

**PATIENT PRESENTING CLINICAL SIGNS**

Bear Nolen

History: History of a chronic cough. Inappetence.

Abnormal PE/Chem/CBC/UA Results: Multifocal lipomas. 3 view chest films reveal multiple pulmonary nodules, likely consistent with metastatic disease. Serum chemistry WNL. CBC normal. HW test negative

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Labrador Retriever

The urinary bladder is mildly to moderately distended. The wall in the region of the apex is thickened up to 0.65 cm with an irregular mucosal surface. The wall tapers to a normal thickness as it extends toward the urinary bladder neck. The luminal contents are mostly 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 (0.92 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**AGE**

10 Years

The left kidney is subjectively enlarged with an irregular shape. A 4.35 cm x 3.61 cm heterogeneous mass is arising from the cranial aspect. In addition, a 1.68 cm x 1.68 cm hypoechoic nodule is observed within the medullary cavity. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths or hydronephrosis. Renal vasculature is normal.

**WEIGHT**

87 Pounds

The right kidney presented normal size (6.94 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal. A small cortical cyst is visualized.

**Adrenal Glands**

**INTERPRETED BY**

Andrea Nicastro, DMV,  
Diplomate DACVIM  
(Small Animal  
Internal Medicine)

The left adrenal gland is normal size (1.15 cm at cranial pole) (0.64 cm at caudal pole) (3.17 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 (1.09 cm at cranial pole) (0.65 cm at caudal pole) (2.60 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**

West Prince AH

**Spleen**

The spleen is subjectively normal in size with slightly irregular peripheral contours. A 2.46 cm x 2.85 cm heterogeneous mass is observed within the parenchyma. In addition, an area of infarction is observed at the caudal pole. In the remaining parenchyma, there are a few ill-defined hypoechoic nodules. Splenic vasculature at the hilus appears normal with no evidence of thrombosis.

**REFERRING VET**

Mike Beard, DVM

**Liver**

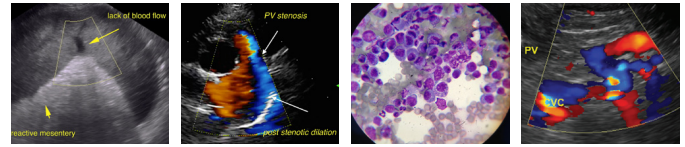
The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. A 7.58 cm x 4.30 cm heterogeneous mass is observed deep on the right side. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder

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

Bear Nolen

***Gastrointestinal***

**SPECIES** The gastric lumen is moderately 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 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.

Canine

**BREED** *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.

Labrador Retriever

***Free Abdomen***

**SEX** The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Neutered Male

**ULTRASONOGRAPHIC FINDINGS**  
**Primary Findings**

**AGE**

10 Years

- Right renal masses, neoplasia (i.e., adenocarcinoma, round cell tumor) is considered likely with a low possibility of benign pathology

**WEIGHT**

87 Pounds

- The splenic and hepatic masses are also concerning for neoplasia, particularly in light of the patients' history
- Splenic infarct

**Secondary Findings**

- The urinary bladder wall changes are most consistent with cystitis but may be somewhat artifactual due to lack of luminal distention, correlation with clinical findings is recommended

\*Multi-organ neoplasia, including the left kidney, spleen and liver.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Andrea Nicastro, DMV,  
Diplomate DACVIM  
(Small Animal  
Internal Medicine)

- Given the evidence of diffuse neoplasia, palliative care is recommended.

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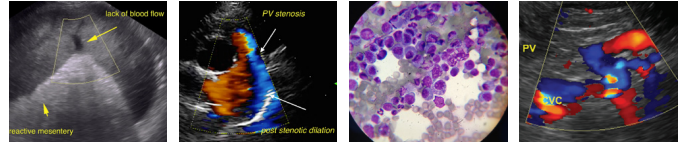
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**PATIENT**

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**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

87 Pounds

**INTERPRETED BY**

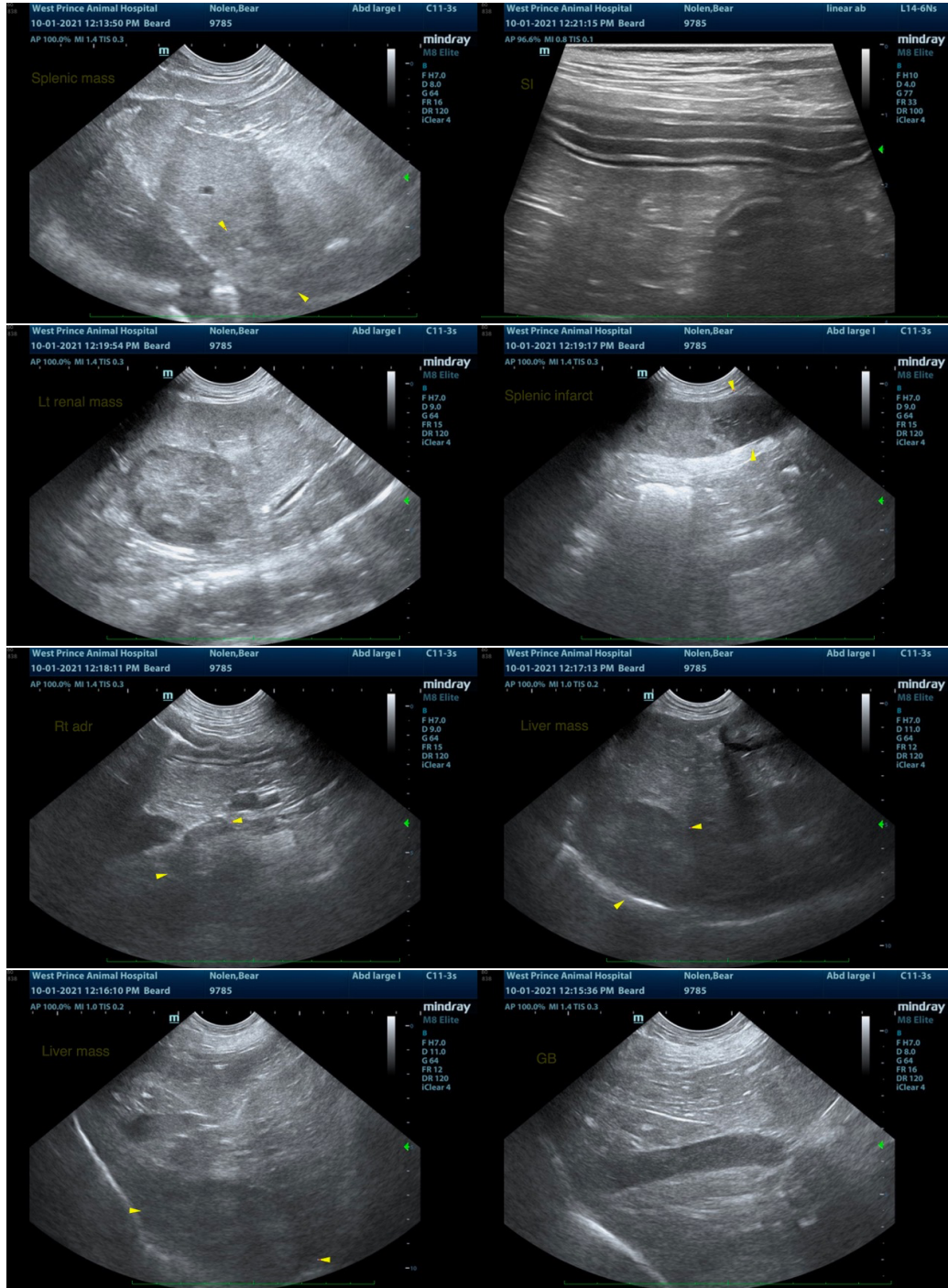
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**REFERRING VET**

Mike Beard, DVM

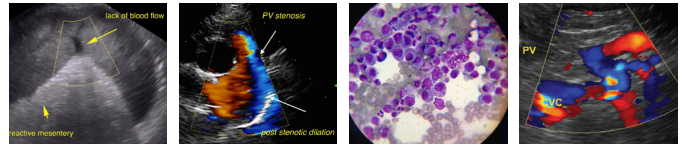


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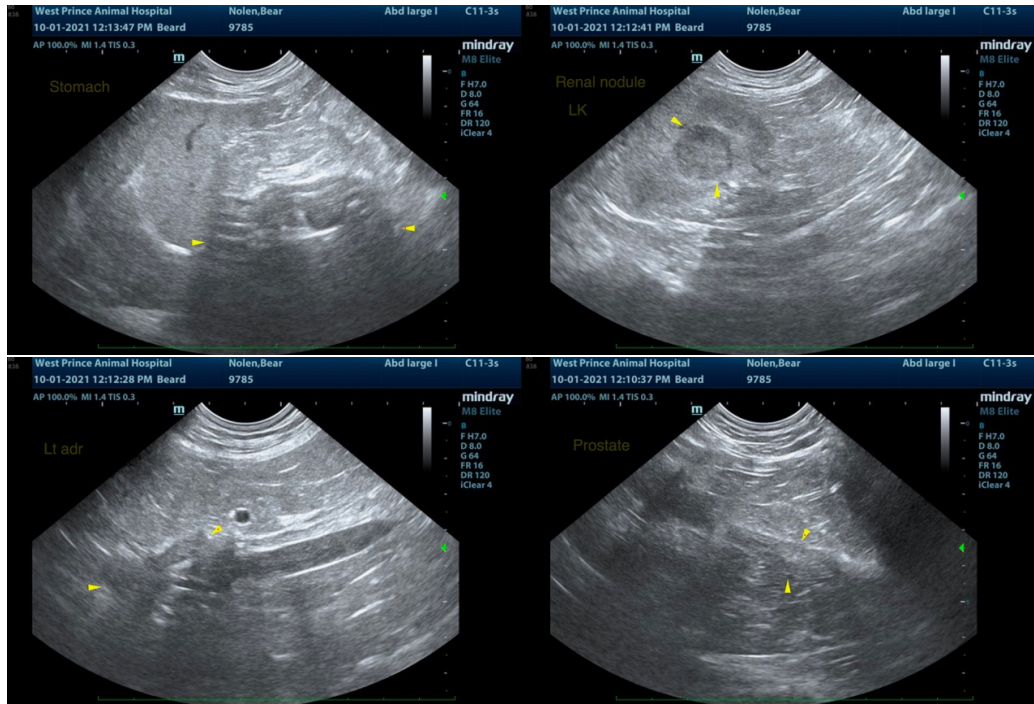
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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