



PATIENT

Ty Kuriloff

PRESENTING CLINICAL SIGNS

History: Decreased appetite, weight loss, occasional diarrhea, shallow breathing, chronic decline. Blood work yesterday found moderate regenerative anemia. Current meds: Mirtazapine 15mgs SID. Abnormal PE/Chem/CBC/UA Results: Platelet count 282, HCT 29%, PCV/TP - 29/6.1.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Mixed breed

The urinary bladder is mildly distended with anechoic urine. The wall in the region of the apex is thickened (up to 0.52 cm) with an irregular mucosal surface. The wall tapers to a normal thickness as it extends toward the urinary bladder neck. The region of the trigone and the proximal urethra visible to a depth of at least 2 cm are normal.

SEX

Male, neutered

The prostate is normal in size (0.93 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

11 Yrs.

The left kidney is normal size (6.50 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

64 lbs.

One still image of the right kidney is available for interpretation. The right kidney is normal size (7.11 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is prominent at the cranial pole and normal in size at the caudal pole (1.24 cm at cranial pole) (0.76 cm at caudal pole) (2.73 cm in length). A 1.16 x 1.05 cm hyperechoic nodule is observed at the cranial aspect. The glandular echogenicity and detail at the caudal aspect are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

One still image of the right adrenal gland is available for interpretation. The right adrenal gland is normal size (0.57 cm at cranial pole) (0.69 cm at caudal pole) (1.99 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.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Glen Rock VH

Spleen

A 3.21 x 2.38 cm heterogeneous cavitated mass is observed at the medial aspect. In addition a 1.73 x 1.19 cm hypoechoic to slightly heterogeneous nodule/mass is also observed. Both lesions cause capsular expansion. The remaining parenchyma is slightly mottled in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

REFERRING VET

Dr. Scott Stekler

Liver

The liver is enlarged with irregular peripheral contours. A >10 cm heterogeneous, cavitated mass is observed at the caudal aspect. The mesentery effacing the serosal surface of the mass is hyperechoic. The remaining hepatic parenchyma is homogeneous. Vascular and biliary tracts are of normal volume with no evidence of congestion. 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

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PATIENT bile ducts are normal.

Ty Kuriloff *Gastrointestinal*

SPECIES

Canine

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

BREED

Mixed breed

Pancreas

SEX

Male, neutered

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

AGE

11 Yrs.

Free Abdomen

There is no evidence of free fluid. A 1.95 cm medial iliac lymph node is visualized.

Other

WEIGHT

64 lbs.

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

Pleural effusion.

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(*Small Animal Internal
Medicine*)

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Hepatic and splenic masses. Metastatic neoplasia (i.e., sarcoma, adenocarcinoma, round cell tumor) is considered highly likely.
- Cranial peritonitis is present, likely secondary to the hepatic mass.
- Pleural effusion may be secondary to metastatic disease in the thorax. However, other causes (i.e., cardiac disease/failure) cannot be completely excluded.

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Secondary Findings:

- The bladder wall changes are suggestive of cystitis. However, they may be somewhat artifactual due to lack of full repletion. Correlation with clinical findings is recommended.
- Age-related pancreatic remodeling

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Given the high likelihood of metastatic disease in the abdomen, palliative care is recommended.

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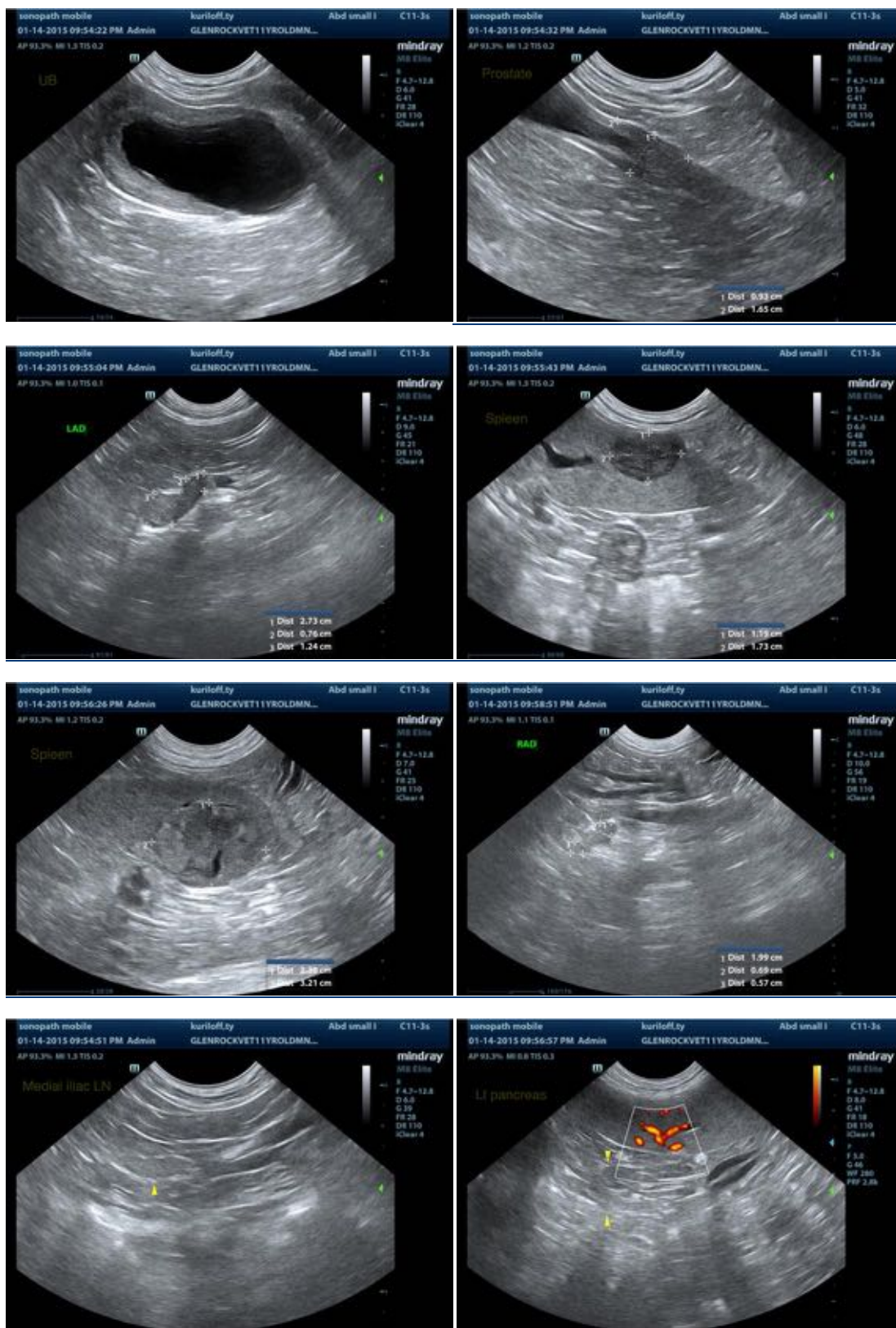
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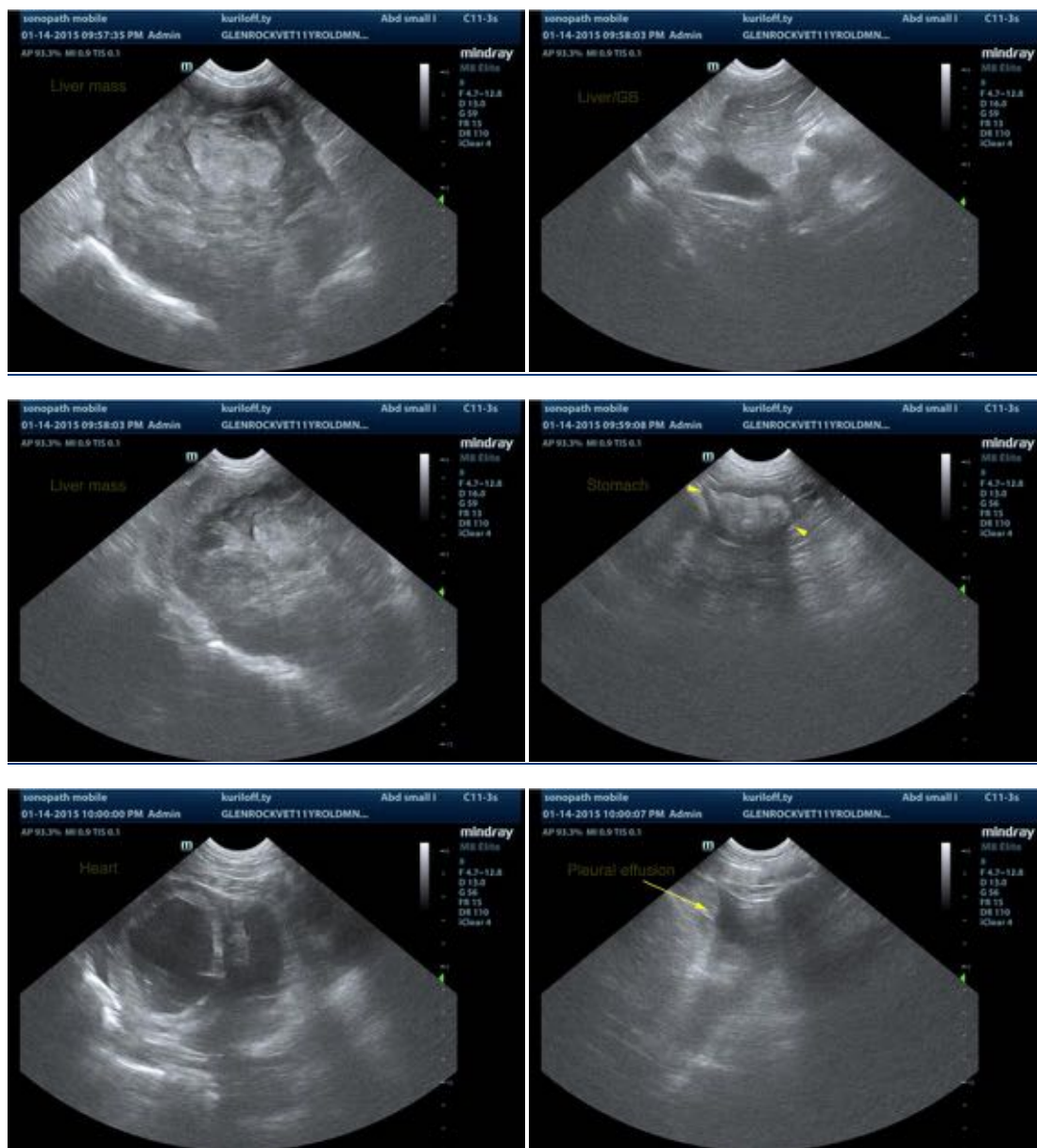
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

Andrea.nicastro@sonopath.com