrenal Glands

The left adrenal gland is normal size (0.63 cm at cranial pole) (0.55 cm at caudal pole); 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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The right adrenal gland is normal size (1.70 cm at cranial pole) (0.63 cm at caudal pole); 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

Brighton AH

Spleen

The spleen is normal in size (2.28 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. A 0.78 cm hyperechoic nodule is observed at the lateral aspect, approximately mid-spleen. Splenic vasculature is normal.

REFERRING VET

Dr. Elizabeth Wetzel

Liver

The liver is subjectively normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely mottled to heterogeneous in appearance with at least one 3.22 cm hypoechoic to heterogeneous nodule/lesion deep on the left side. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is mildly to moderately distended. The wall is normal in thickness. A small amount of echogenic to mineralized gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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PATIENT *Gastrointestinal*

Malibu Sibert The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is moderately distended with ingesta. 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 segmentally dilated with chyme. 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.

SPECIES

Canine

BREED *Pancreas*

Husky mix 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.

SEX

Female, spayed

Free Abdomen

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

AGE

14 Yr. old.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

44 lbs.

Primary Findings:

- The hepatic parenchymal changes are non-specific and could be associated with a benign process (i.e., regenerative nodular hyperplasia, age-related remodeling and/or vacuolar hepatopathy). Alternatively, a more insidious hepatic pathology (i.e., inflammatory disease, fibrosis, neoplasia) cannot be completely excluded.
- Gallbladder debris, non-mucocele.

Secondary Findings:

- Bilateral, chronic age-related renal changes with non-obstructive nephrocalcinosis.
- 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). The hyperechoic splenic nodule trends toward the benign (i.e., myelolipoma or similar) with a lower possibility of an emerging tumor.
- The urinary bladder wall lesion is most consistent with polypoid cystitis. However, an emerging tumor (i.e., transitional cell carcinoma) cannot be excluded.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If pre- and post-prandial serum bile acids are substantially elevated, consider hepatic tissue sampling (i.e., fine needle aspirate or biopsies (laparoscopic or surgical)). If accessible, the left nodule/lesion should also be sampled. Clotting times should be assessed prior to hepatic tissue sampling. If biopsies are pursued, aerobic and anaerobic bile cultures should be obtained along with additional hepatic tissue samples for potential copper quantitation. Given the patient's age, three-view thoracic radiographs are recommended prior to any anesthetic event.



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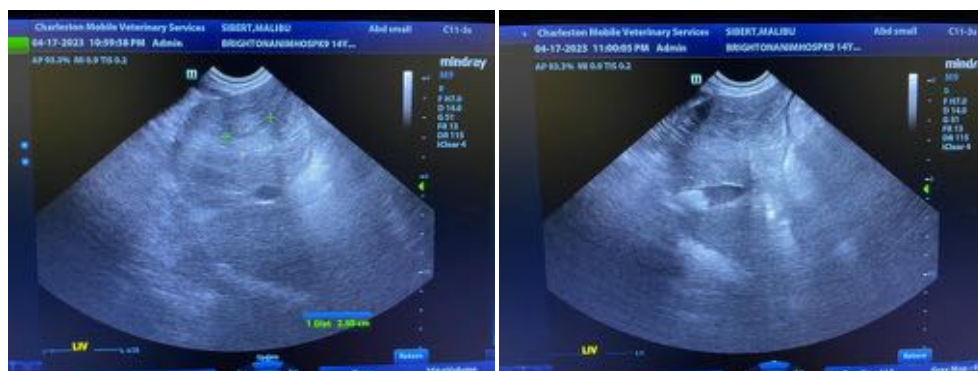
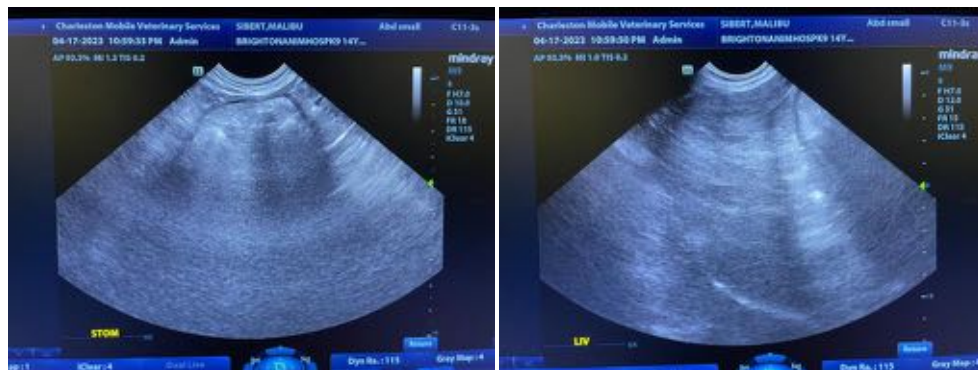
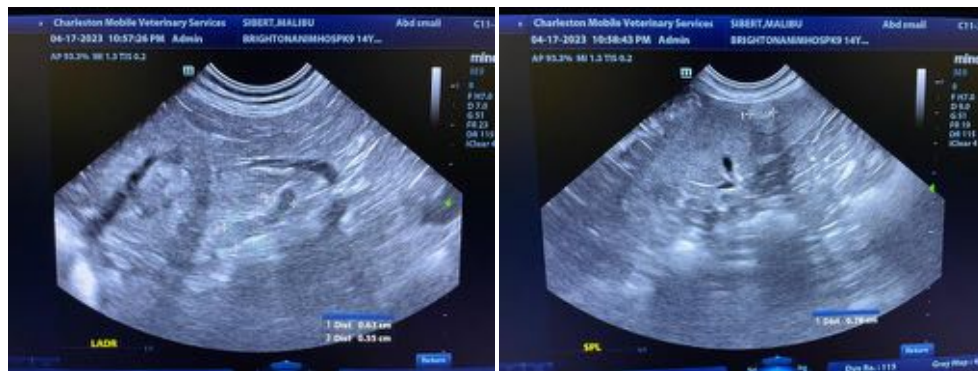
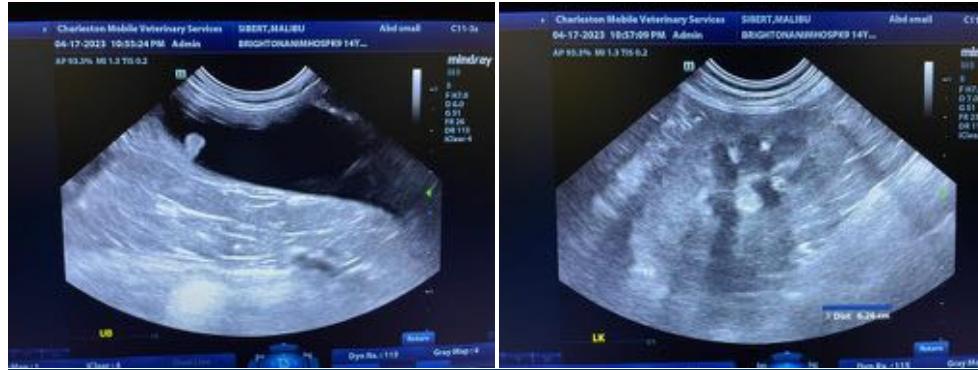
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- If invasive diagnostics are not performed at this time, consider rechecking liver values and an abdominal ultrasound (to reassess the hepatic nodule) in 2-3 months.





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Husky mix

SEX

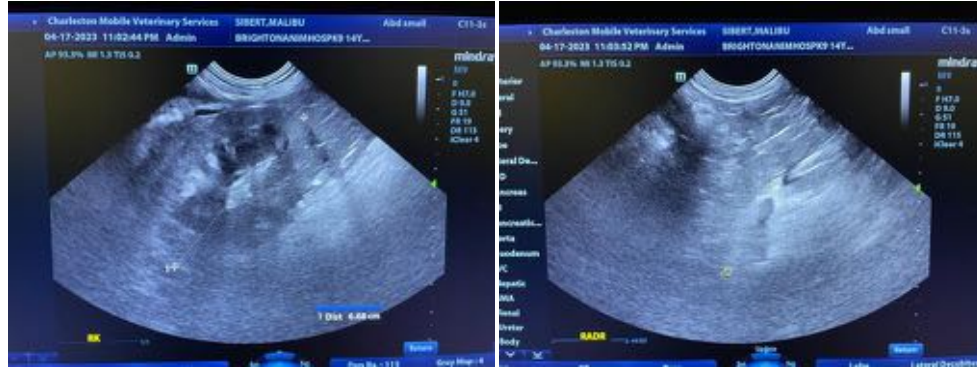
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

HOSPITAL NAME

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