



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Bailey Cronen  
P presented 7/8/22 for QOL appt. O reports not himself lately. Always seems PU/PD. Recently having intermittent loose stools. Not eating much. Has a chronic cough that has not changed. Hx arthritic issues.

**SPECIES** Canine  
On PE P BAR, normal vitals. Painful on TL palpation, bilateral stifle thickening/crepitus on ROM, abdomen slightly tense but non-painful. Otitis externa AU

**BREED** American Cocker Spaniel  
Ultrasound findings at VSC 12/2021 for PU/PD work up  
Severe gallbladder sludge - DDx: cholestasis, cholecystitis, early mucocele, other.  
Hyperechoic hepatomegaly - DDx: endocrinopathy, vacuolar hepatopathy, hepatitis, neoplasia  
Bladder mucosal changes are most consistent with cystitis. However, neoplastic infiltration cannot be excluded.

**SEX** Male, neutered  
Mild decrease in corticomedullary distinction - DDx: chronic, age-related degenerative disease, chronic nephropathy, interstitial nephritis.  
Focal splenic myelolipoma.

**AGE** 9/20/2007  
Hx anal sac mass that was aspirated as non-cancerous

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

**WEIGHT** 19.23 lbs.  
The urinary bladder wall is 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.

**INTERPRETED BY**

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

The prostate is normal in size (1.17 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**IMAGING PERFORMED BY**

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

The left kidney is normal in size (4.46 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**HOSPITAL NAME**

Park West VA

The right kidney is normal size (5.45 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

*Adrenal Glands*

**REFERRING VET**

Dr. Harasim

The left adrenal gland is normal size (0.52 cm at cranial pole) (0.50 cm at caudal pole) (2.09 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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The right adrenal gland is normal size (0.79 cm at cranial pole) (0.53 cm at caudal pole) (1.95 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.

**DATE**  
7/13/22

*Spleen*



**PATIENT**

Bailey Cronen

The spleen is normal in size (1.26 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Several ill-defined hyperechoic nodules/areas are observed throughout the organ. Splenic vasculature is normal.

**SPECIES**

Canine

*Liver*

The liver is subjectively prominent to enlarged. The left lateral lobe is swollen/rounded. The parenchyma is isoechoic relative to the spleen and diffusely heterogeneous in appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is distended. The wall is normal in thickness. A large amount of aggregated echogenic suspended sludge in a stellate pattern is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**BREED**

American Cocker  
Spaniel

**SEX**

Male, neutered

*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.

**AGE**

9/20/2007

*Pancreas*

**WEIGHT**

19.23 lbs.

The base and limbs 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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Medicine)

*Free Abdomen*

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

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*Other*

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

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- Gallbladder changes consistent with a fully formed mucocele. Given the patient's current clinical status and elevated liver enzymes, concurrent cholecystitis may be present.
- The swelling of the left lateral lobe of the liver may represent a benign process (i.e., vacuolar hepatopathy). Alternatively, an emerging tumor (i.e., adenoma, adenocarcinoma) cannot be completely excluded. The diffuse hepatic parenchymal changes are non-specific and could be secondary to inflammatory disease (i.e., bacterial cholangiohepatitis, chronic active hepatitis), hepatotoxicosis (i.e., copper), other hepatopathy +/- concurrent age-related change (i.e., regenerative nodular hyperplasia or vacuolar hepatopathy).

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**Secondary Findings:**

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- Bilateral, chronic age-related renal changes with subtle dystrophic mineralization.
- The pancreatic changes are consistent with age-related remodeling. Concurrent low-grade pancreatitis may also be present, particularly if the patient is painful on cranial abdominal palpation.
- The hyperechoic splenic nodules trend toward the benign (i.e., myelolipomas) with a low possibility of emerging neoplasia.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Consider a cholecystectomy with submission of the gallbladder for histopathology as well as a hepatic tissue sample. If surgery is to be pursued, referral to a board-certified surgeon is recommended due to the potential for perioperative complications. Thoracic radiographs and clotting times should be performed prior to surgery. If surgery is not pursued, consider empirical treatment for cholecystitis/cholangiohepatitis with broad spectrum antibiotics (i.e., a fluoroquinolone, amoxicillin-clavulanic acid), Ursodiol and Denamarin along with symptomatic care.
- Liver values should be rechecked in 5-7 days.
- A recheck ultrasound of the gallbladder is recommended in 3 weeks or sooner if problems arise.

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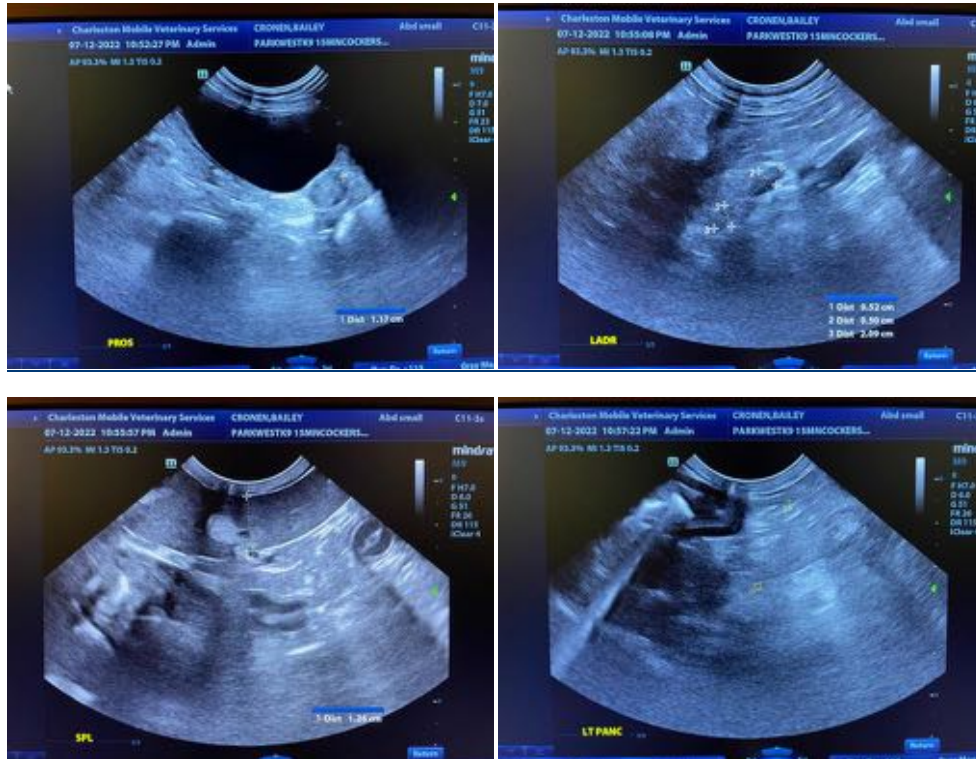
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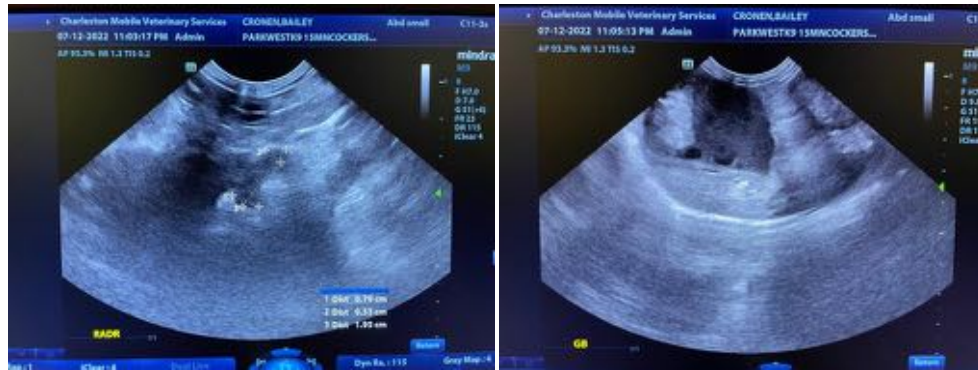
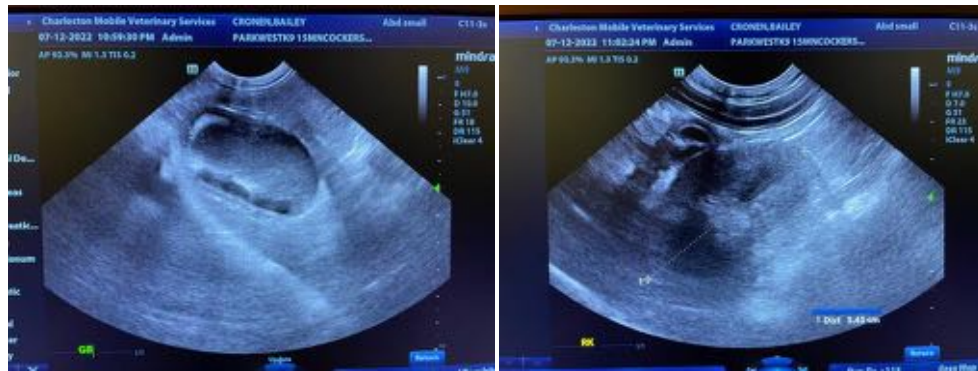
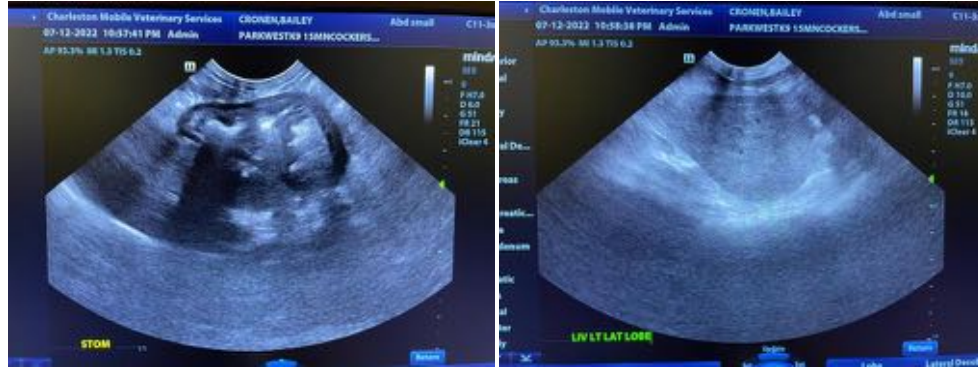
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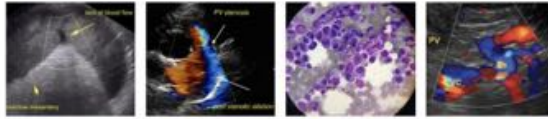
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible



**PATIENT** in the image/video clips provided.

Bailey Cronen

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.

**SPECIES**

Canine

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

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