

PATIENT PRESENTING CLINICAL SIGNS

Sabbara Ryman
History: Recently agitated in evenings: panting, inapp urination, intermittent soft stools.
Abnormal PE/Chem/CBC/UA Results: Triglyceride 501 mg/dL Amylase 1155 IU/L PrecisionPSL 5284 U/L AST (SGOT) 102 IU/L ALT (SGPT) 98 IU/L Alkaline Phosphatase 195 IU/L

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine
Urinary System

BREED
Corgi Mix
The urinary bladder, trigone, and pelvic urethra are 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.

SEX
Female, spayed
The left kidney is normal in size (4.81 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

AGE
12 Years
The right kidney is normal size (4.82 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

WEIGHT
21 Pounds
Adrenal Glands

The left adrenal gland is normal size (0.55 cm at cranial pole) (0.60 cm at caudal pole); 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,
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(Small Animal Internal
Medicine)

The right adrenal gland is normal size (0.89 cm at cranial pole) (0.52 cm at caudal pole) (1.84 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.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Spleen

HOSPITAL NAME

The spleen is normal in size (1.28 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.41 cm irregular, hyperechoic nodule is observed. Splenic vasculature is normal.

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Liver

REFERRING VET

The liver is subjectively prominent in size with slightly irregular peripheral contours. A >6 cm heterogeneous, lobulated mass is observed deep on the right side, adjacent to the diaphragm. The mass causes mild capsular expansion. The remaining hepatic parenchyma is homogenous. Vascular and 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 to moderate amount of aggregated echogenic debris is adhered to the luminal surface. The cystic and common bile ducts are normal/not seen.

Dr. India Vannini

INVOICE

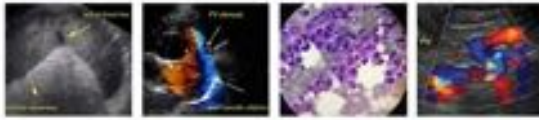
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Gastrointestinal

DATE

The gastric lumen is mildly 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

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segmentally dilated with gas and chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecal colic junction is normal. The wall of the descending colon is borderline thickened (up to 0.31 cm) with retention of the normal layering pattern. The colonic lumen contains granular appearing fecal material. No obstructive disease is noted.

SPECIES

Canine

Pancreas

The pancreas is enlarged with irregular peripheral contours. A 1.58 x 1.29 cm hypoechoic to slightly heterogeneous nodule/mass is observed in the left limb. The mass contains hyperechoic foci and causes capsular expansion. The remainder of the pancreatic parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated (0.28 cm in diameter). The mesentery effacing the serosal surface is mildly hyperechoic.

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Free Abdomen

There is no evidence of free fluid. A 1.36 cm medial iliac lymph node is visualized. The node is normal in shape and echogenicity. A 0.77 cm rounded lymph node is also observed in the left cranial quadrant.

AGE

12 Years

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

WEIGHT

21 Pounds

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Large right hepatic mass. Neoplasia (i.e., adenocarcinoma, round cell tumor) is considered likely with a low possibility of benign pathology.
- Pancreatic mass. Again, neoplasia (i.e., adenocarcinoma) is considered likely. Concurrent pancreatitis is suspected.
- The prominent lymph node in the left cranial quadrant may be due to metastatic disease or reactive change.

Secondary Findings:

- Mild to moderate degenerative renal changes with dystrophic mineralization.
- The hyperechoic splenic nodule trends toward the benign (i.e., myelolipoma) with a low possibility of emerging neoplasia.
- The colonic wall changes are most consistent with an inflammatory process.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

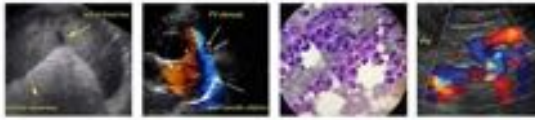
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- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine needle aspirates of the hepatic and pancreatic masses can be considered if accessible and if clotting status is appropriate. However, given the high likelihood for metastatic disease in this patient, the prognosis is considered guarded and palliative care should be considered.



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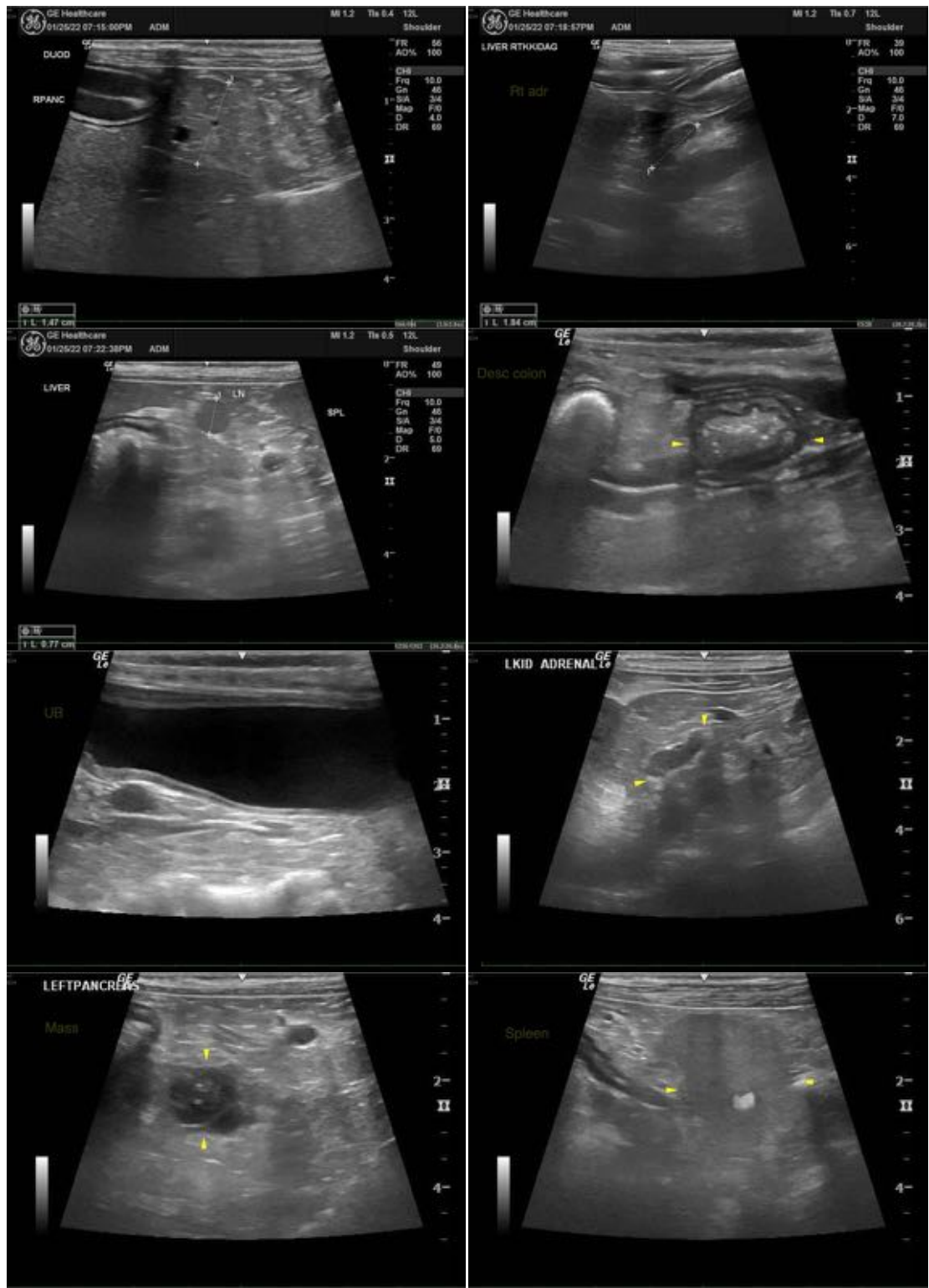
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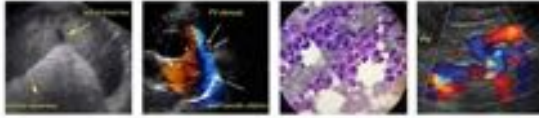
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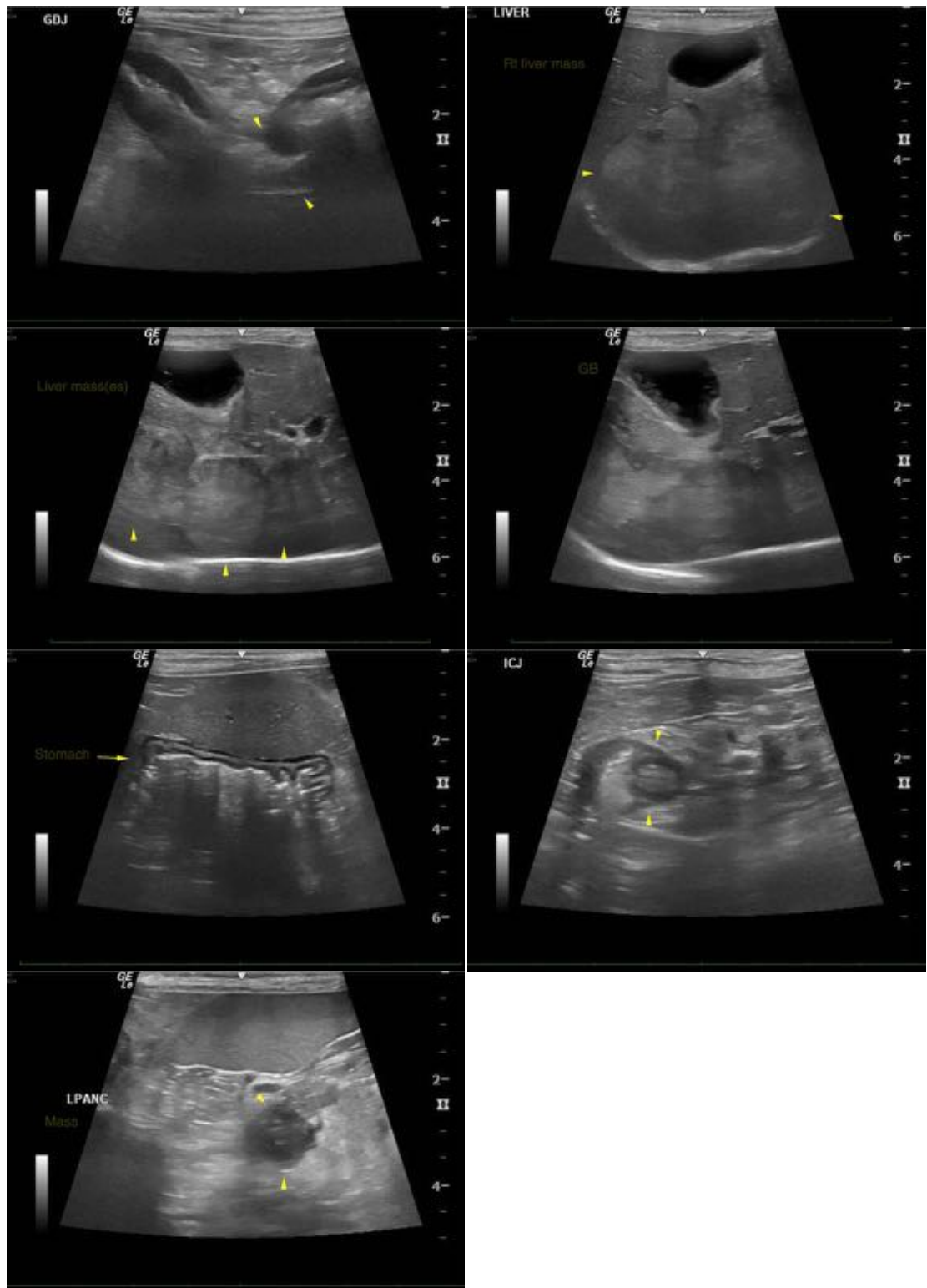
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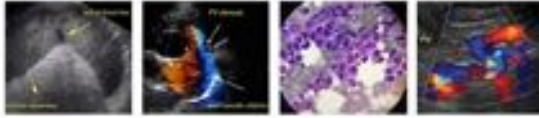
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The information and recommendations provided are based on the images presented by the referring



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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.

SPECIES

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