

PATIENT PRESENTING CLINICAL SIGNS

Olive Rone
SPECIES Canine
BREED Boston Terrier
 1) Presenting not eating breakfast (has never happened) or dinner and being "off".
 2) Hx of hypoadrenocorticism, treating with trilostane 15 mg SID
 3) Hx of testing low cortisol while on trilostane
 4) Exam wnl except for pendulous abdomen, hepatomegaly, QAR
 ALT 222, ALP 291, GLU 134
 Urinalysis: USG 1.014, WBC 6-12/hpf, RBC 4-6/hpf, Rod bacteria 4+, transitional cells 2+, protein 1+
 ACTH stim cortisol #2 3.5 (8.0-17.0)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX *Urinary System*

Female, spayed
AGE 11/5/2012
 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.

WEIGHT 25 lbs.
 The left kidney is normal size (5.60 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.

The right kidney is normal size (5.48 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.

INTERPRETED BY

Andrea Nicastro, DVM,
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 Medicine)

Adrenal Glands

The left adrenal gland is mildly enlarged (0.75 cm at cranial pole) (0.75 cm at caudal pole) with a slightly irregular shape. The parenchyma is mildly hypoechoic with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

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The right adrenal gland is enlarged at the cranial pole and normal in size at the caudal pole (1.13 cm at cranial pole) (0.51 cm at caudal pole) with a slightly irregular shape. The parenchyma is mildly hypoechoic with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

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Spleen

The spleen is normal in size (xxx 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

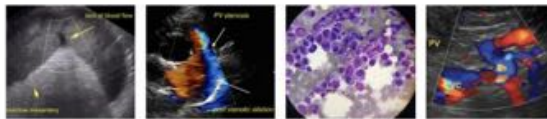
The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen. Adjacent to the diaphragm, an approximately 6 cm heterogeneous cavitated mass is visualized. In addition, a 2.50 cm ill-defined hypoechoic nodule/mass is observed in the region of the right medial lobe. 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. A small to

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PATIENT

moderate amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Olive Rone

Gastrointestinal

SPECIES

The gastric lumen contains hard shadowing material but is otherwise 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.

Canine

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Pancreas

SEX

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.

Female, spayed

AGE

Free Abdomen

11/5/2012

A small amount of free fluid is observed. The abdominal lymph nodes are normal/not visible.

WEIGHT

Other

25 lbs.

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

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ULTRASONOGRAPHIC FINDINGS

**IMAGING
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Primary Findings:

- The large hepatic mass is concerning for neoplasia (i.e., hemangiosarcoma, hemangioma, round cell tumor) with a lower possibility of a benign process (i.e., abscess, other). The smaller hypoechoic nodule/mass may represent a metastatic lesion, regenerative nodule, inflammatory focus, granuloma, other.
- The mild ascites may be secondary to hemorrhage, neoplastic effusion, other.

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Secondary Findings:

- The bilateral adrenomegaly is consistent with a previous diagnosis of pituitary dependent hyperadrenocorticism.
- Minor age-related pancreatic remodeling in the right limb.
- Gallbladder debris- non-mucocele.
- The shadowing within the gastric lumen is suspected to represent foreign material. It appears non-obstructive at the time of the study and is likely an incidental finding.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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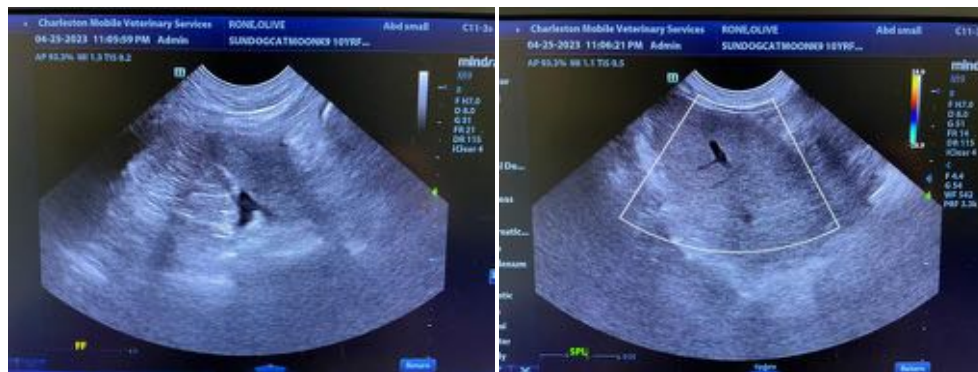
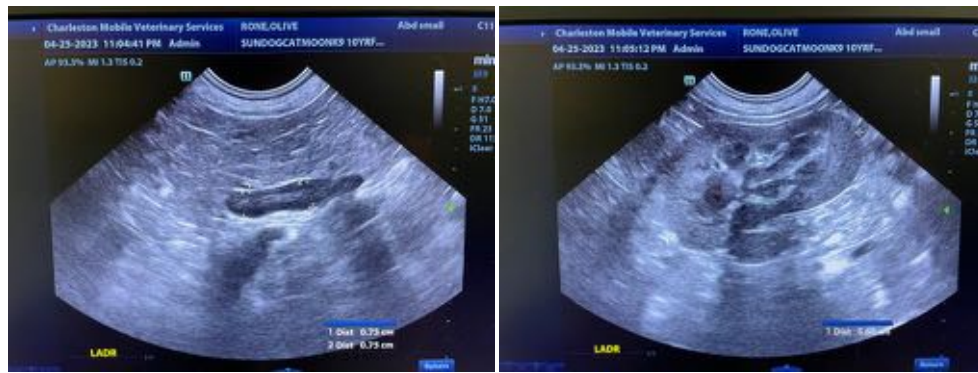
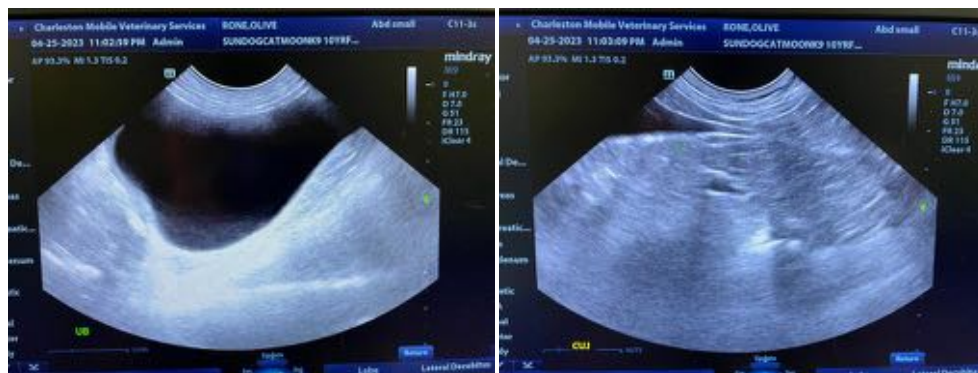
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- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If there is no evidence of pulmonary metastatic disease, consider referral to a board certified surgeon to discuss hepatic mass removal or debulking. An abdominal CT scan would be useful in pre-surgical planning. The client should be warned of the possibility of a metastatic disease prior to surgery.
- If surgery is not pursued, supportive measures (i.e., Yunnan Baiyao) should be considered.





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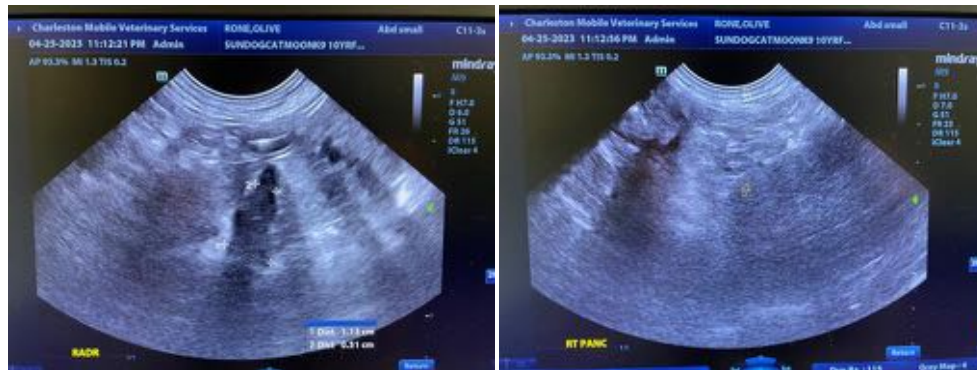
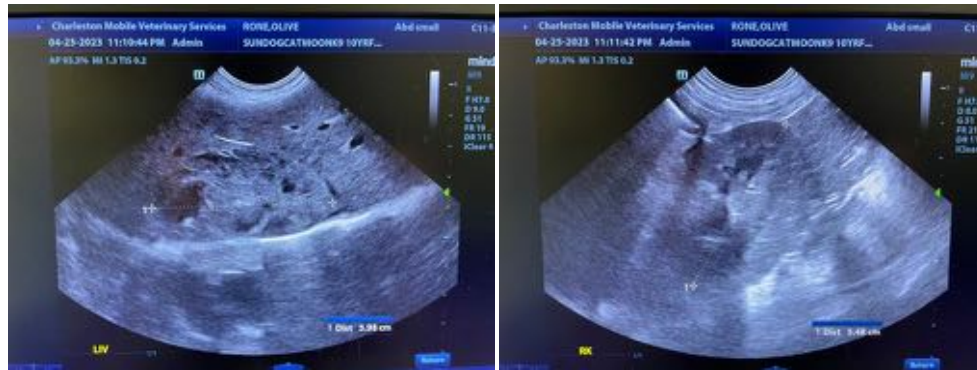
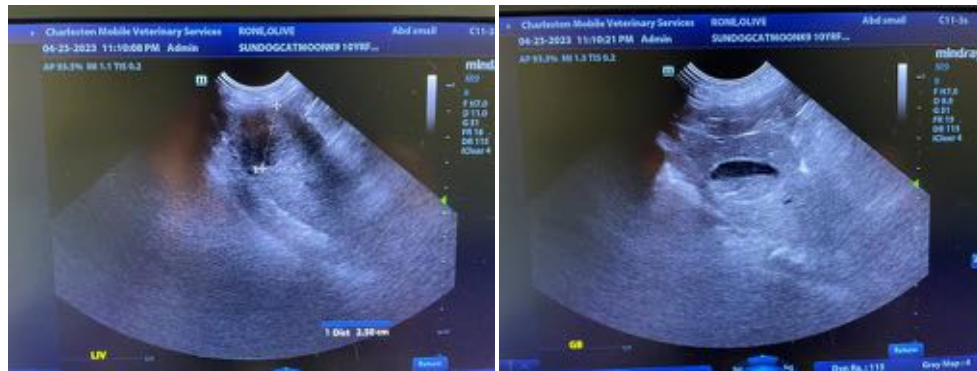
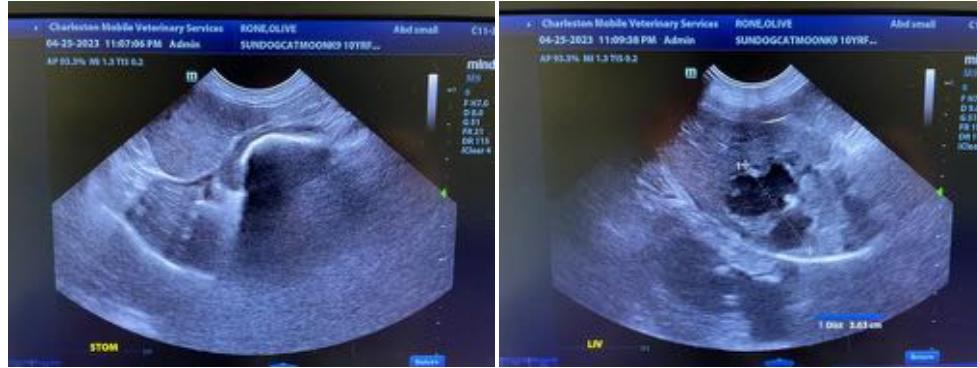
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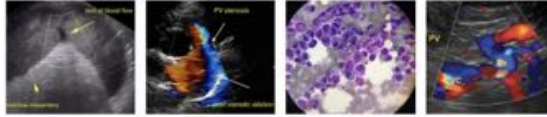
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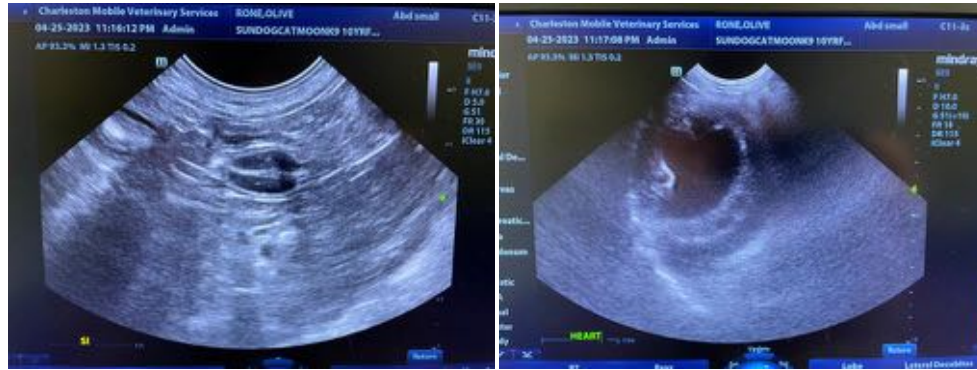
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WEIGHT

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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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