



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Maggie Edgar

SPECIES
Canine

BREED
West Highland Terrier

SEX
Female, spayed

AGE
1/14/2006

WEIGHT
12.14 lbs.

Fever of 103.6F on presentation
TL pain
Dehydrated
Quiet
Dental disease

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The left kidney is normal size (3.70 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 non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.84 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY Adrenal Glands

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

The left adrenal gland is normal size (0.47 cm at cranial pole) (0.46 cm at caudal pole) (1.23 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.

IMAGING PERFORMED BY

Andrea Nicastro, DVM,
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(Small Animal Internal
Medicine)

The right adrenal gland is normal size (0.97 cm at cranial pole) (0.38 cm at caudal pole) (1.17 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

Park West VA

Spleen

The spleen is normal in size (0.92 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.

REFERRING VET

Dr. Harasim

Liver

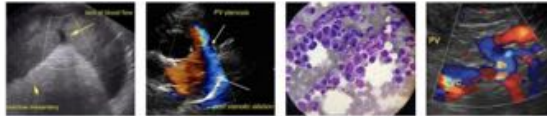
The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly mottled in appearance. At least 3 hypoechoic to slightly heterogeneous nodules are observed. The largest nodule is in the region of the right medial lobe and measures approximately 1.90 cm in diameter. The other 2 nodules are on the right side, measuring 1.75 cm and 1.10 cm in diameter. The portal vein: caudal vena cava ratio is approximately 1:1.

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The gall bladder is mildly to moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

SPECIES

Canine

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.

BREED

West Highland Terrier

Pancreas

SEX

Female, spayed

The base 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.

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Free Abdomen

The mesentery is mildly hyperechoic. Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

WEIGHT

12.14 lbs.

Other

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

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Medicine*)

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The hypoechoic hepatic nodules could be consistent with neoplasia (i.e., round cell tumor) or multifocal inflammatory disease. The diffuse hepatic parenchymal changes are non-specific and may be secondary to an inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, chronic active hepatitis), hepatotoxicosis (i.e., copper), Leptospirosis, other hepatopathy +/- concurrent age-related change (i.e., regenerative nodular hyperplasia, vacuolar hepatopathy).
- Gallbladder debris/sludge, non-mucocele.
- Mild peritonitis, likely secondary to hepatic disease.

Secondary Findings:

- Bilateral chronic renal changes with left non-obstructive nephrolithiasis.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation or splenitis with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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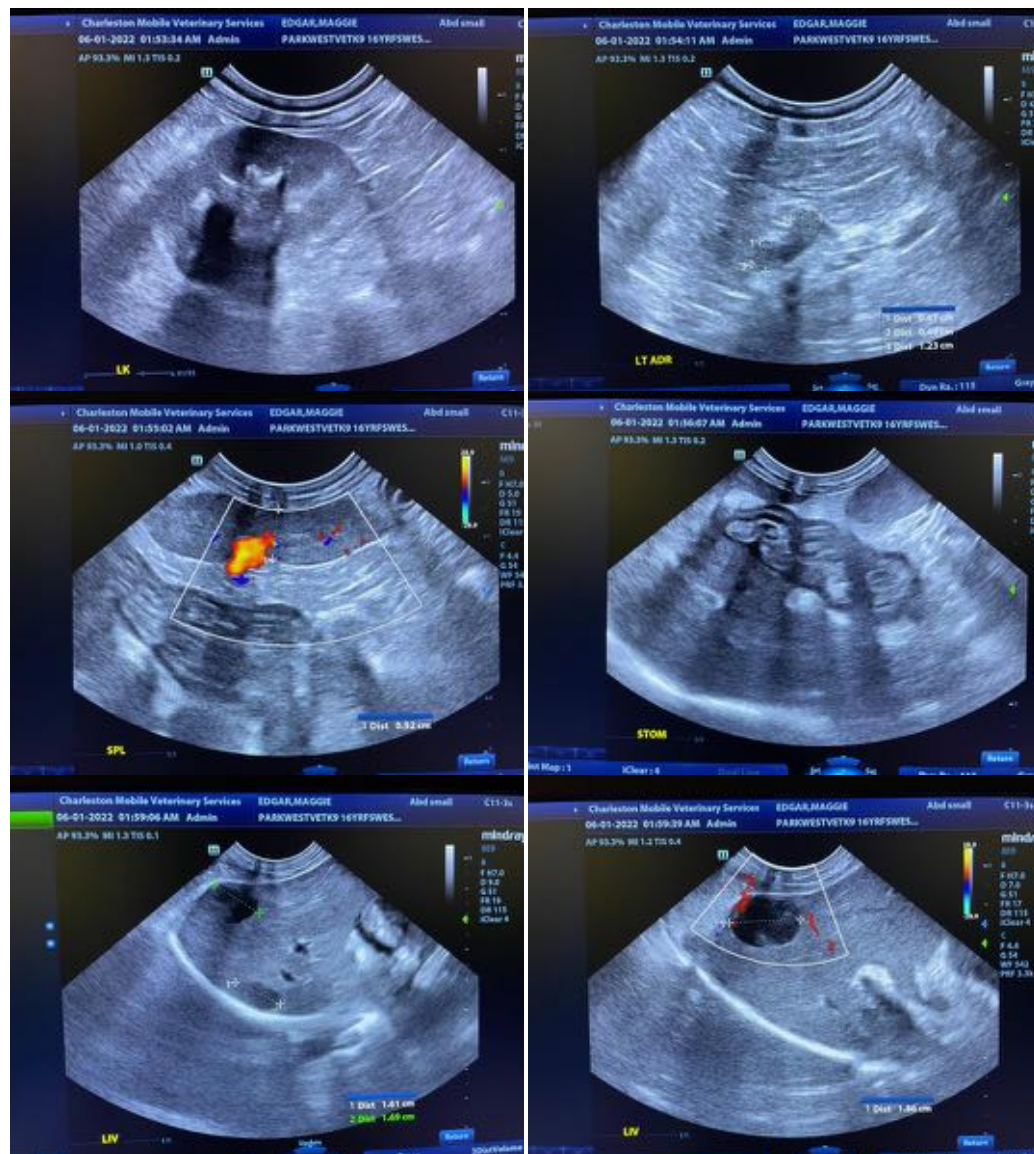
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- If clotting status is appropriate, hepatic tissue sampling (i.e., fine needle aspirate or surgical biopsies) of the nodules can be considered.
- If a more conservative approach is desired, consider empirical treatment for an infectious hepatopathy (i.e., Amoxicillin clavulanic acid, Enrofloxacin, Denamarin) as well as symptomatic care. If no improvement in the liver values is seen within the 3-5 days of initiating therapy, hepatic tissue sampling can be revisited.
- Thoracic radiographs are recommended prior to any anesthetic event.





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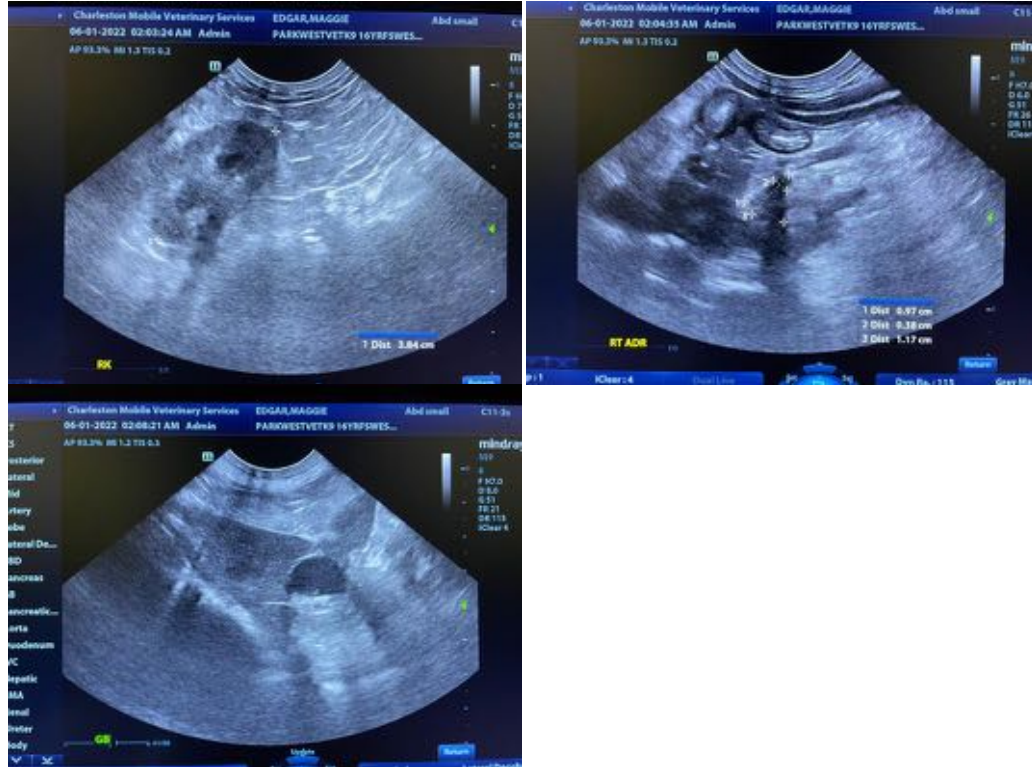
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

Andrea.Nicastro@CharlestonMobile.net