



PATIENT PRESENTING CLINICAL SIGNS

Toopy Richer History: liver is enlarged, opaque area on rads just behind liver or within liver

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly 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.

BREED

English Bulldog

SEX

Female, spayed

The left kidney is normal size (6.27 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.

AGE

11 Yrs.

The right kidney is normal size (6.13 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.

WEIGHT

24.5 kg.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.65 cm at cranial pole) (1.07 cm at caudal pole) with a slightly irregular shape. The parenchyma is subtly heterogeneous with some loss of glandular detail. 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) (0.62 cm at caudal pole) (1.74 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 Reschny

Spleen

The spleen is normal in size (1.79 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.

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Collegeway AH

Liver

The liver is prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is mildly distended. The wall is normal in thickness. A few polypoid like lesions are arising from the luminal surface. In addition, a small amount of aggregated, echogenic partially dependent debris/sludge is seen within the lumen. The cystic and common bile ducts are normal/not seen.

REFERRING VET

Dr. Zaki

Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta and soft shadowing material. 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 segmentally dilated with chyme and soft shadowing material. The small intestinal wall thickness is normal with a normal layering pattern and appropriate

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mural detail. Discreet masses are not identified. The colonic wall is normal. No obvious obstructive disease is noted.

Pancreas

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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.

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

SEX

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Suspected benign diffuse hepatopathy (i.e., vacuolar hepatopathy). However, a more insidious pathology (i.e., inflammatory disease, hepatotoxicosis or less likely, infiltrative neoplasia) is also possible. Correlation with the patient's liver values is recommended.
- Gallbladder debris/sludge- non-mucocele.
- The shadowing material within the gastric lumen and small intestine may represent foreign material (i.e., grass or less likely, cloth). The material appears non-obstructive at this time.

Secondary Findings:

- Bilateral, chronic, age-related renal changes.
- The mild left adrenomegaly is most consistent with early hyperplastic change. However, an emerging tumor is possible.
- The splenic parenchymal changes are thought to be benign (i.e., lymphoid hyperplasia, extramedullary hematopoiesis or similar) with a lower possibility of emerging infiltrative neoplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline labwork including a CBC chemistry panel, urinalysis and T4 is recommended, if not already performed.
- Further recommendations should be based on any clinical signs the patient may have along with bloodwork results.

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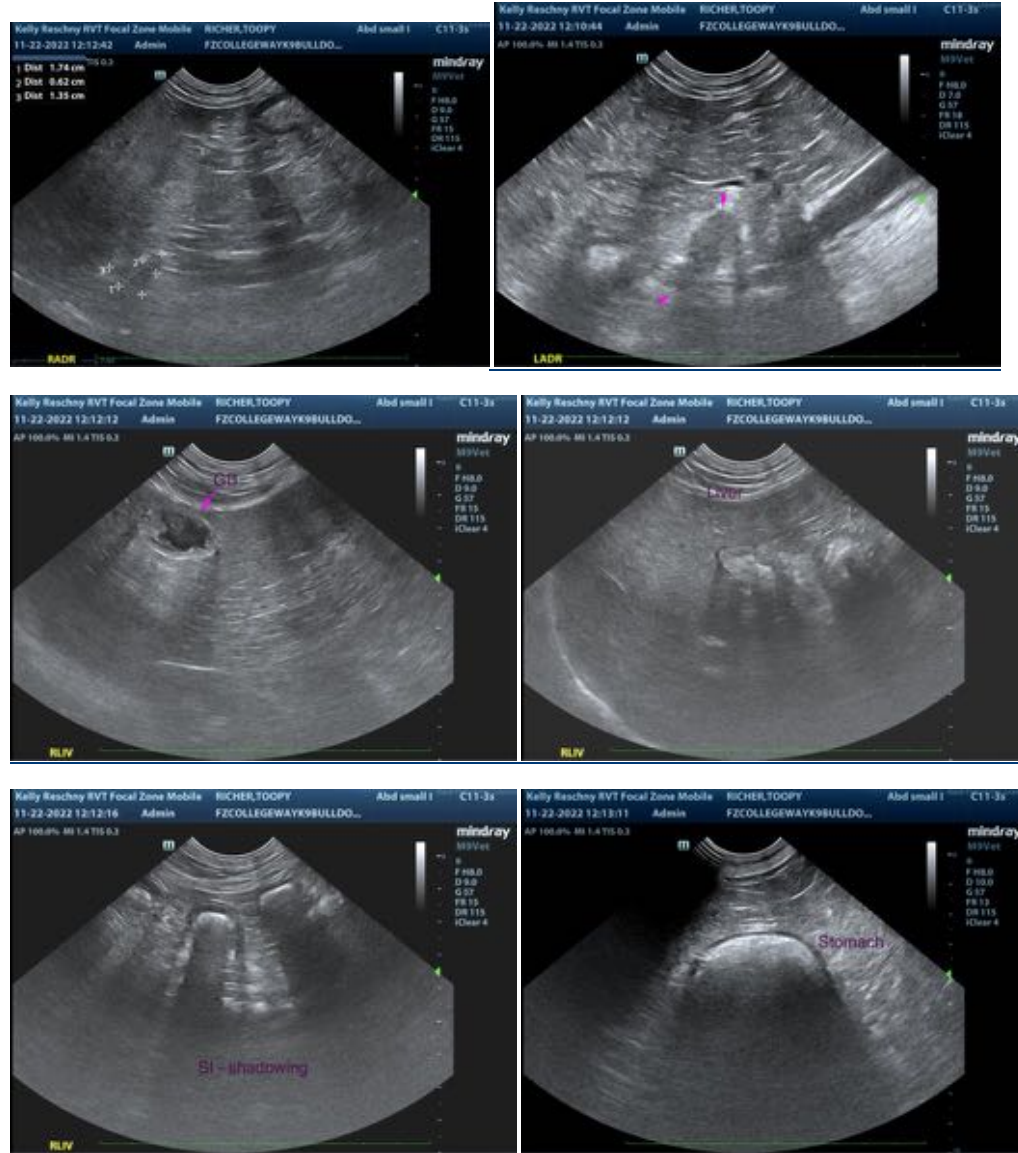
Kelly Reschny

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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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