

PATIENT PRESENTING CLINICAL SIGNS

Lincoln History: Prednisolone 40mg AM SID, and minocycline 200mg BID- red cell vitamin supplement 15ml BID, lethargy sudden onset 2 days ago, some blood in the stool and vomit several times
Abnormal PE/Chem/CBC/UA Results: BUN 33, all else WNL, CBC: WBC 74.78, LYMP 37.15, NEUI 37.27, RBC 4.84, HG 10.4, HCT 31.22%, PLT 17

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED Golden Retriever
The urinary bladder is moderately distended. The wall in the region of the apex is mildly thickened (up to 0.59 cm) with a slightly irregular mucosal surface. Lumina contents are anechoic. No cystic calculi are observed. The region of the trigone, and the visible portion of the proximal urethra are normal.

SEX

Neutered Male

The prostate is normal in size (1.18 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

9 years 7 mos

The left kidney presented normal size (7.64 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney presented normal size (7.90 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

74 lbs

Adrenal Glands

The left adrenal gland is normal size (0.64 cm at cranial pole) (0.80 cm at caudal pole) (2.82 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 normal size (0.84 cm at cranial pole) (0.50 cm at caudal pole) (3.18 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,
Diplomate ACVIM (Small
Animal Internal Medicine)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Spleen

The spleen is subjectively prominent in size, with slightly swollen peripheral contours. Several varying-sized irregular hyperechoic to heterogenous nodules are observed throughout the organ, some of which cause capsular expansion. Splenic vasculature is normal with no evidence of thrombosis.

HOSPITAL NAME

Valley Veterinary Clinic

Liver

REFERRING VET

Dr Lincoln Altom

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen. A few irregular/ill-defined heterogenous nodules are observed, the largest measuring 2.69 cm in diameter. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

INVOICE

10261

The gall bladder is moderately distended. The wall is slightly thickened (up to 0.28 cm) and hyperechoic. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

DATE

2/3/21



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Gastrointestinal

The gastric lumen is distended with ingesta. 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. 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 or overt infiltrative disease is noted.

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.

Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals trace pericardial effusion. A 0.69 cm hypoechoic nodule is observed in the right thorax.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic and splenic nodules are concerning for neoplasia, particularly in light of the patient's CBC results. Round cell tumor neoplasia is a consideration.
- The thoracic nodule could be consistent with neoplasia, granuloma, inflammatory focus, other.
- The trace pericardial effusion may be secondary to inflammatory disease, neoplasia, right-sided congestive heart failure, other.

Secondary Findings

- The urinary bladder wall changes could be consistent with cystitis or may be a normal variant for this patient.
- The gall bladder wall thickening could be secondary to cholecystitis and/or benign age-related hyperplasia. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A CBC with clinical pathology review is strongly recommended. Depending on the results, a bone marrow aspirate may be warranted.
- Although it would be ideal to aspirate the hepatic and splenic nodules, the thrombocytopenia precludes aspiration at this time.
- Given the pericardial effusion, a full echocardiogram is recommended.
- If the above diagnostics prove inconclusive, a comprehensive tick panel (send to NC State), should be considered.



Portable Animal Wriston Sonography, Inc.

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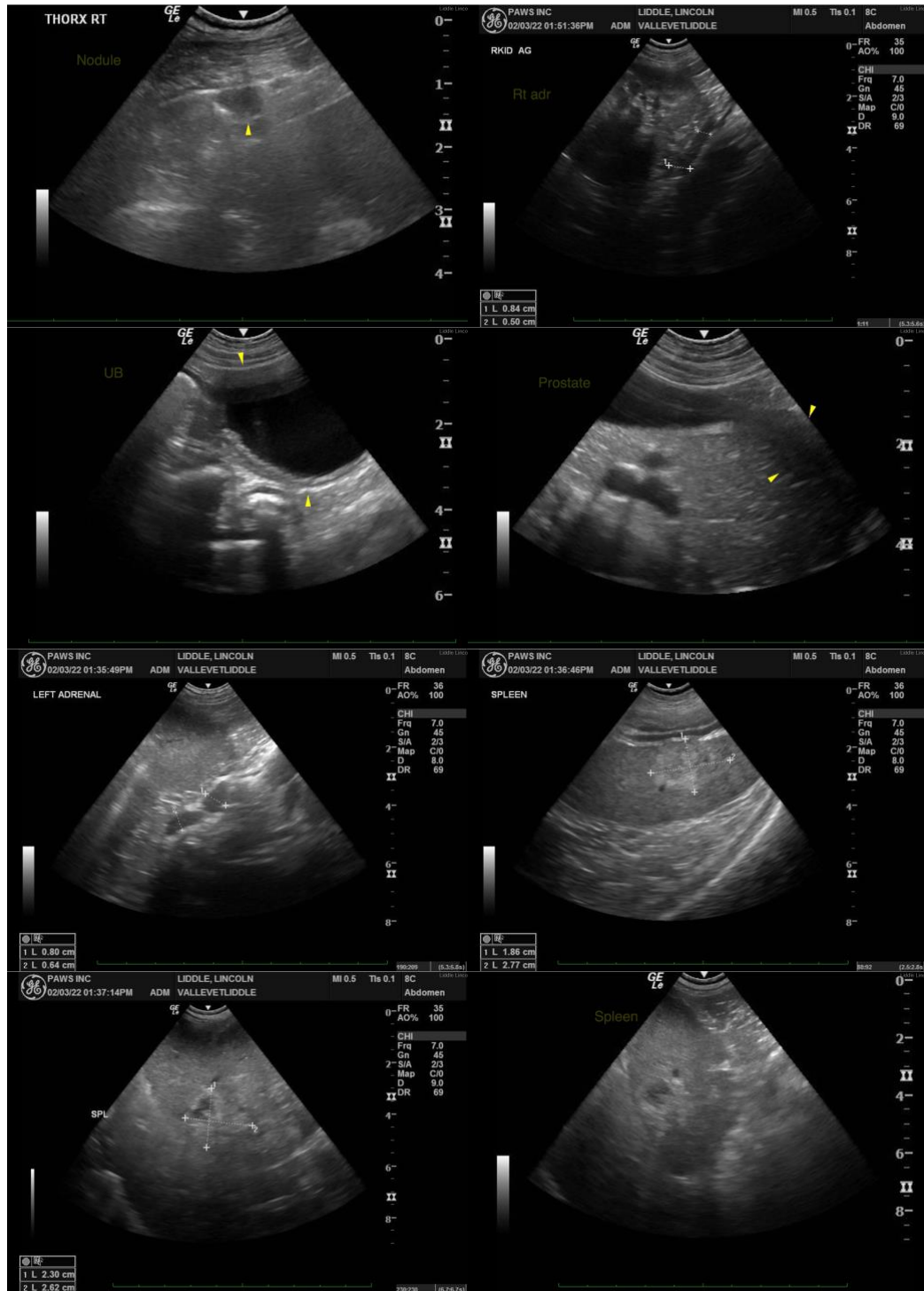
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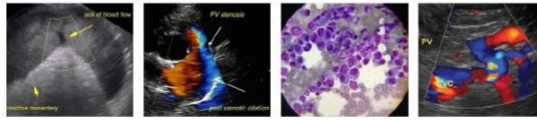
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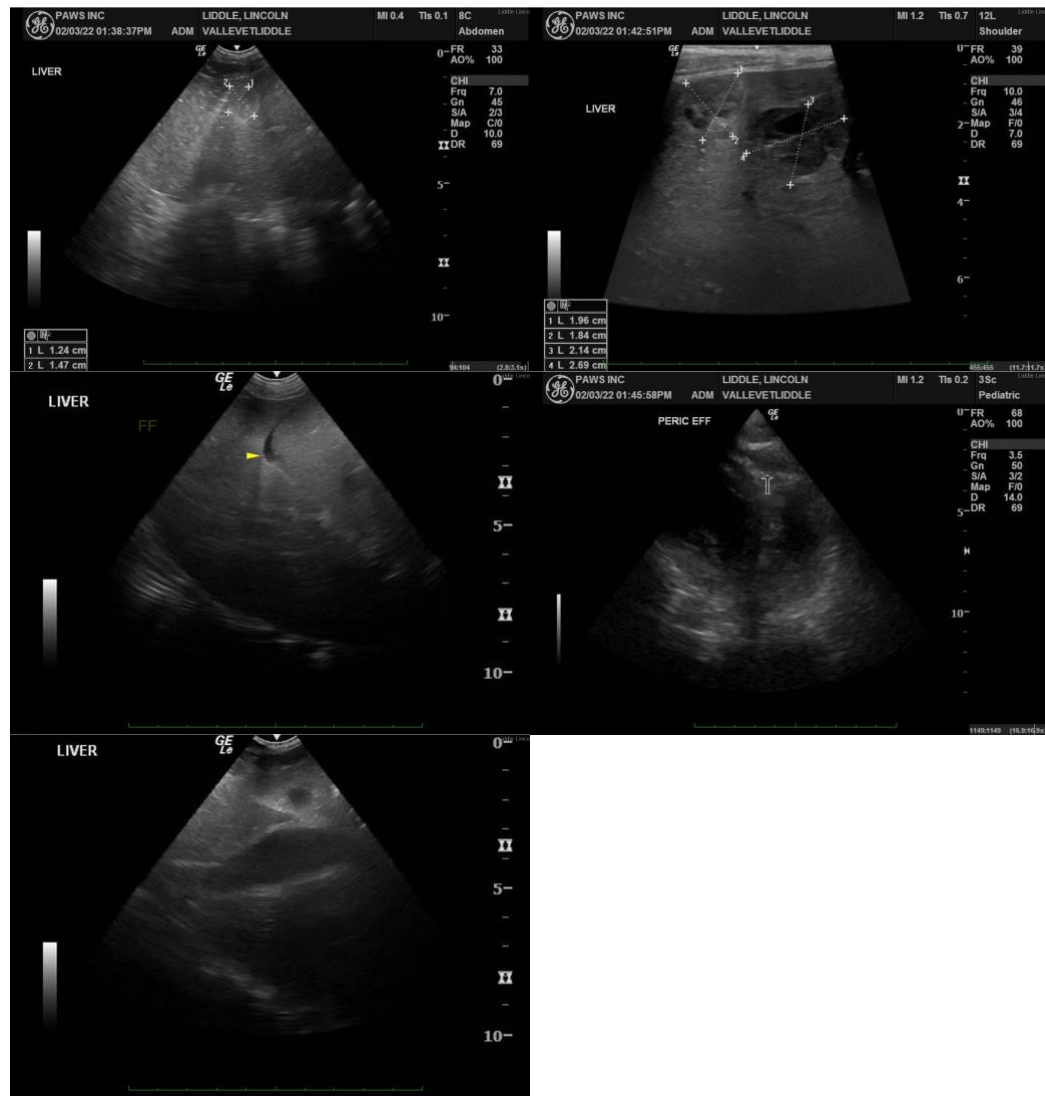
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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