



PATIENT

Lucy Halbert

SPECIES

Canine

BREED

Beagle mix

SEX

Female, spayed

AGE

14 Yrs.

WEIGHT

42.2 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez, CVT

HOSPITAL NAME

Brenda King
Veterinary

REFERRING VET

Dr. Brenda King

INVOICE

13431

DATE

5/25/22

PRESENTING CLINICAL SIGNS

History: Bloated abdomen, rads show hepatomegaly and splenomegaly. Current meds: panacur powder on 5/12/22,
Abnormal PE/Chem/CBC/UA Results: Minor ALT elev. 149, ALP 282, GGTP 2, elevated chol and trigls (not fasted), ++ Giardia cysts.

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 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 1-2 cm, are normal.

The left kidney is normal size (5.92 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.

The right kidney is normal size (5.89 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.

Adrenal Glands

The left adrenal gland is enlarged (1.07 cm at cranial pole) (1.03 cm at caudal pole) (3.07 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.

The right adrenal gland is mildly enlarged (0.88 cm at cranial pole) (0.84 cm at caudal pole) (2.22 cm in length); normal shape. A 1.17 x 0.67 cm irregular hyperechoic nodule is observed at the cranial pole. The glandular echogenicity and detail are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (2.29 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.

Liver

The liver is subjectively normal to slightly 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. See also *Gallbladder*.

Gallbladder

The gall bladder lumen is moderately distended. A 1.52 x 1.10 cm echogenic nodule is observed in the region of the gall bladder and may be arising from the wall itself or from the hepatic parenchyma with potential invasion into the lumen. A moderate amount of aggregated echogenic debris/sludge is



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observed within the lumen, some of which is adhered to the wall and some of which is suspended. The sludge appears to be in a partially stellate pattern. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. 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.

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Pancreas

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.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Gallbladder or hepatic nodule, which appears to be invading into the gallbladder lumen. Neoplasia (i.e., adenocarcinoma) is of top concern. However, a benign polypoid like lesion cannot be completely excluded. The gallbladder sludge changes are concerning for a developing mucocele.
- The diffuse hepatic parenchymal changes are non-specific and most consistent with a benign hepatopathy (i.e., regenerative nodular hyperplasia, idiopathic vacuolar hepatopathy and/or age-related remodeling).

Secondary Findings:

- Bilateral adrenomegaly. The right adrenal nodule trends toward the benign (i.e., nodular hyperplasia) with a lower possibility of an emerging tumor.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If an aggressive approach is desired, consider referral to a board-certified surgeon to discuss removal of the gallbladder/hepatic nodule. A cholecystectomy may be warranted, depending on the origin of the lesion. An abdominal CT scan may be useful in pre-surgical planning.
- If a more conservative approach is desired, consider a repeat ultrasound in 3-4 weeks to reassess the lesion. Given the gallbladder sludge, consider initiation of Ursodiol therapy.
- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.

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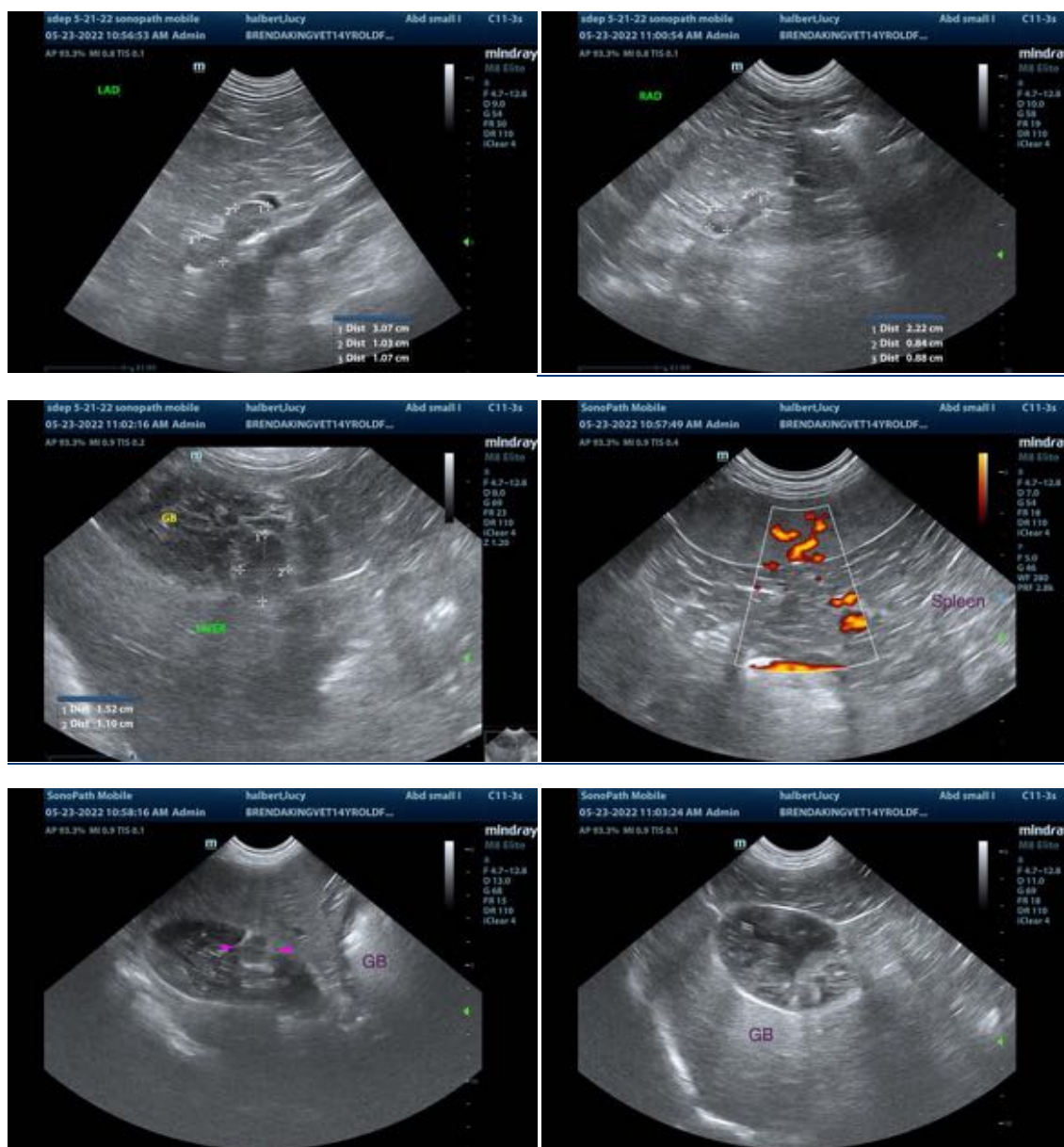
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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