

**PATIENT**

Cotton Skinner

**SPECIES**

Canine

**BREED**

Labr Retriever

**SEX**

Neutered Male

**AGE**

03-17-2013

**WEIGHT**

45.3 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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

**HOSPITAL NAME**

MP Blue Pearl ER -  
Summerville, SC

**REFERRING VET**

Dr. Mark McKenzie

**INVOICE**

12050

**DATE**

1.14.23

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: Cotton is a 9yr MN Lab presenting for vomiting, not e/d. P has been chronically sick for a few weeks. Was at rDVM this past week for same issues, had barium study and potentially has gastric or kidney mass. P has been on sucralfate and metro since visit but vomiting everything including medications up. P has not e/d in over 2 days. Lethargic/ADR. UTD on vaccines/preventions. No other concerns.

On presentation Cotton is QAR, slightly lethargic, heart and lungs auscult wnl, abdomen slightly tense on palpation, no abnormal structures noted on abdominal palpation, mm wnl, crt wnl, cn signs wnl, proprioception wnl, ambulatory, no lameness or ataxia noted, lymph nodes palpate wnl, BCS 7/9, 5% dehydrated, eyes and ears wnl, generalized dental disease noted on oral exam, no wounds or swelling noted, back negative to palpation, neck negative to palpation, generalized osteoarthritis noted on all 4 limbs of palpation and manipulation, rib cage/thorax palpate wnl, perineal region wnl, penis/prepuce wnl, melena noted on rectal exam.

Spoke with owner, discussed findings. Discussed possible etiology including gastroenteritis secondary to dietary indiscretion, pancreatitis, HGE, viral enteritis, bacterial enteritis, fungal enteritis, GI obstruction/FB, neoplasia, toxin exposure, metabolic/endocrine disease, IBD, immune mediated disease, severe intestinal parasitism. Owner notes that rDVM obtained barium series on Monday that was WNL, noted concern for possible intra-abdominal mass. Baseline BW at rDVM on Monday was WNL per owner, on sucralfate and metronidazole but no other medications.

Abnormal lab-work values: Phos 2.4, WBC 17.41, NEU 14.93, MONO 1.17, MPV 15.5, PDW 19.5

Current Medications: Cerenia 1mg/kg IV, Famotidine 0.5mg/kg IV

Baseline BW at rDVM on Monday was WNL per owner, on sucralfate and metronidazole but no other medications.

Earlier this week, chest rads and a barium study were performed. Records not available.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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

The prostate is normal in size (1.17 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (6.46 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.03 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.



**PATIENT**

Cotton Skinner

**SPECIES**

Canine

**BREED**

Labr Retriever

**SEX**

Neutered Male

**AGE**

03-17-2013

**WEIGHT**

45.3 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

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

**HOSPITAL NAME**

MP Blue Pearl ER -  
Summerville, SC

**REFERRING VET**

Dr. Mark McKenzie

**INVOICE**

12050

**DATE**

1.14.23

**Adrenal Glands**

The left adrenal gland is prominent at the caudal pole (0.85 cm at caudal pole) and normal in size at the cranial pole (0.75 cm at cranial pole) with a relatively normal shape. A 0.47 cm hyperechoic nodule is observed at the cranial pole. Glandular echogenicity and detail at the caudal aspect are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is borderline enlarged (1.49 cm at cranial pole) (0.96 cm at caudal pole) (2.71 cm in length) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (1.42 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 in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 1.74 x 1.96 cm hyperechoic nodule is observed on the right side, adjacent to the diaphragm. The remaining parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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/not seen.

**Gastrointestinal**

The gastric lumen is not distended. The gastric wall is diffusely thickened (up to 2.16 cm) and irregular. It is most thickened in the region of the fundus. The wall is hypoechoic with loss of the normal layering pattern. The mesentery surrounding the stomach is hyperechoic. 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. The colonic wall is normal. There is no evidence of an obstructive pattern.

**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**

There is no obvious evidence of free fluid. A few prominent mesenteric lymph nodes are visualized (the largest measuring 1.02 cm in length). The nodes are normal in shape and echogenicity.

**Other**

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

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Diffuse gastric wall mass effect. Neoplasia (i.e., lymphoma, adenocarcinoma) is suspected with a lower possibility of a severe inflammatory process.
- The hyperechoic hepatic nodule trends toward the benign (i.e., regenerative nodule). However, a metastatic disease lesion or emerging primary tumor cannot be completely excluded.



**PATIENT**

Cotton Skinner

**SPECIES**

Canine

**BREED**

Labr Retriever

**SEX**

Neutered Male

**AGE**

03-17-2013

**WEIGHT**

45.3 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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

**HOSPITAL NAME**

MP Blue Pearl ER - Summerville, SC

**REFERRING VET**

Dr. Mark McKenzie

**INVOICE**

12050

**DATE**

1.14.23

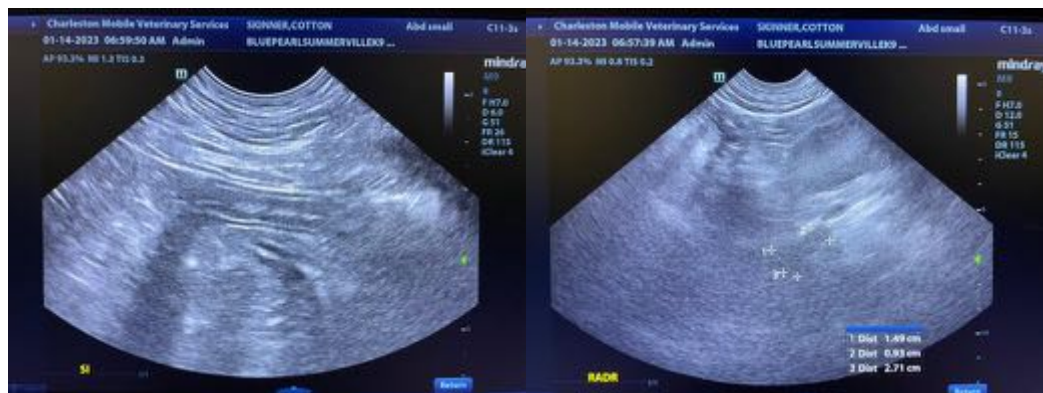
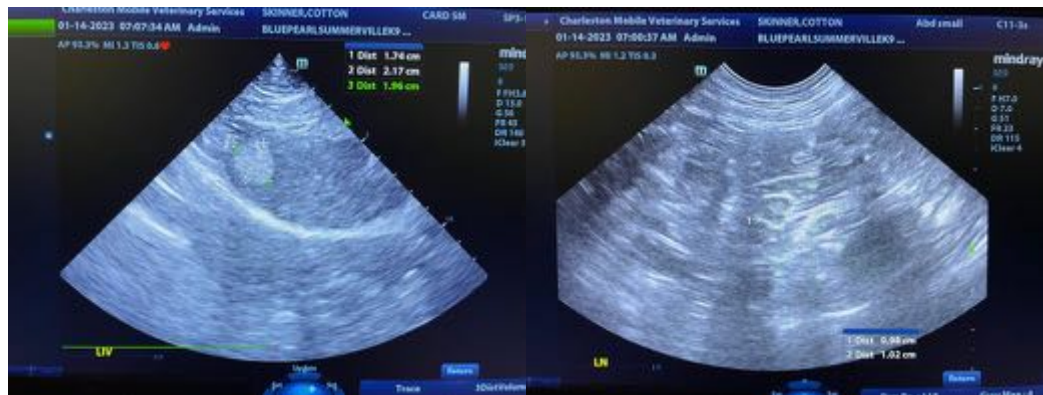
- The mesenteric lymphadenopathy is most consistent with reactive change. However, emerging neoplasia is possible.

**Secondary Findings**

- Bilateral chronic age-related renal changes
- The borderline adrenomegaly may be a normal variant for this patient or may represent early hyperplastic change. The left adrenal nodule trends toward the benign (i.e., benign nodular hyperplasia) with a lower possibility of emerging neoplasia.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Consider a fine-needle aspirate of the gastric wall mass effect (if clotting status is appropriate). If the cytology results are inconclusive, consider endoscopic or surgical gastric wall biopsies.





**PATIENT**

Cotton Skinner

**SPECIES**

Canine

**BREED**

Labr Retriever

**SEX**

Neutered Male

**AGE**

03-17-2013

**WEIGHT**

45.3 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

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

**HOSPITAL NAME**

MP Blue Pearl ER -  
Summerville, SC

**REFERRING VET**

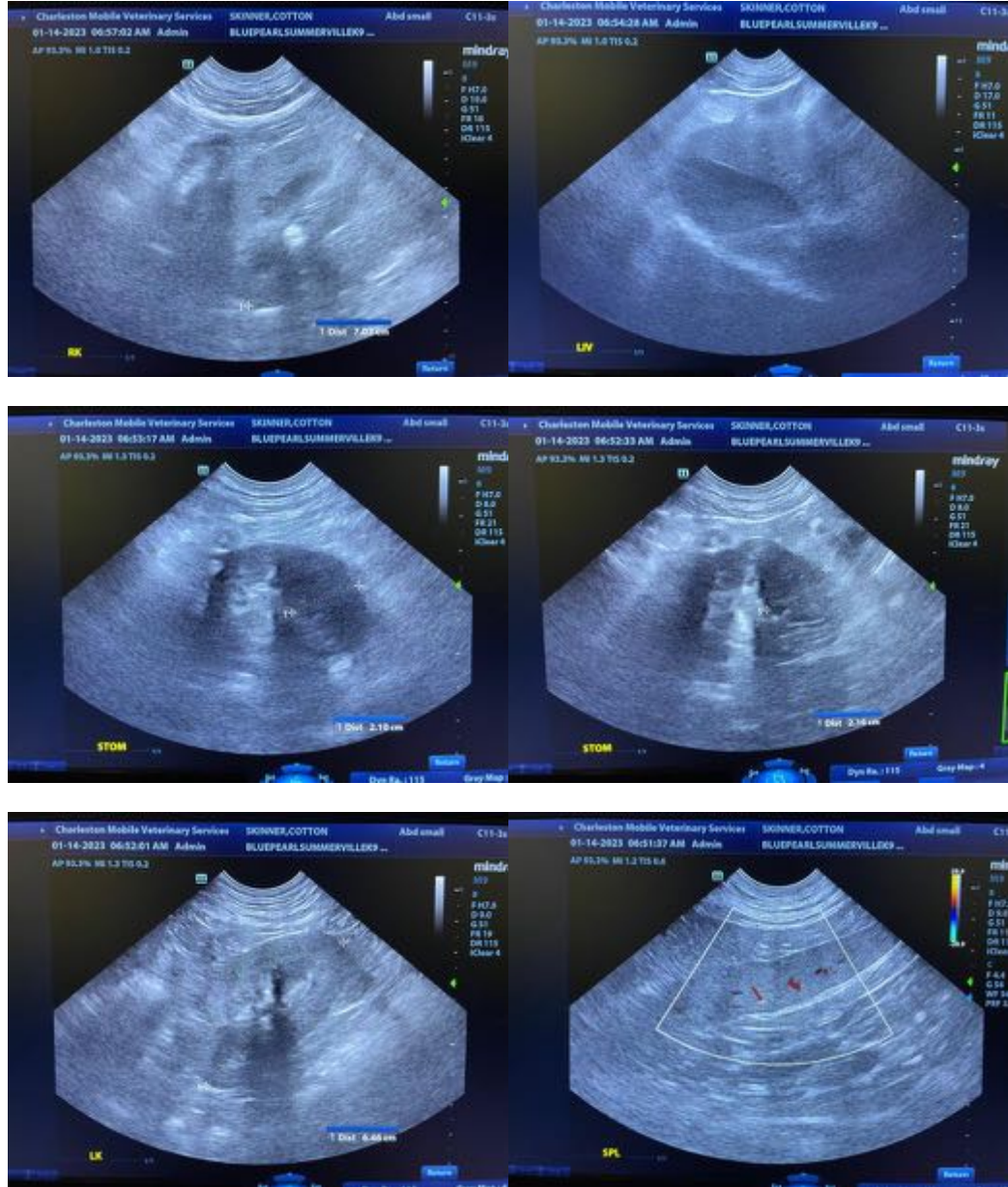
Dr. Mark McKenzie

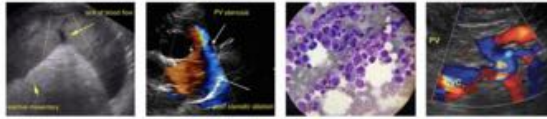
**INVOICE**

12050

**DATE**

1.14.23





**PATIENT**

Cotton Skinner

**SPECIES**

Canine

**BREED**

Labr Retriever

**SEX**

Neutered Male

**AGE**

03-17-2013

**WEIGHT**

45.3 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

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

**HOSPITAL NAME**

MP Blue Pearl ER -  
Summerville, SC

**REFERRING VET**

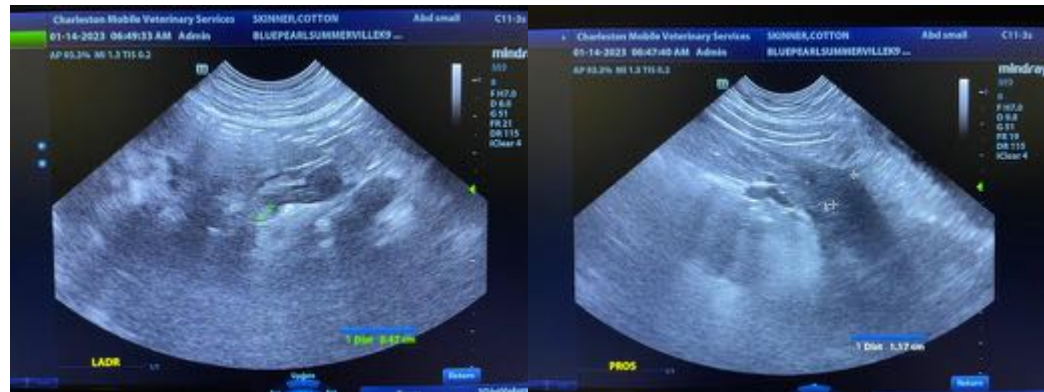
Dr. Mark McKenzie

**INVOICE**

12050

**DATE**

1.14.23



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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
[info@SonoPath.com](mailto:info@SonoPath.com)