



PATIENT

Sassy Emmons

SPECIES

Canine

BREED

Lab X

SEX

Spayed Female

AGE

10 Years

WEIGHT

74.5 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jessica Bailes

HOSPITAL NAME

All Creatures Great &
Small VC, Corvallis, OR

REFERRING VET

Chantel Litalian

INVOICE

13925

DATE

10/20/21

PRESENTING CLINICAL SIGNS

History: Owner's Concerns: Heavy breathing, agitated, panting since Thursday night. RRR 30 on Thursday night when p started panting and agitation - now down to 24-25 since then. Improved on CBD chew. Still very active and running after sticks and going for walks - normal activity and exercise tolerance. On vetprofen and apoquel regularly

Abnormal PE/Chem/CBC/UA Results: Pendulous abdomen w/ fluid wave palpable; patient very resistant to restraint and panting heavily - no obvious heart murmur but difficult to auscult. One lateral thoracic and abdominal radiograph taken (patient wouldn't allow more): decreased detail abdomen, otherwise NSF. AFAST positive all 4 quadrants BW: CHEM: increased ALP (136), CREAT high normal @ 1.6; mild hyperkalemia (5.6), increased PSL (416); ALB WNL @ 3.0 CBC: Leukocytosis (17.0) w/ neutrophilia (11,900), monocytosis (1530) Urinalysis, fluid analysis of ascites fluid pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

The left kidney presented normal size (7.42 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is prominent to enlarged (8.35 cm in length); with irregular peripheral contours. A 3.33 cm hypoechoic mass is observed at the caudolateral aspect. In addition, a 3.23 cm hypoechoic mass is observed medially. There is poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Moderate pyelectasia is present (0.41 cm) in the longitudinal plane.

Adrenal Glands

The left adrenal gland is normal size (0.43 cm at cranial pole) (0.52 cm at caudal pole) (2.11 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 not definitively visualized due to the right renal pathology.

Spleen

The spleen is normal in size (2.06 cm 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 with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.



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The gall bladder is of normal contours and contains some gravity dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

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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 small intestinal lumen is mildly fluid distended and hypomotile. 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 somewhat obscured by the diffuse abdominal pathology, however, in the visualized portions, no obvious abnormalities are seen.

Free Abdomen

A moderate to large amount of echogenic fluid is observed within the abdomen. The mesentery is diffusely hyperechoic and nodular in appearance. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious chamber enlargement. A large amount of pleural effusion is seen. A 1.09 cm hypoechoic nodule is observed in the left cranial quadrant between the stomach and spleen.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Right renal masses. Neoplasia (i.e., carcinoma, round cell tumor) is considered likely with a low possibility of a benign process (i.e., inflammation).
- The diffuse peritonitis is likely secondary to the right renal pathology with possible neoplastic effusion.
- Pleural effusion
- The nodule in the left cranial quadrant may represent an enlarged lymph node or a metastatic lesion within the mesentery.

Secondary Findings

- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- Age-related changes in the left kidney

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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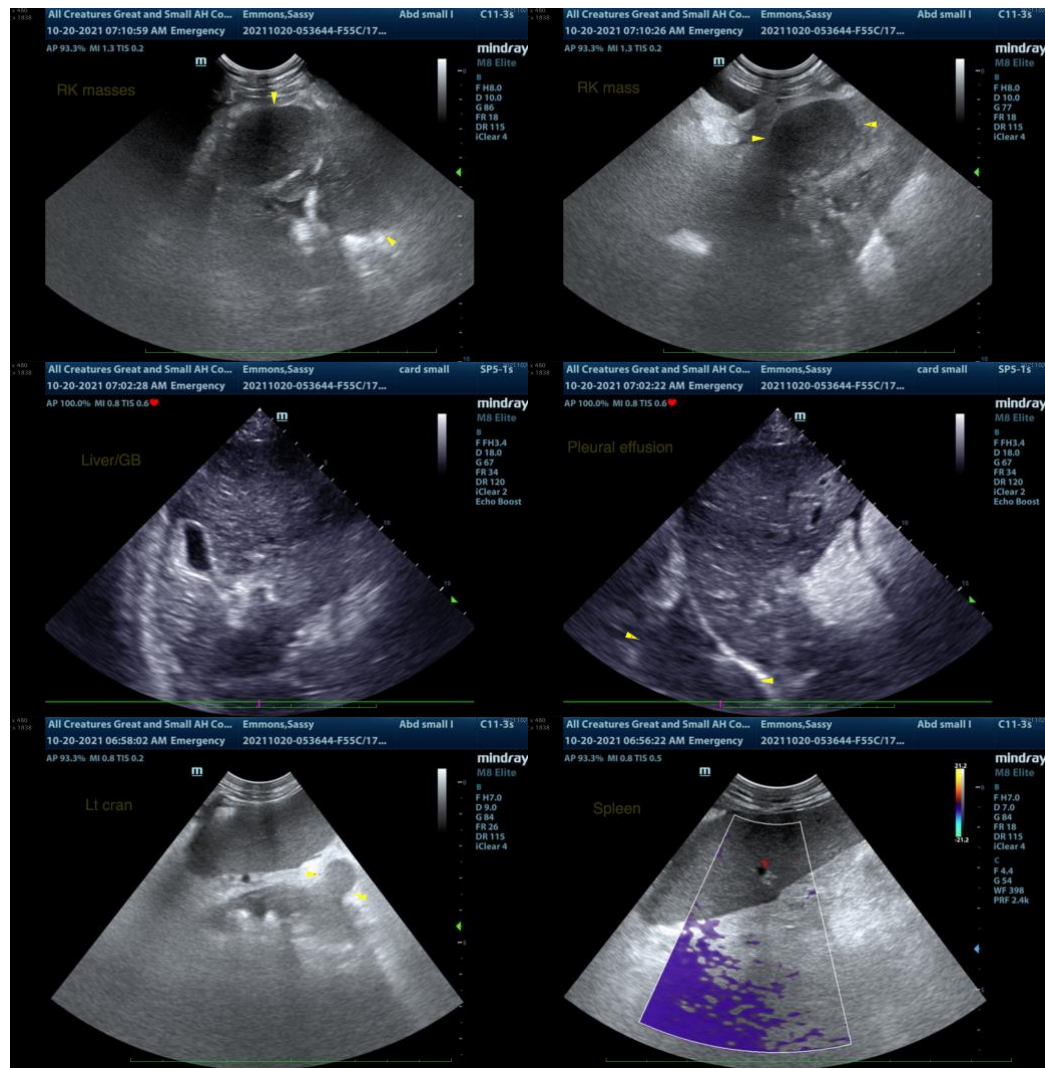
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- Three-view thoracic radiographs are recommended to further evaluate the pleural effusion
- Therapeutic thoracocentesis may be warranted, particularly if the patient is tachypneic/dyspneic
- If cytologic evaluation of the abdominal fluid is inconclusive and an aggressive approach is desired, fine needle aspirates of the right renal masses can be considered, if clotting status and blood pressure are normal. 25-gauge needles should be used. However, given the presence of bicavitary effusion and the potential for metastatic disease, the prognosis for this patient is guarded and palliative care should be considered.

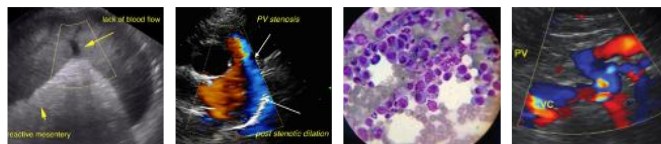


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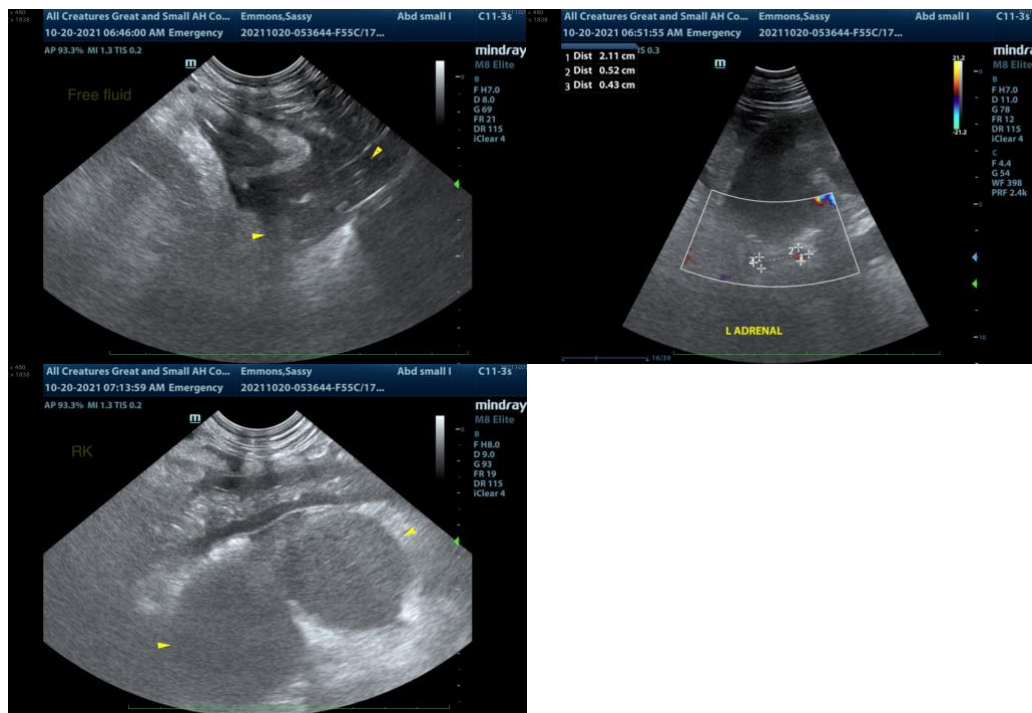
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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