

**PATIENT**

James Sladky 56129A

SPECIES

Canine

BREED

Standard Poodle

SEX

Neutered Male

AGE

11 years, 6 mos

WEIGHT

20.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison Vet Spec
Dr. Graham

INVOICE

12083

DATE

1.23.23

PRESENTING CLINICAL SIGNS

History: James presented to the MVS Emergency Service on Jan 22, 2023, at 12:03pm, for evaluation of lethargy and inappetence. James has been more lethargic and inappetent in the past 24 hours. Yesterday morning was his last full meal. His last bowel movement was this morning, and he has been urinating as well. Owner mentioned that he's had a slight cough at home and has had nausea as well. She said she has not noticed any obvious pain, but he has felt more warm to the touch. He was diagnosed with a heart murmur at pcDVM but it is not a candidate for treatment at this time.

Abnormal PE/Chem/CBC/UA Results: AFAST: Suspect cavitated cranial abdominal mass with scant surrounding free fluid CBC: HCT 26.3, retic 43.8, MCV 58.2 (L), WBC 16.0, suspect ab nds, mono 2.54 (H), Plt 204 Chem15: ALP 235 (H), SDMA 16 (H) Lytes4: WNL PCV/TS: 29/7.6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is mildly to moderately distended with mostly anechoic urine. The wall in the region of the apex is mildly thickened (up to 0.47 cm) with a slightly irregular mucosal surface. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The prostate is normal in size (1.38 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 (8.20 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 mild to moderate loss of corticomedullary distinction. A small cortical cyst is seen. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is subjectively dilated.

The right kidney is normal in size with a slightly irregular shape. (8.19 cm in length). There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A 3.50 cm irregular echogenic mass is observed at the caudomedial aspect. It appears to be extending from the right adrenal gland. In the remainder of the kidney, there is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Moderate pyelectasia is present (0.67 cm in the longitudinal plane). There is no evidence of nephroliths or infarcts. Renal vasculature is subjectively dilated.

Adrenal Glands

In the region of the left adrenal gland, an irregular, heterogenous, bilobed structure/mass is visualized. The mass is vascular in appearance and appears to be an extension of the mass within the caudal vena cava and right adrenal gland.

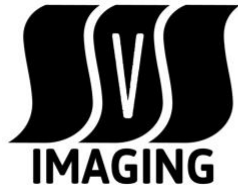
In the region of the right adrenal gland, a >11.00 cm irregular heterogenous vascular mass effect is visualized. It is difficult to discern the gland itself from its invasion into the caudal vena cava and other surrounding vasculature.

Spleen

The spleen is normal in size (1.67 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 and slightly mottled in appearance. No distinct focal lesions are

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observed. 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. A small amount of echogenic debris is observed within the lumen (some of which is gravity dependent and some of which is suspended). The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. 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 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. There is no evidence of an obstructive pattern.

Pancreas

The pancreas is largely obscured by the mass effect in the right cranial quadrant. In the region of the left limb, the pancreas is normal in size and largely isoechoic relative to surrounding omental fat and subtly mottled in appearance. The pancreatic duct is not overtly dilated.

Free Abdomen

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

Other

The caudal vena cava is severely dilated distal to the mass invasion in the cranial abdomen. Swirling blood cells are observed within the caudal vena cava. The abdominal vasculature appears generally dilated.

ULTRASONOGRAPHIC FINDINGS**Primary Findings**

- Suspected right adrenal mass effect with severe invasion into the right kidney, cauda vena cava, adjacent vasculature, and possibly the left adrenal gland. Neoplasia (i.e., adenocarcinoma, pheochromocytoma) is suspected with a lower possibility of a benign process. The dilated abdominal vasculature is likely secondary to obstruction of the caudal vena cava, and subsequent increased hydrostatic pressure.

Secondary Findings

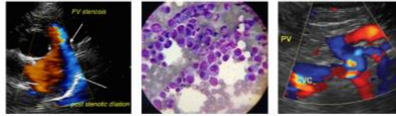
- Bilateral chronic age-related renal changes
- The hepatic parenchymal changes are nonspecific and may be secondary to benign age-related remodeling, infiltrative disease, other hepatopathy.
- Suspected mild, age-related pancreatic remodeling
- The urinary bladder wall changes could be consistent with cystitis or may be artifactual due to lack of full repletion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Given the invasiveness of the mass effect in the cranial abdomen, palliative care should be considered in lieu of invasive diagnostics.

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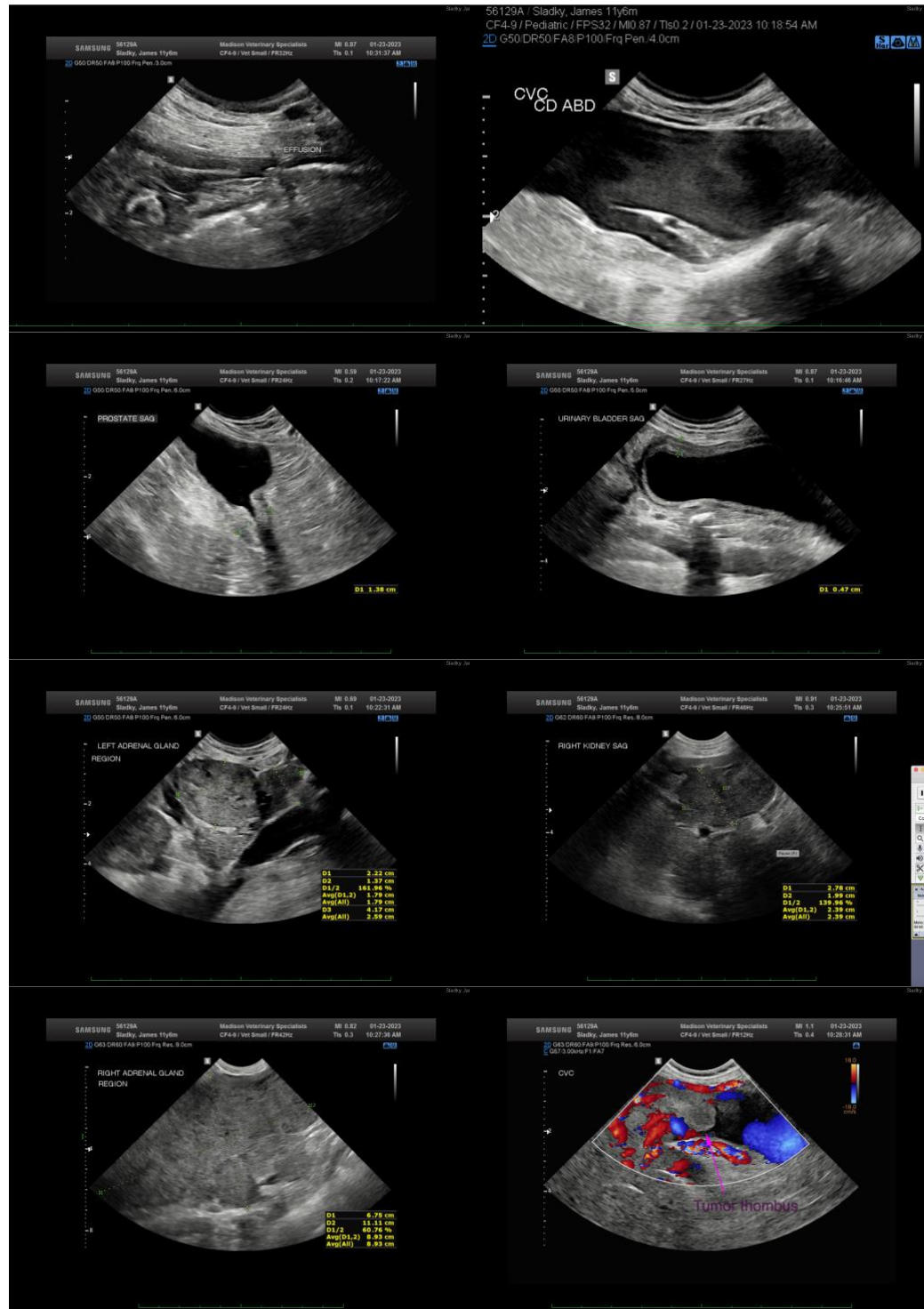
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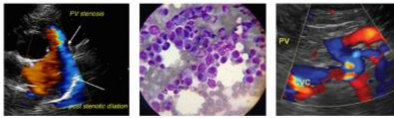
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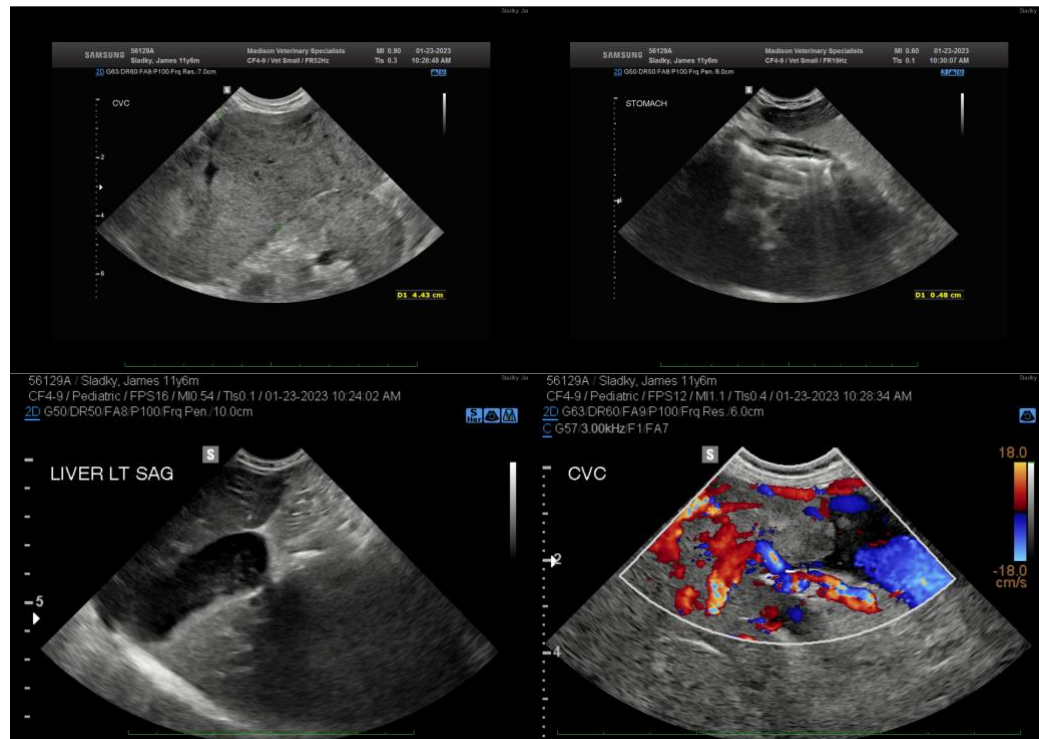
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com