

PATIENT

Flossie Zimmerman

SPECIES

Canine

BREED

Border Collie

SEX

Female Spayed

AGE

8.31.17

WEIGHT

46 lbs

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Palmetto VH

REFERRING VET

Alla Marie Sivakoff DVM

INVOICE

22208

DATE

11-3-25

PRESENTING CLINICAL SIGNS

Presented yesterday for decreased appetite and dry heaving. Has a mass around the anal area. Is red and swollen. Globulin 3.8. Hematocrit 35.7%.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A mild amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (5.2 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

The right kidney is overall enlarged (8.12 cm in length) with an irregular shape. A 5.4 x 4.6 cm irregular, hypoechoic, expansile mass is arising from the cranial pole. The mass causes some distortion of normal renal architecture. In the remainder of the kidney, there is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is subjectively normal in length with a flattened contour (0.59 cm at cranial pole) (0.42 cm at caudal pole). Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is subjectively normal in length with a flattened contour (0.78 cm at cranial pole) (0.32 cm at caudal pole). Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.90 cm in width 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 contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder 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

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. There is no obvious evidence of an obstructive pattern.



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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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Lymph Nodes

At least two enlarged, hypoechoic, irregular, sublumber lymph nodes are visualized (one measuring 3.4 x 1.9 cm / the other measuring 1.8 x 1.3 cm). Surrounding mesentery is mildly hyperechoic. (See also "Other" category).

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Free Abdomen

There is no obvious evidence of free fluid.

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Other

Caudomedial to the right kidney, a 2.6 x 2.0 cm irregular, hyperechoic to heterogenous nodule/structure is visualized.

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Right renal mass at the cranial pole. Neoplasia (i.e., carcinoma, round cell tumor) is suspected with a low possibility of a non-neoplastic process (i.e., inflammatory).
- The enlarged sublumber lymph nodes are concerning for infiltrative neoplasia (i.e., metastatic from the anal mass). However, lymphadenitis or lymphoid hyperplasia cannot be excluded.
- The origin of the nodule/structure caudomedial to the right kidney may represent an enlarged lymph node, nodule/mass within the mesentery, other.

Secondary Findings

- The flattened adrenal glands may be a normal variant or could be consistent with early atrophy (i.e., secondary to hypoadrenocorticism).
- Minor urinary bladder debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases
- Consider fine-needle aspiration of the right renal mass +/- sublumber lymph nodes (if accessible), assuming normal clotting status. Twenty-five gauge-needles should be used. Also consider aspiration of the anal mass.
- Depending on the results of the above diagnostics, consultation with a board-certified oncologist and/or surgeon may be indicated.



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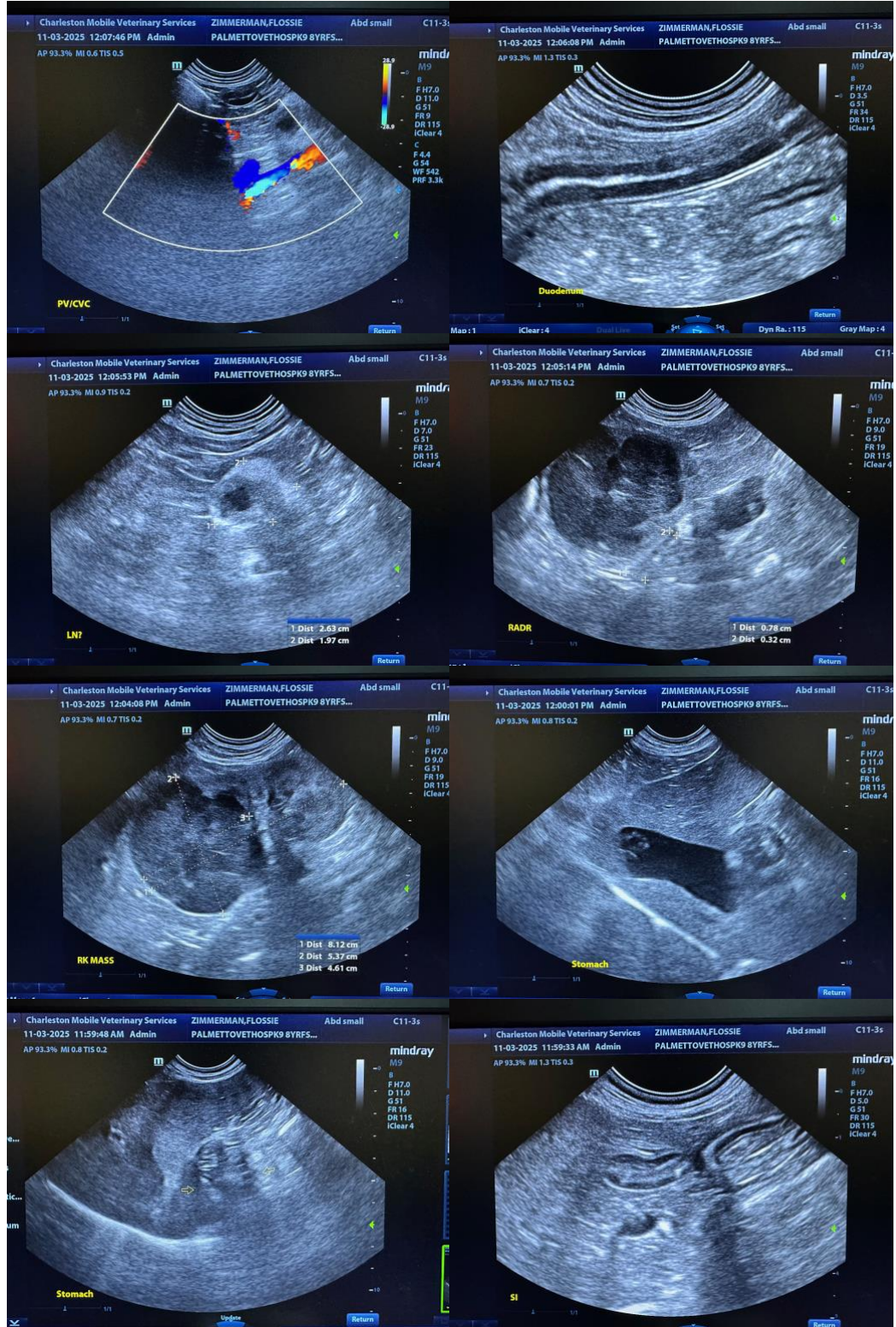
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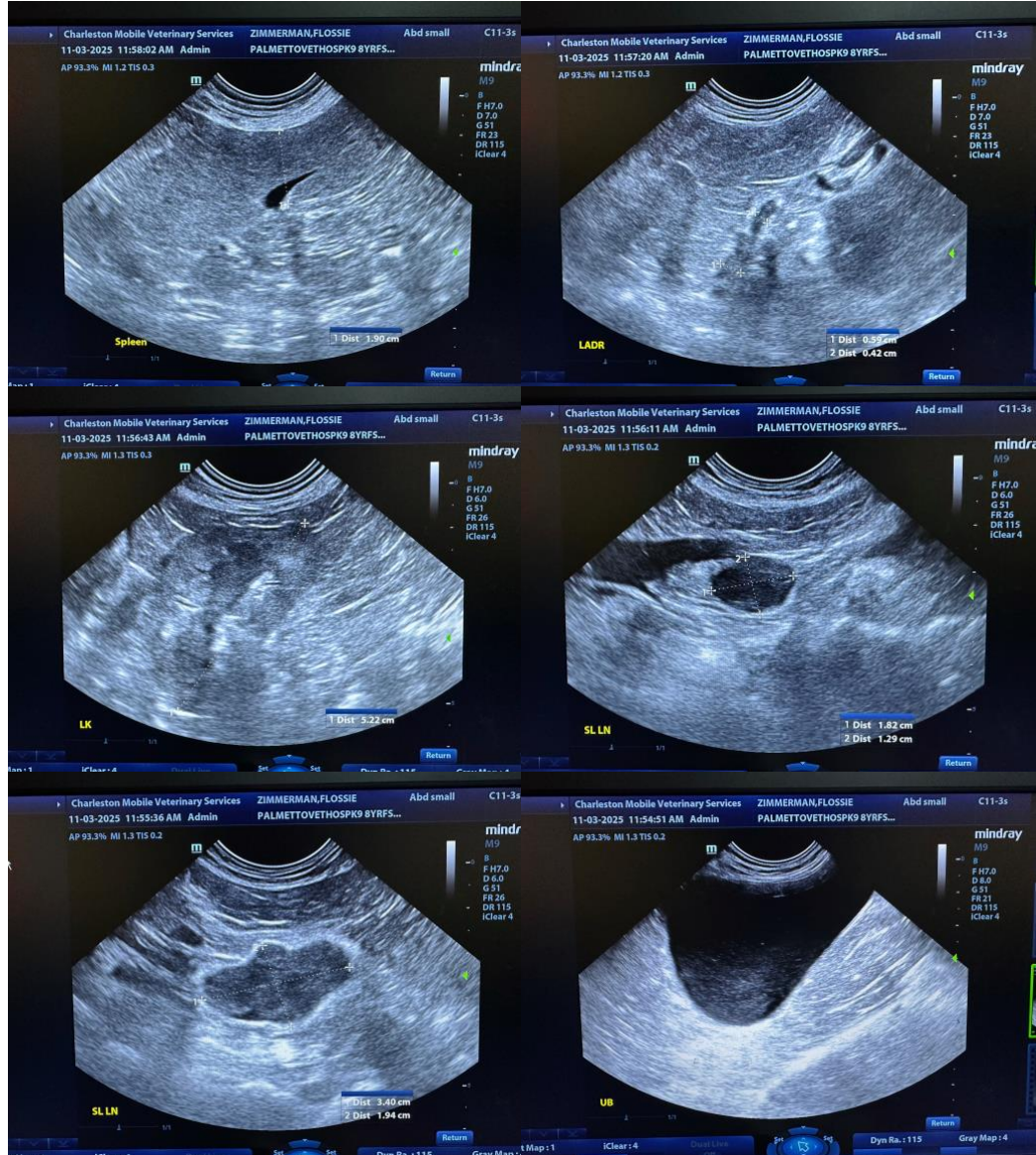
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Nicastrò, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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