

PATIENT PRESENTING CLINICAL SIGNS

Abby Dudley Hepatosplenomegaly noted on radiographs. 1 week history of vomiting, anorexia and diarrhea, which improved with supportive care.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine *Urinary System*

BREED The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. 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.

SEX The left kidney is normal size (7.27 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.

Female, spayed

AGE The right kidney is normal size (7.23 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.

5/5/2011

WEIGHT *Adrenal Glands*

72 lbs.

The left adrenal gland is upper limits of normal size (0.69 cm at cranial pole) (0.94 cm at caudal pole) (3.08 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,
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(*Small Animal Internal
Medicine*)

The right adrenal gland is normal size (1.35 cm at cranial pole) (0.76 cm at caudal pole) (2.75 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 (2.59 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 enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen. A 2.37 x 1.54 cm irregular cystic lesion is observed on the right side. The remaining parenchyma is homogeneous. 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.

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INVOICE *Gastrointestinal*

13474

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

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not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material and gas. No obstructive disease is noted.

Pancreas

SPECIES

Canine

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.

BREED

Pitbull

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. Adjacent to the left renal artery, a 3.33 x 2.65 cm irregular heterogeneous cavitated lymph node is visualized.

SEX

Female, spayed

Other

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

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

72 lbs.

- The enlarged lymph node in the left mid-abdomen could be consistent with a reactive/cystic node or lymphadenitis. Alternatively, emerging neoplasia (i.e., lymphoma) cannot be completely excluded.
- The diffuse hepatic parenchymal changes are non-specific and could be secondary to a benign hepatopathy (i.e., vacuolar hepatopathy, regenerative nodular hyperplasia). However, underlying pathology (i.e., inflammatory disease or less likely infiltrative neoplasia) are possible. Correlation with the patient's liver values is recommended. The cystic hepatic lesion trends toward the benign with a lower possibility of an emerging vascular tumor.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Baseline labwork including a CBC chemistry panel, urinalysis and T4 is recommended. Depending on the results, hepatic tissue sampling may be warranted.
- A recheck ultrasound is recommended in 4-6 weeks (or sooner if problems arise) to reassess the lymph node and cystic hepatic lesion.

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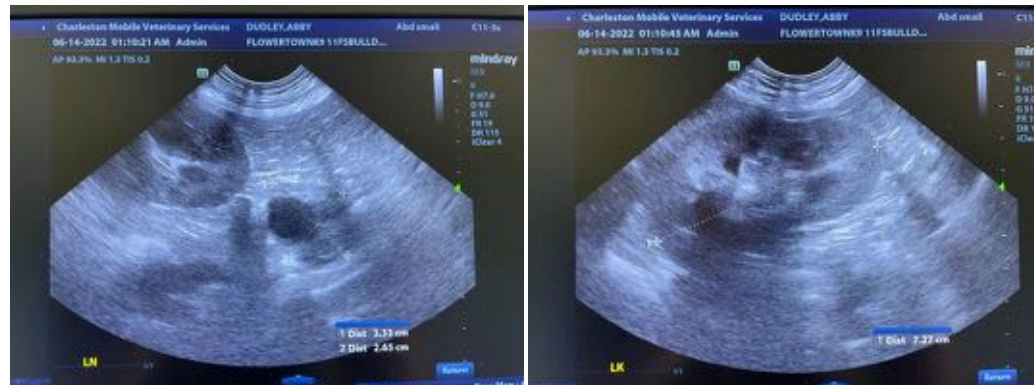
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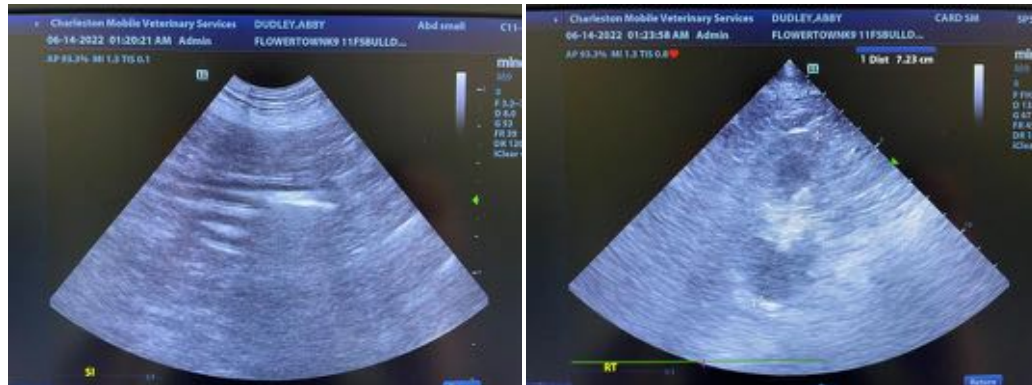
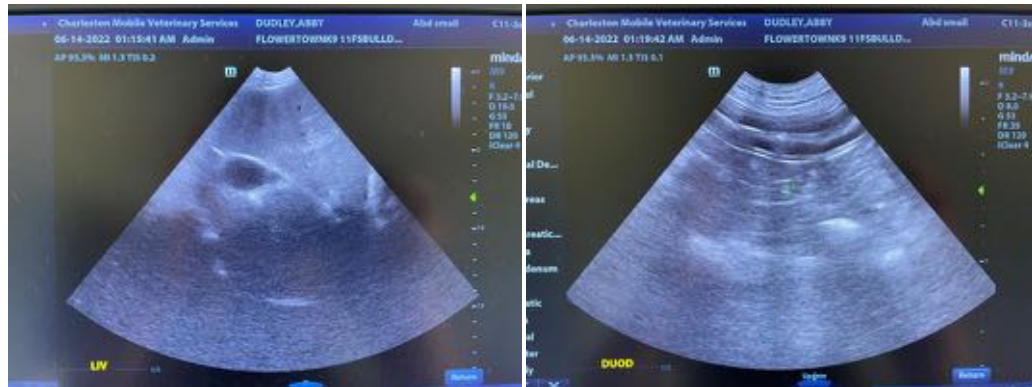
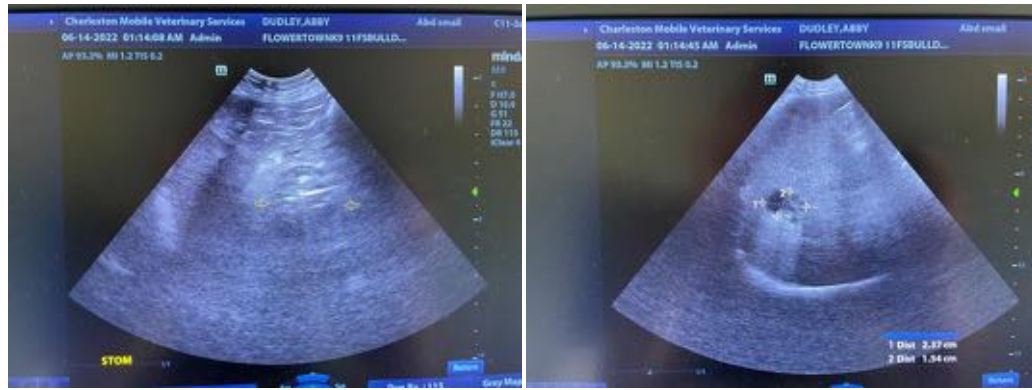
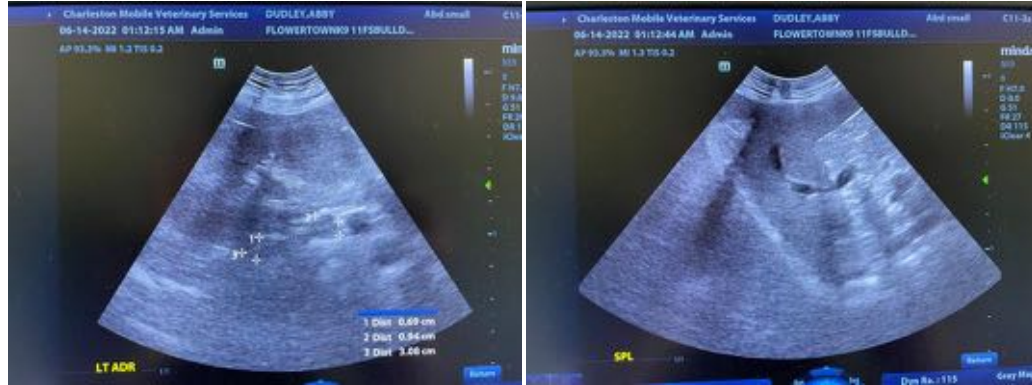
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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