

**PATIENT PRESENTING CLINICAL SIGNS**

Clergy Hake History: Presenting for severely decreased appetite since 12/24/21, lethargy, occasional diarrhea and 2 episodes of vomiting since 12/24. Was seen at rDVM on 1/7/22 for bloodwork, UA, lepto titers.

**SPECIES**

Canine

Abnormal Labwork Values: Elevated AST + ALT (see printed previous veterinary exam notes) UA -wnl Lepto - negative

Current Medications: Metronidazole, amoxicillin

**BREED**

Fox Hound

ALT 126, CBC unremarkable. T4 normal. Urine specific gravity 1.007 with active sediment and 2+ proteinuria. Fecal negative.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

Neutered Male

**Urinary System**

The urinary bladder is moderately distended. The wall over all is normal in thickness with a smooth mucosal surface. Luminal contents are anechoic. No cystic calculi are seen. The wall in the region of the cysto-urethral junction is mildly thickened (up to 0.34 cm both dorsally and ventrally). The trigone itself appears normal. The visible portion of the proximal urethra is normal.

**AGE**

9 Years

The prostate is enlarged (2.77 cm in with) with a relatively normal shape. The parenchyma is subtly heterogenous in appearance. No distinct focal lesions are observed. The prostatic urthra is not overtly dilated.

**WEIGHT**

90 Lbs.

The left kidney is severely enlarged (11.25 cm in length); with an irregular shape. A mass effect is obliterating the normal renal architecture. The mass is heterogenous with cavitated areas. There is no visibly normal renal tissue. There is no evidence nephroliths or hydroureter. The surrounding mesentery is mildly hyperechoic.

**INTERPRETED BY**

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

The right kidney is severely enlarged, with an irregular shape. A >11cm irregular heterogenous cavitated mass is visualized and is obliterating the renal architecture. There is no visibly normal renal tissue. There is no evidence of nephroliths, or hydroureter. The surrounding mesentery is mildly hyperechoic.

**IMAGING**

**PERFORMED BY**

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**Adrenal Glands**

The left adrenal gland is normal size (0.67 cm at cranial pole) (0.80 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.

**HOSPITAL NAME**

Flowertown AH

Right adrenal gland: (See "Other" category)

**REFERRING VET**

Dr. Tiffany Nawa

**Spleen**

The spleen is normal in size (1.90 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.

**INVOICE**

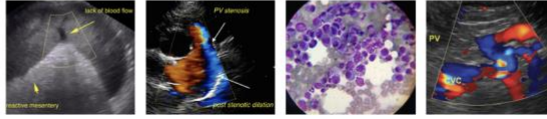
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**Liver**

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or

**DATE**

1/13/22



**PATIENT**

regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

Clergy Hake

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

**SPECIES**

Canine

**Gastrointestinal**

The gastric lumen is moderately fluid distended and hypomotile. 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 or overt infiltrative disease is noted.

**BREED**

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**Pancreas**

A portion of the pancreas is obscured by the right renal mass. In the visualized portions, no obvious pathology is observed.

**AGE**

9 Years

**Free Abdomen**

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

**WEIGHT**

90 Lbs.

**Other**

A 4.19 x 3.28 cm irregular heterogenous mass is observed in the region of the right adrenal gland. Surrounding mesentery is hyperechoic.

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

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Bilateral, cavitated renal masses. Neoplasia (i.e., adenocarcinoma, hemangiosarcoma), is considered likely, with a low possibility of benign pathology.
- The origin of the mass in the right cranial quadrant (medial to the right kidney), is unclear, but is suspected to be of adrenal origin. However, mesenteric pancreatic or lymph node origins cannot be excluded. Again, neoplasia (i.e., metastatic) is considered likely.
- Retroperitonitis is present, likely secondary to renal pathology.
- Gastric ileus

**Secondary Findings**

- The prostatomegaly may be a result of late-in-life neutering (December 2020). Alternatively, an inflammatory or neoplastic process cannot be completely excluded.
- The thickened wall in the region of the cysto-urethral junction may represent inflammation, normal variation, or emerging neoplasia

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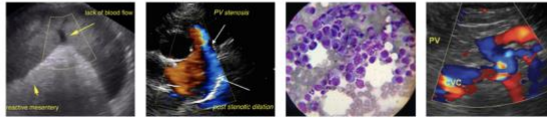
Dr. Tiffany Nawa

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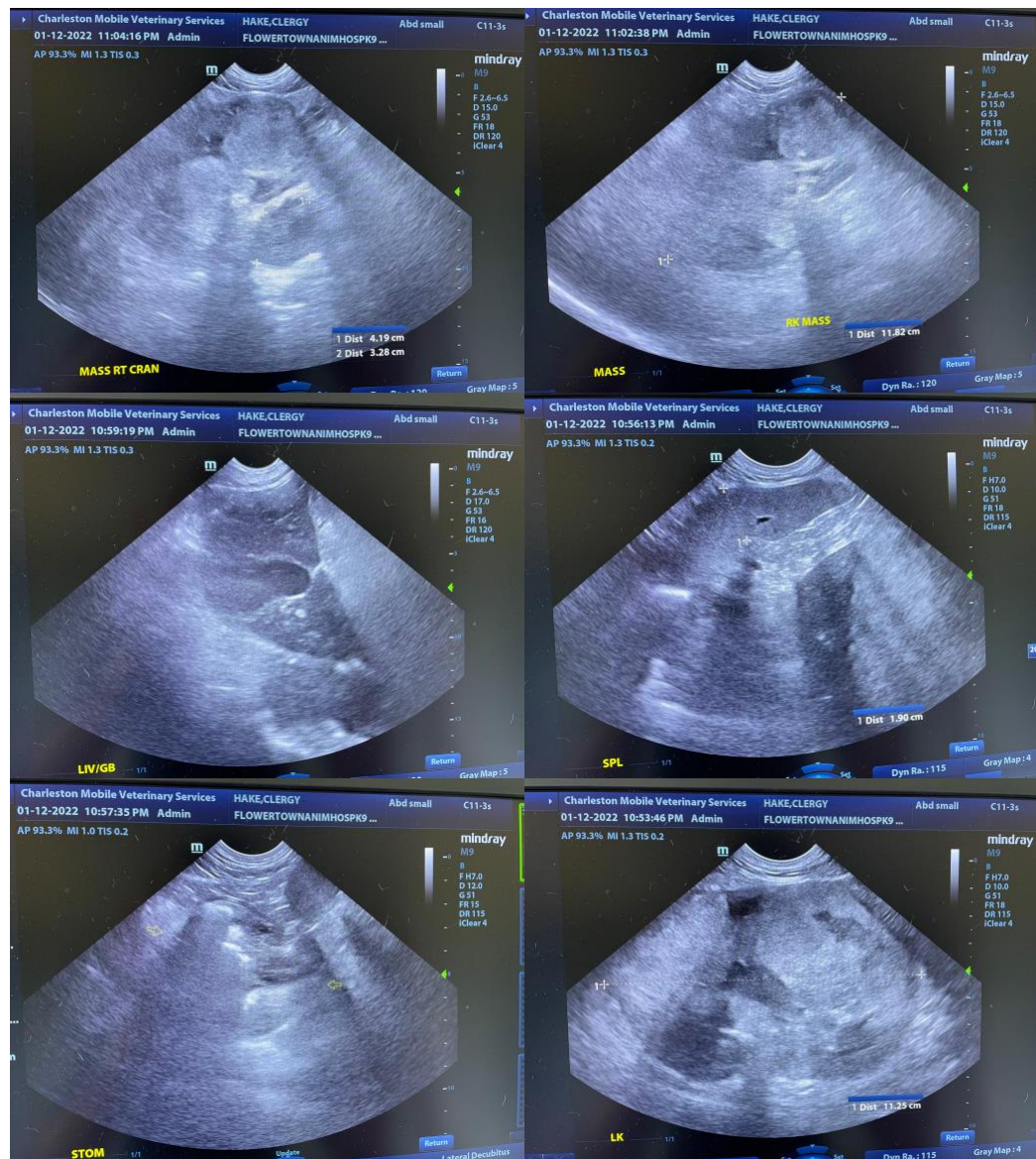
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastatic disease.
- Aspiration of the kidneys can be considered if clotting status is appropriate. A 25-gauge needle should be used. Care should be taken to avoid any cavitated regions. Unfortunately, however, given the likelihood of metastatic disease, the prognosis for this patient is considered guarded and palliative care is recommended.





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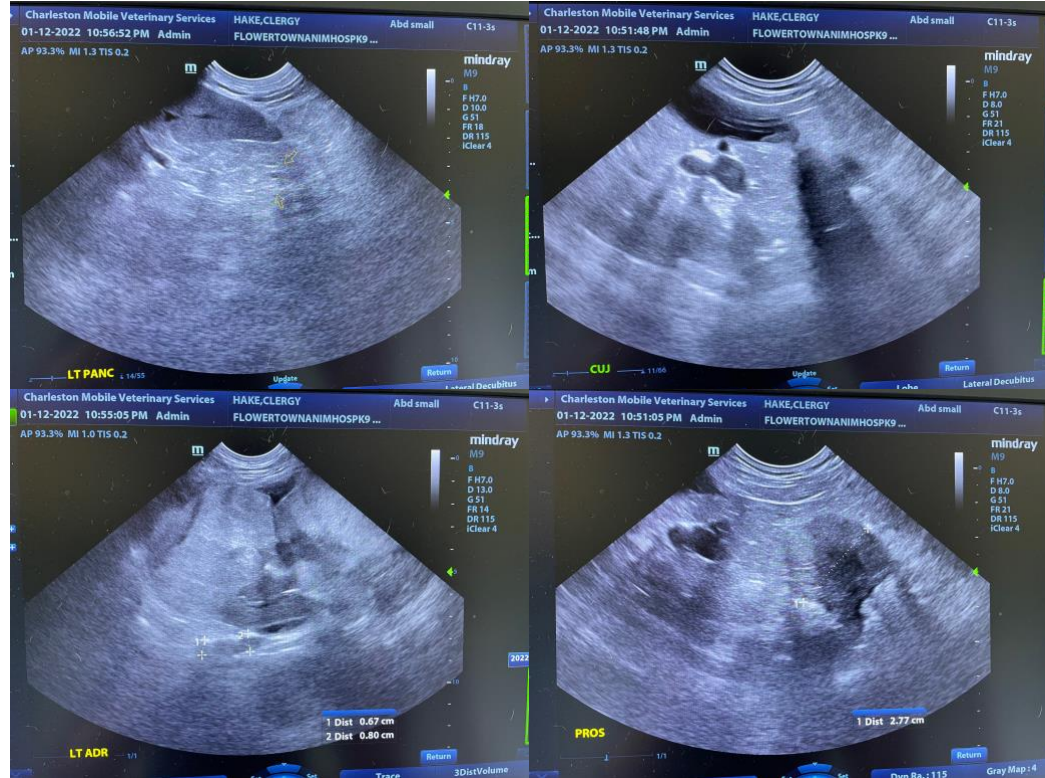
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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