



PATIENT PRESENTING CLINICAL SIGNS

Rufus Talisman

History: Diagnosed with diabetes mellitus 5 weeks ago, in mild ketosis at the time. Presented for vomiting and diarrhea and PU/PD. P responded well to hospitalization. Had an episode of pancreatitis with hemorrhagic stool and gastric stasis 10 days ago. Responded well to fluids, metronidazole, probiotics, zofran. History of hypothyroid, hepatopathy and osteoarthritis. P on gabapentin, galliprant, ursodiol, soloxine, denamarin, amantadine. Currently at 15U vetsulin, not yet regulated, bg spot checks today ranged from 558-708.

SPECIES

Canine

BREED

Labrador Retriever mix

Abnormal PE/Chem/CBC/UA Results: 10/1/2021: CBC WNL Chem ALt 322, ALP 727, BUN 31
9/03/2021: CBC Monocytosis 1176 Chem: ALT 238, ALP 1101, BG 554, PSL 161 T4: 0.6 Low UA: 1.024, 3+ glucose, rods 10-25 7/29/2021: Chem: ALT 230, ALP 833

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Male, neutered

Urinary System

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.

AGE

14 Yrs.

The prostate is normal in size (0.74 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

WEIGHT

58 lbs.

The left kidney is normal size (7.58 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

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Andrea Nicastro, DVM,
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Medicine)

The right kidney is normal size (7.92 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. A few small cortical cysts are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

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Adrenal Glands

The left adrenal gland is enlarged (1.50 cm at cranial pole) (2.06 cm at caudal pole) (4.46 cm in length) with an irregular shape. A 2.57 x 2.31 cm heterogeneous mass is observed at the caudal pole. There is loss of glandular echogenicity and detail at the cranial aspect. There is no obvious evidence of vascular invasion.

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The right adrenal gland is mildly enlarged (1.31 cm at the cranial pole) (0.84 cm at the caudal pole) (2.88 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.

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Spleen

The spleen is normal in size (1.48 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.82 x 0.57 cm irregular, hypoechoic to slightly heterogeneous nodule is observed at the caudal aspect. Splenic vasculature is normal.

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Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are

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observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gallbladder is of normal contours and contains some dependent echogenic debris. A few small polypoid like lesions are arising from the luminal surface. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

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Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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 disease is noted.

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Labrador Retriever mix

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings:

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory disease (i.e., bacterial cholangiohepatitis, chronic active hepatitis) is also a possibility. Infiltrative neoplasia is considered unlikely.
- Left adrenal mass. Neoplasia (i.e., adenoma, adenocarcinoma, pheochromocytoma) is possible. Nodular hyperplasia is also a differential.

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Secondary Findings:

- Gallbladder debris- incidental.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The splenic nodule could be consistent with a focus of lymphoid hyperplasia or extramedullary hematopoiesis. Alternatively, an early neoplastic process is possible.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Additional sonographic imaging of the right adrenal gland is recommended to assess for pathology.
- Given the left adrenal mass, consider further testing for Cushing's disease (i.e., low-dose dexamethasone suppression test, ACTH stimulation test) +/- urine/blood catecholamine levels

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to assess for a pheochromocytoma. A baseline blood pressure measurement is also recommended.

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- Given the poor diabetic regulation, consider the following diagnostics:

- Urine culture and sensitivity to assess for occult pyelonephritis.
- Three-view thoracic radiographs
- A GI panel including serum cobalamin, folate, TLI and PLI.

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- Consider a repeat ultrasound in 3-4 weeks to assess for progression of the splenic nodule.

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ADDENDUM:

Findings:

- Mild right adrenomegaly, likely secondary to mild hyperplastic change.

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Recommendations:

See above recommendations.

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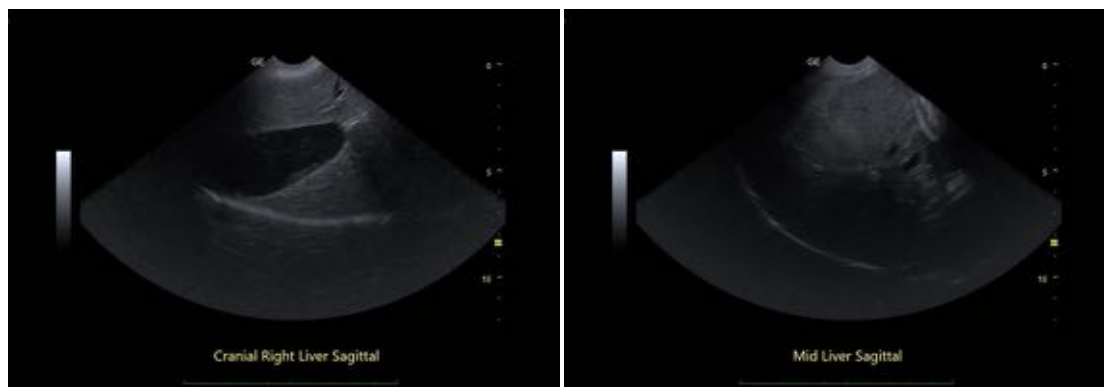
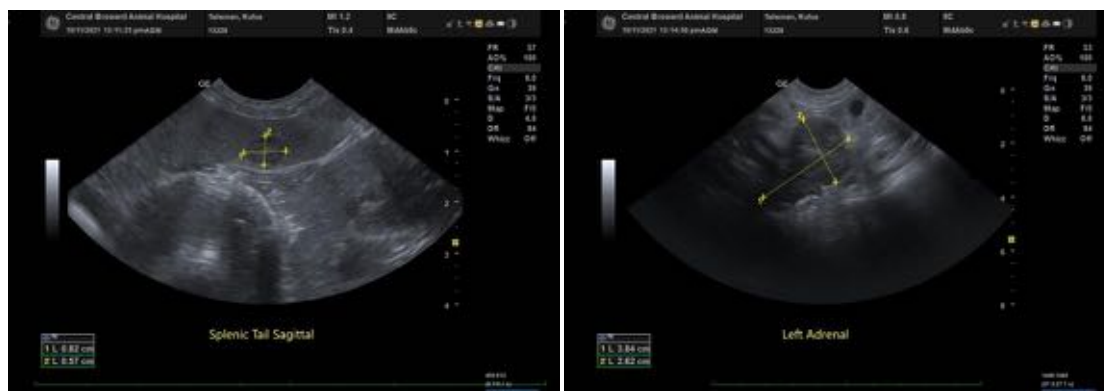
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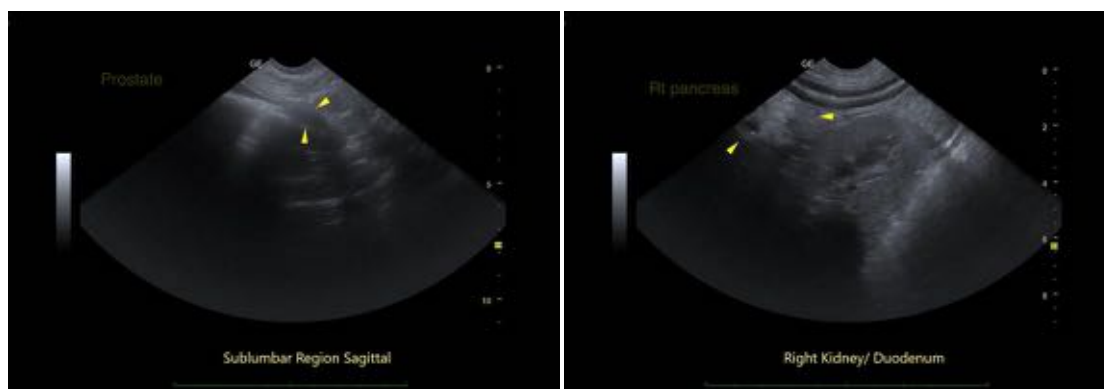
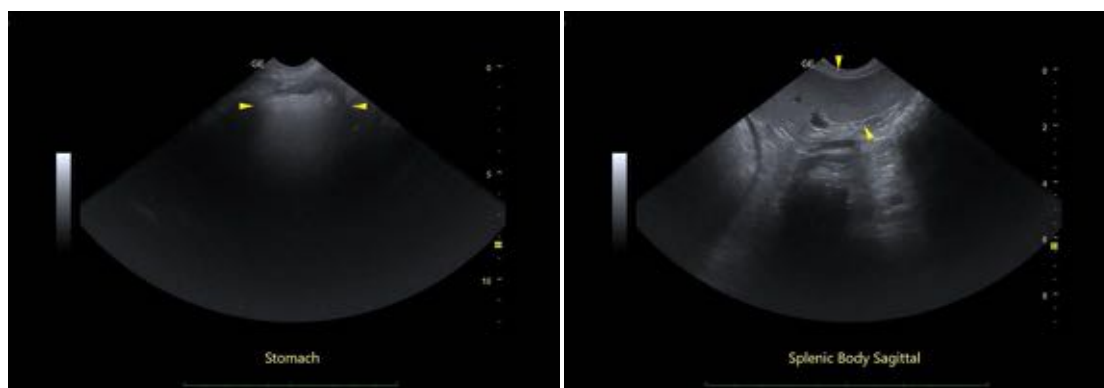
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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