



PATIENT PRESENTING CLINICAL SIGNS

Birdie Perkins Clinical Exam Findings: History of Cushing's and elevated liver values. lethargic and not wanting to move around. Hemoabdomen today. peripheral PCV 35 abdominal PCV 34

SPECIES Abnormal lab-work values: plt count 561, HCT 35, BUN 28, alb 4 alt 215, ALP >2000

Canine Current Medications: Vetoryl, monthly prevention

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Walker Hound **Urinary System**

The urinary bladder is moderately distended with mostly anechoic urine. The wall in the region of the apex is slightly thickened and irregular, with an irregular mucosal surface. The wall tapers to a normal thickness as it extends toward the cystourethral junction. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2-3 cm, are normal.

SEX

Spayed Female

AGE

10 years

The left kidney is normal size (7.86 cm in length); with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild pyelectasia is present (0.30 cm in the transverse plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

29.5 kg

The right kidney is normal in size (8.70 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is severely enlarged (6.15 cm x 4.42 cm) with a mass effect. The mass is heterogenous in appearance with a few, small cavitated regions. There is no obvious evidence of vascular invasion. Surrounding mesentery is hyperechoic.

The right adrenal gland is mildly enlarged (1.32 cm at cranial pole) (1.08 cm at caudal pole) with a slightly irregular shape. The parenchyma is mildly heterogenous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature appear normal.

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Spleen

The spleen is normal in size (1.15 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

HOSPITAL NAME

MP Blue Pearl ER

Liver

The liver is subjectively enlarged with irregular peripheral contours. A 7.24 cm isoechoic to slightly heterogenous mass is observed on the right side. The remaining parenchyma is isoechoic relative to the spleen and mildly heterogenous and mottled in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

REFERRING VET

Caroline Andrews

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.

INVOICE

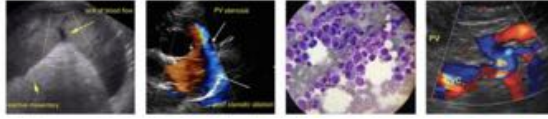
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Gastrointestinal

The gastric lumen is moderately distended with ingesta. The gastric wall and pylorus are normal and thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal



PATIENT

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.

Birdie Perkins

Pancreas

SPECIES

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.

Canine

Free Abdomen

BREED

A small to moderate amount of free fluid is present. The abdominal lymph nodes are normal/not visible.

Walker Hound

Lymph nodes

(See "Other" category)

SEX

Other

Spayed Female

A 3.00 cm round, hyperechoic to heterogenous cavitated mass is observed in the cranial abdomen, just caudal to the stomach.

AGE

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

10 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

Primary Findings

29.5 kg

- Large left adrenal mass. Neoplasia (i.e., adenocarcinoma, pheochromocytoma, hemangiosarcoma) is suspected.
- The right adrenal changes are most consistent with benign hyperplastic change.
- Cavitated, cranial abdominal mass, the origin of which is unclear. It may be arising from the mesentery, lymph node, pancreas, other. Again, neoplasia (i.e., hemangiosarcoma, other) is suspected.
- Right liver mass. Differentials include neoplasia (i.e., adenoma, adenocarcinoma, hemangiosarcoma) with a lower possibility a benign process (i.e., excessive regenerative nodular hyperplasia). The diffuse hepatic parenchymal changes are nonspecific and could be consistent with benign age-related change, or potentially, metastatic disease.
- Confirmed hemoabdomen

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Secondary Findings

- Bilateral mild, chronic, age-related renal changes with dystrophic mineralization
- The urinary bladder wall changes are most consistent with cystitis.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



PATIENT

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- Given the likelihood of multiorgan neoplasia, palliative care is recommended. Three-view thoracic radiographs can also be considered to assess for pulmonary metastatic disease.

SPECIES

Canine

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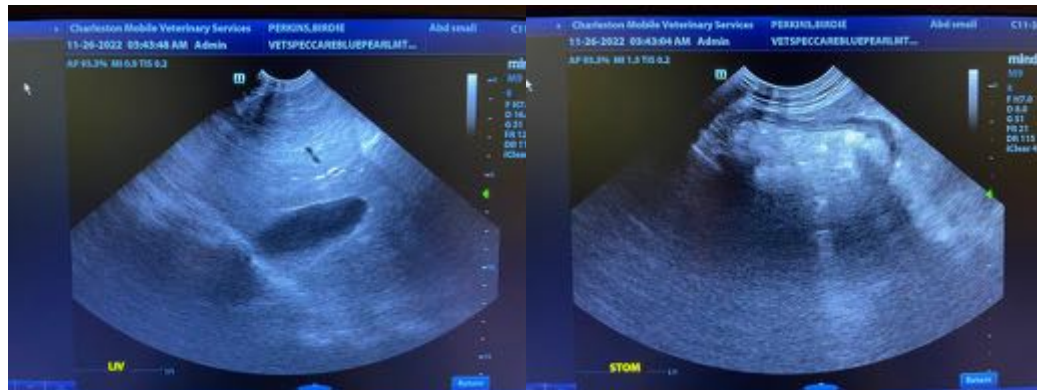
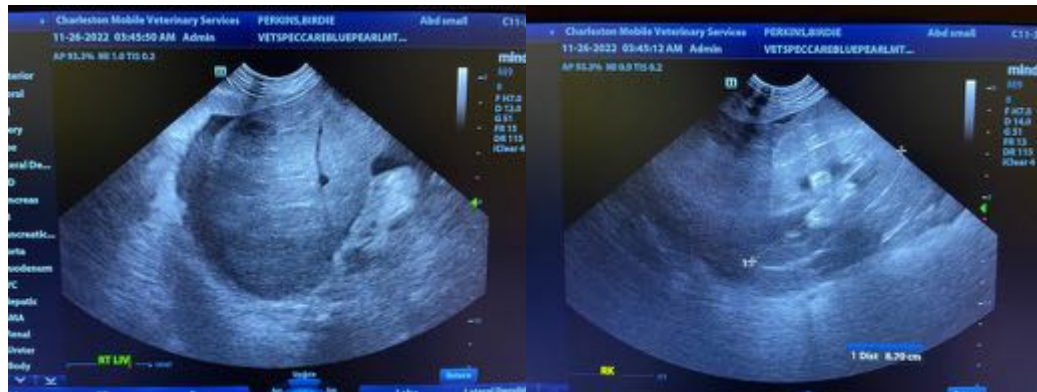
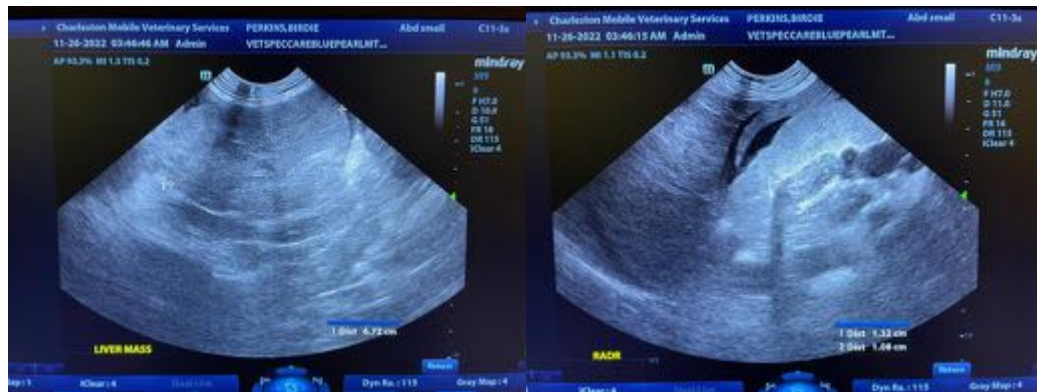
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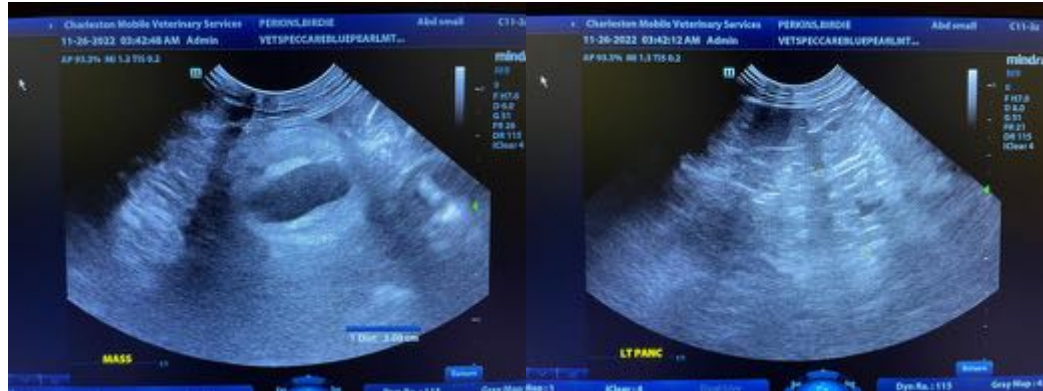
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com