



PATIENT PRESENTING CLINICAL SIGNS

Zack Preston Clinical Exam Findings: Presents on Thursday for vomiting and anorexia. mild scant ff in abd, pcv changed from 48 to 35 in 24 hours. mild elevation in alp and bun. UTI noted. painful in the abdomen.
Vomiting, Abdominal Pain

SPECIES

Canine

Abnormal lab-work values: BUN 36, ALP 231
Current Medications: Unasyn, Cerenia, Buprenex

BREED

Goldendoodle

Assessment: Peritoneal effusion is concerning for peritonitis, pancreatitis, hemorrhage, etc. Gas and fluid filled stomach and progressive gas filled small intestines suggest ileus. Consider routing labwork (CBC, chemistry, UA) and abdominal ultrasound (to further evaluate all viscera, including the pancreas, GI tract walls and contents, etc); and abdominocentesis for STAT cytology, if nor already performed.
Dr. Jean Reichle, DVM MS

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

16 yrs

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. A scant amount of suspended, echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

WEIGHT

13 kgs

The prostate is normal in size (0.88 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

INTERPRETED BY

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

The left kidney is normal size (5.10 cm in length); with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

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The right kidney is enlarged (6.78 cm in length); with an irregular shape. A 4.21 x 3.08 cm hypoechoic to heterogenous mass is arising from the cranial pole. The mass causes capsular expansion. There is questionable invasion into the hepatic parenchyma. In the remainder of the kidney, there is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

MP Blue Pearl ER

Adrenal Glands

The left adrenal gland is enlarged (1.86 cm at cranial pole) (0.91 cm at caudal pole); with an irregular shape and questionable mass effect. The parenchyma is hypoechoic with loss of glandular detail. There is no obvious evidence of vascular invasion.

REFERRING VET

Caroline Andrews

The right adrenal gland is normal size (0.91 cm at cranial pole) (0.45 cm at caudal pole); 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.

INVOICE

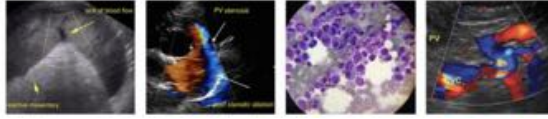
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Spleen

The spleen is normal in size (1.36 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.

DATE

11.26.22



PATIENT

Liver

Zack Preston

The liver is subjectively normal in size. The parenchyma is hypoechoic relative to the spleen. On the right side, there is questionable invasion of the hepatic parenchyma by the right renal mass. The remaining parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

SPECIES

Canine

The gall bladder lumen is mildly to moderately distended. The wall is normal in thickness. A moderate amount of aggregated, echogenic debris/sludge is observed within the lumen, some of which is adhered to the luminal surface and some of which is suspended. The cystic and common bile ducts are normal/not seen.

BREED

Goldendoodle

Gastrointestinal

The gastric lumen is over-distended with fluid, chyme and soft, shadowing material. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears 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. There is no evidence of an obstructive pattern.

SEX

Neutered Male

AGE

16 yrs

Pancreas

The right limb is prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is slightly hyperechoic relative to surrounding omental fat and heterogenous in appearance. The pancreatic duct is not overtly dilated.

WEIGHT

13 kgs

Free Abdomen

The mesentery in the cranial abdomen is hyperechoic. A small amount of free fluid is present. The abdominal lymph nodes are normal/not visible.

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Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Right renal mass with questionable invasion into the hepatic parenchyma. Neoplasia (i.e., adenocarcinoma, round cell tumor) is suspected, with a lower possibility of a non-malignant process (i.e., abscess, granuloma).

Secondary Findings

- Bilateral, chronic, age-related renal changes
- 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).
- The gall bladder changes could be consistent with cholestasis, fasting or an emerging mucocele.
- The left adrenal gland changes could be consistent with an emerging tumor or hyperplastic change. A tumor is favored.
- The pancreatic changes are most consistent with chronic +/-active pancreatitis with possible fibrosis.

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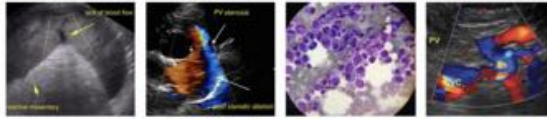
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- The gastric distention is likely secondary to ileus with a lower possibility of a pyloric outflow tract obstruction. The soft, shadowing material within the lumen may represent foreign material (i.e., grass) or shadowing chyme.

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- An abdominal CT scan would be useful in further assessing the extent of the right renal mass. However, given the guarded prognosis, palliative care should be considered.

BREED

Goldendoodle

SEX

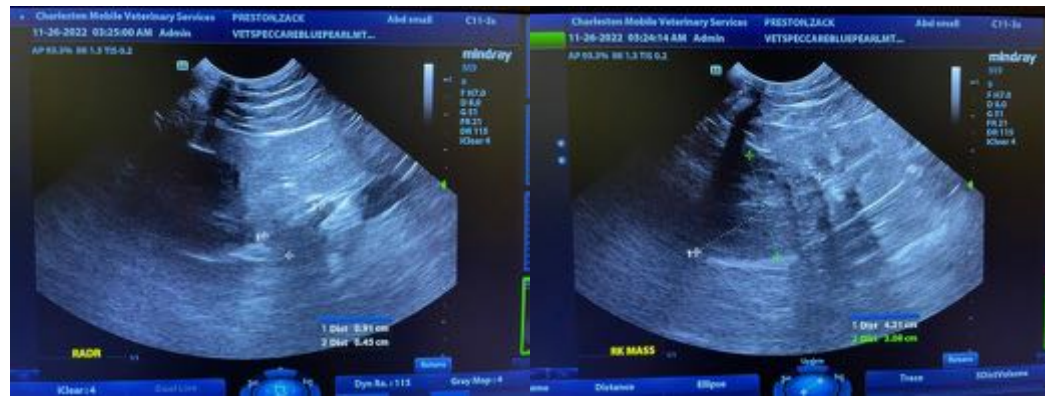
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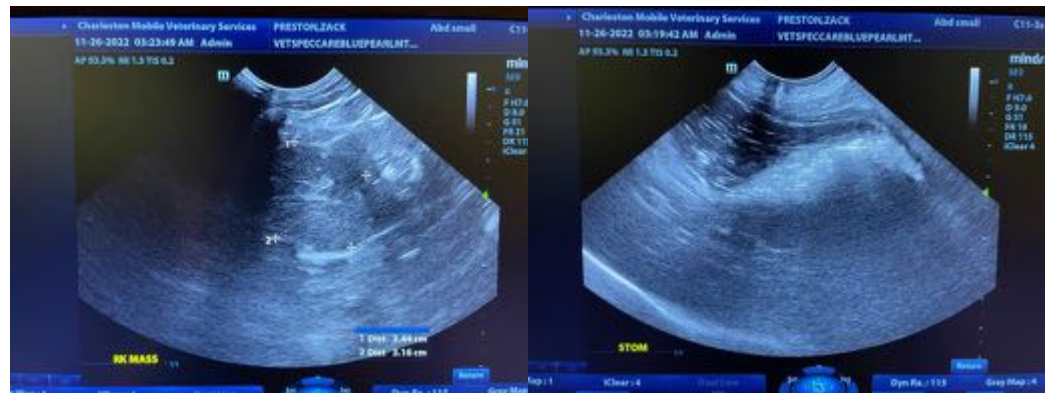
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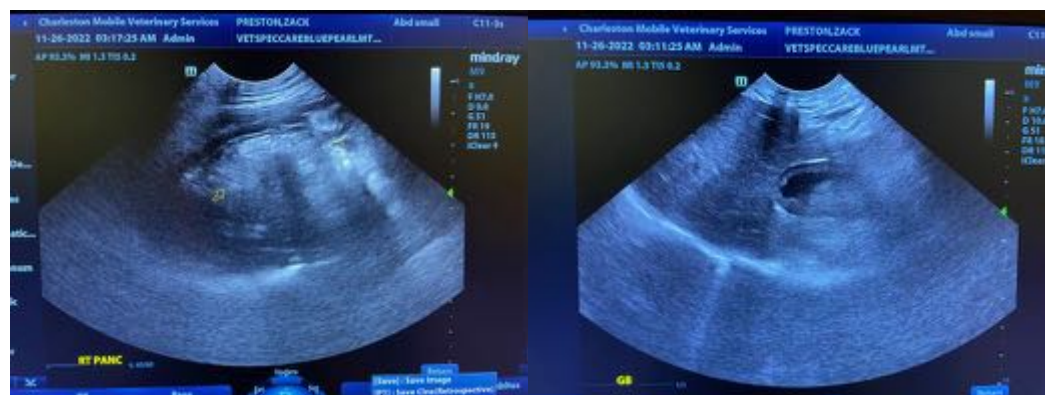
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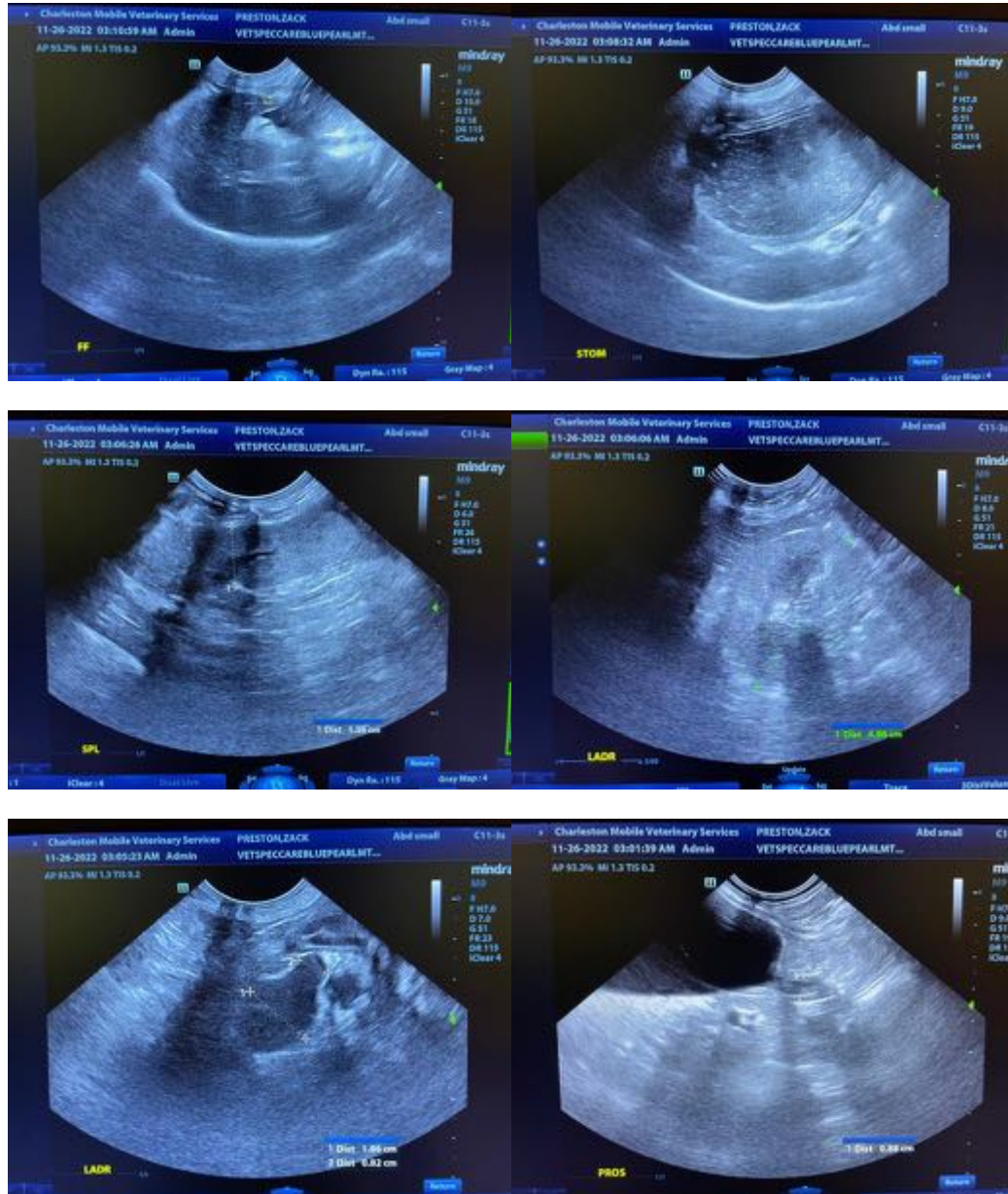
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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