



**PATIENT PRESENTING CLINICAL SIGNS**

**Olive Bradley** History: Olive Bradley is a 15yr 5mo, F/S, mixed breed dog weighing 53.5#. She is here for an abdominal US to further investigate recent ups and downs in energy and appetite, anemia, elevated liver enzymes and suspicious mass effect in mid abdomen on radiographs.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: RBC 4.99 5.39 - 8.70 M/ $\mu$ L L Hematocrit 31.6 38.3 - 56.5 % L Hemoglobin 9.9 13.4 - 20.7 g/dL L MCV 63 59 - 76 fL MCH 19.8 21.9 - 26.1 pg L MCHC 31.3 32.6 - 39.2 g/dL L % Reticulocyte 1.4 % Reticulocytes 70 Hemoglobin 19.8 ALP 193 RAD report through SONopath: INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS The radiographic study of abdomen suggests potential for splenomegaly which may represent generalized enlargement or a mass.

**BREED**

Mixed

The radiographic findings are unspecific and differential diagnosis includes extramedullary hematopoiesis, congestion, idiopathic hypersplenism, splenitis, as well as nodular hyperplasia and neoplasia. Further definition by means of ultrasound is warranted. There also is evidence of a sublumbar soft tissue mass effect. Consider the potential of sublumbar lymphadenomegaly. Further verification by means of ultrasound is recommended and the lower genital and lower urinary tract as well as the perineum and perianal area should be thoroughly checked for pathology.

**SEX**

Spayed Female

**AGE**

12 Years

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**WEIGHT**

53.5 Pounds

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 2.0 cm, are normal.

**INTERPRETED BY**

Andrea Nicastro, DVM,  
Diplomate ACVIM  
(Small Animal Internal

The left kidney is normal in length (6.75 cm in length); with an irregular shape. A 4.37 cm x 2.66 cm irregular hypoechoic mass is observed at the medial aspect. The mass causes capsular expansion. In the remainder of the kidney, there is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

The right kidney presented normal size (8.54 cm in length); with an irregular shape. Several hypoechoic nodules/masses are observed within the cortex; the lateral nodule is causing capsular expansion. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Moderate pyelectasia (0.74 cm in the longitudinal plane) is present. There is no evidence of infarcts or hydroureter.

**HOSPITAL NAME**

Tahoe Integrative Care

**REFERRING VET**

**Adrenal Glands**

Dr. Wendy Robinson

The left adrenal gland is normal size (0.68 cm at cranial pole) (0.59 cm at caudal pole) (3.50 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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**PATIENT** The caudal pole of the right adrenal gland is visualized and is normal in size (0.51 cm at caudal pole in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.  
Olive Bradley

**SPECIES** *Spleen*

Canine The spleen is severely enlarged with a >10.0 cm heterogeneous cavitated mass effect infiltrating the majority of the parenchyma. In the remainder of the spleen, the peripheral contours are irregular, and the parenchyma is mottled in some areas. Splenic vasculature appears normal with no evidence of thrombosis.

**BREED**

Mixed *Liver*

**SEX** The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A few ill-defined hyperechoic areas are observed, the largest measuring 2.24 cm x 1.55 cm (left side). In addition, a few small hypoechoic to anechoic nodules are seen. In the remaining parenchyma, there are changes consistent with age-related remodeling.  
Spayed Female

**AGE** Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.  
12 Years

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

**Gastrointestinal**

**INTERPRETED BY**

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Diplomate ACVIM  
(Small Animal Internal

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 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.

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**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.

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**Free Abdomen**

There is no evidence of free fluid.

**REFERRING VET**

Dr. Wendy Robinson

The sublumbar lymph nodes are severely enlarged (7.67 cm x 4.71 cm) with a mass effect. The nodes are hypoechoic and irregular; surrounding mesentery is mildly hyperechoic.

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**Other**

A brief echocardiogram (no charge) reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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**PATIENT ULTRASONOGRAPHIC FINDINGS**

Olive Bradley **Primary Findings**

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- Large splenic mass, neoplasia (i.e., sarcoma, round cell tumor) is considered likely with a low possibility of benign pathology.
- Severe sublumbar lymphadenopathy. Again, infiltrative neoplasia (i.e., round cell tumor) is considered likely with a low possibility of a severe inflammatory process (i.e., pyogranulomatous).
- Bilateral renal nodules/masses. Metastatic disease is considered likely with a low possibility of benign pathology (i.e., inflammatory foci, granulomas). Bilateral age-related renal changes with right pyelectasia are present.
- The hypoechoic hepatic nodules may represent metastatic disease Alternatively, a benign process (i.e., regenerative nodular hyperplasia) may be present.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If more information is desired, a fine needle aspirate of the enlarged sublumbar lymph nodes +/- renal nodules can be considered (if clotting status is appropriate). A splenic aspirate can also be considered but given the cavitated areas, there is an increased risk of bleeding with the procedure. 25-gauge needles should be used. Given the likelihood of metastatic disease in the abdomen, the patients' prognosis is considered guarded and palliative care should be considered.





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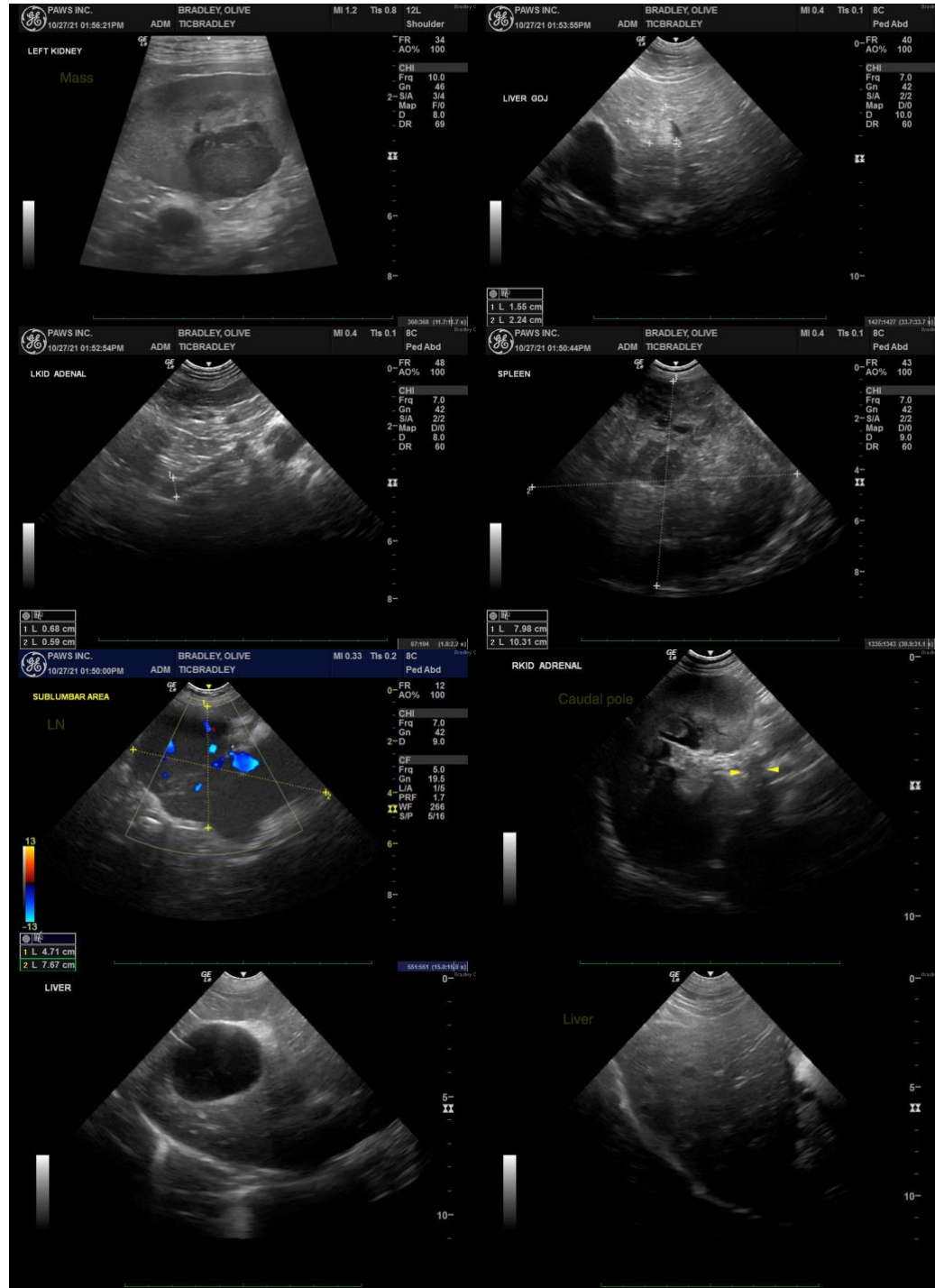
Loetitia Saint-Jacques, RVT

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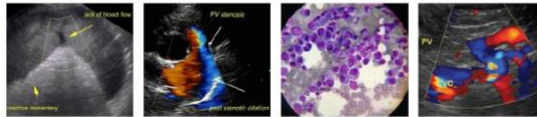
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



**PATIENT**

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.

Olive Bradley

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

**SPECIES**

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