



PATIENT PRESENTING CLINICAL SIGNS

Sunni Harris History: Susp gall bladder dx, early renal dx or d/t inflammation currently on clavaseptin

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Random Cortisol: 90(28-120) Urea: 12.1, ALKP 1876, GGT 41, Chol 9.92, SDMA 24, T423 Bile acids: pre: 13, post: 39

BREED

Sheltie

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is distended. A scant amount of echogenic debris is suspended 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

Male Neutered

The prostate is not definitively visualized due to its pelvic location.

AGE

11 Years

The left kidney is normal size (5.14 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A few small cortical cysts are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

15.8 kgs.

The right kidney is normal size (5.29 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland is enlarged with a mass-effect (2.50 cm in length) (1.70 cm in width) with an irregular shape. A multi-septated cystic structure is obliterating the parenchyma and there is complete loss of normal adrenal architecture. The phrenicoabdominal vein and surrounding vasculature appear normal.

The right adrenal gland is normal size (1.71 cm at cranial pole) (0.58 cm at caudal pole) (2.71 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

Kelly Reshny, RVT

Spleen

HOSPITAL NAME

Chedoke AH

The spleen is normal in size (1.56 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.

REFERRING VET

Dr. Harris

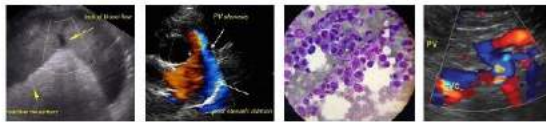
Liver

The liver is enlarged with irregular peripheral contours. A > 7 cm isoechoic, homogeneous mass is arising from the mid-caudal aspect. The mass causes capsular expansion. The remaining parenchyma is isoechoic relative to the spleen and slightly heterogeneous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No

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PATIENT choleliths are observed. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

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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

Sheltie

Pancreas

A portion of the pancreas is obscured by the large liver mass. In the visualized portions, no obvious pathology is seen.

SEX

Male Neutered

Free Abdomen

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

AGE

11 Years

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

WEIGHT

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- Large hepatic mass. Neoplasia (i.e., adenoma, adenocarcinoma) is considered likely with a lower possibility of benign pathology). The remaining hepatic parenchymal changes are consistent with benign, age-related pathology (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy).
- Cystic left adrenal mass-effect. Differentials include neoplasia (i.e., hemangiosarcoma) versus benign cysts.

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(*Small Animal Internal
Medicine*)

Secondary Findings:

- Bilateral, non-specific, age-related nephropathy.

IMAGING PERFORMED BY

Kelly Reshny, RVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for pulmonary metastases. If there is no evidence of pulmonary metastatic disease and an aggressive approach is desired, consider referral to a board-certified veterinary surgeon to discuss liver mass removal or de-bulking. An abdominal CT scan would be useful in pre-surgical planning. A left adrenalectomy can also be discussed, although this procedure increases the risk of perioperative complications.

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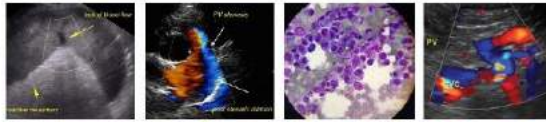
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

Sunni Harris

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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Andrea.nicastro@sonopath.com

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