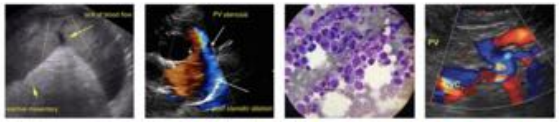
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT
Joy Joy Horres

SPECIES
Canine

BREED
Mix

SEX
Spayed Female

AGE
08/20/2010

WEIGHT
52 lbs

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

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

HOSPITAL NAME
Southside Animal Hospital

REFERRING VET
Kevin Moser

INVOICE
11987

DATE
11.7.22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings:
-Acute onset Cough, Tachypnea, recent increase in respiratory effort
- Hx presumptive pneumonia in right cranial lung lobe treated in August- responded clinically but not brought back for follow-up
- Acute recurrence of cough, resp rate last week - see Radiographic findings

Abnormal lab-work values: GLU 198 (stressed). ALP 888
Current Medications: Clavacillin, Prednisone

Radiographic Findings:
- In August, Rad-review came back as alveolar lung disease in right cranial lobe - presumptive pneumonia (was treated with clavacillin for 1 week to start but did not follow up)
- Last Thursday at southside - Very similar to August radiographs - Right cranial lung lobe alveolar pattern (no rad review)
- CVRC radiographs yesterday (11/6/22) - Mass effect cranial thorax (tracheal deviation much more prominent, lungs appeared clearer, no rad review)
Notes to Specialist (if any)
- Patient had diaphragmatic hernia repaired in 2015 and developed pneumonia post-op in right cranial lung lobe. 2-week Post-op radiographs of pneumonia also showed tracheal deviation.
- O declined CT at CVRC due to cost

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND THORAX

Urinary System

The urinary bladder is mildly to moderately distended with anechoic urine. The wall is diffusely thickened (up to 0.57 cm) with a slightly irregular mucosal surface. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3-4 cm, are normal.

The left kidney is normal size (6.76 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (7.39 cm in length) with a slightly irregular. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A 1.47 cm cortical cyst is observed at the lateral aspect. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

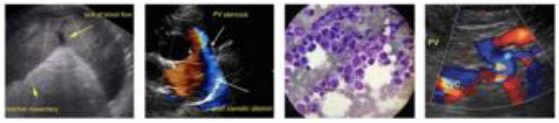
Adrenal Glands

The left adrenal gland is normal size (0.86 cm at cranial pole) (0.78 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.

The right adrenal gland is enlarged (1.81 cm at cranial pole) (8.40 cm at caudal pole), with an irregular shape and a 2.48 x 1.81 cm mass effect at the cranial pole. The mass is mildly heterogenous and invades into the caudal vena cava. Surrounding mesentery is hyperechoic.

Spleen

The spleen is normal in size (2.05 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.



PATIENT

Joy Joy Horres

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

08/20/2010

WEIGHT

52 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Southside Animal Hospital

REFERRING VET

Kevin Moser

INVOICE

11987

DATE

11.7.22

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. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A 0.80 cm cholelith is visualized along with a scant amount of echogenic debris. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is moderately distended with ingesta 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. No obstructive disease is noted.

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.

Free Abdomen

There is no obvious evidence free fluid.
The abdominal lymph nodes are normal/not visible.

Other

An approximately 8.00 cm heterogenous vascular mass is observed in the caudal vena cava (extension from the right adrenal mass). The caudal vena cava distal to the mass is subjectively dilated. Several small, tortuous vessels are observed in the cranial to midabdominal region.

Thorax

The left hemithorax is unremarkable.

In the right cranial hemithorax, a 2.64 x 1.73 cm irregular, slightly heterogenous mass is visualized. No pleural effusion is seen.

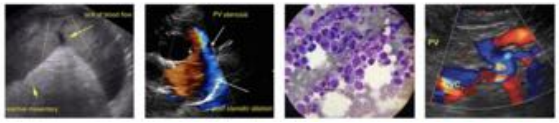
Cursory evaluation of the heart reveals no obvious evidence of pericardial effusion or chamber enlargement. There is no evidence of a heart-based tumor.

ULTRASONOGRAPHIC FINDINGS: ABDOMEN

Primary Findings

- Right adrenal mass with substantial extension/invasion into the caudal vena cava. Neoplasia (i.e., pheochromocytoma, adenoma, other) is suspected. Adjacent peritonitis is present.
- The tortuous vessels within the mid to caudal abdomen likely represent collateral circulation due to obstruction of blood flow in the caudal vena cava.

ULTRASONOGRAPHIC FINDINGS: THORAX:



PATIENT

Joy Joy Horres

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

08/20/2010

WEIGHT

52 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Southside Animal Hospital

REFERRING VET

Kevin Moser

INVOICE

11987

DATE

11.7.22

- Mass in the right hemithorax. Differentials include metastatic disease lesion from the right adrenal tumor, primary pulmonary tumor, collapsed lung lobe, granuloma, other.

Secondary Findings

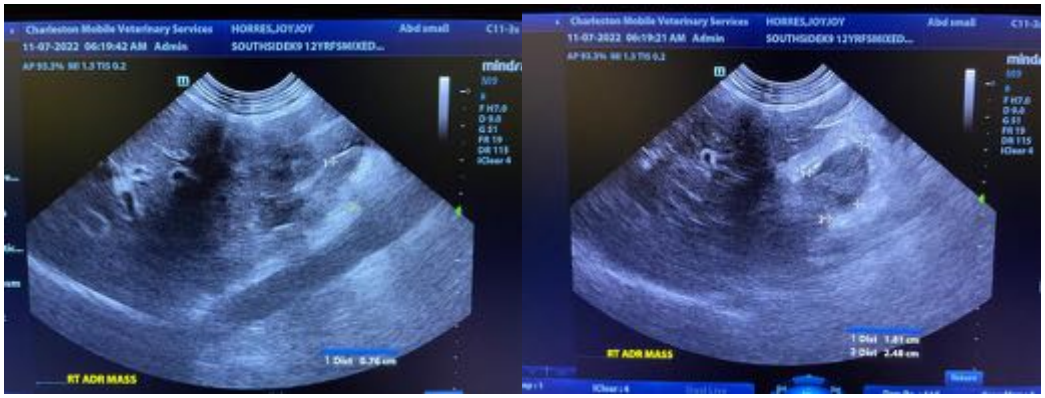
- Urinary bladder wall changes are most consistent with cystitis
- Cholelith - incidental

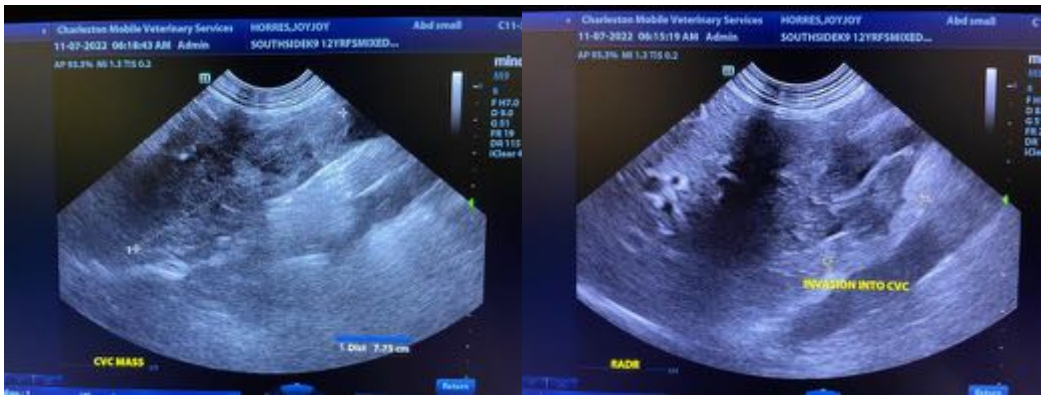
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the presence of the adrenal mass, baseline blood pressure measurement should be considered.

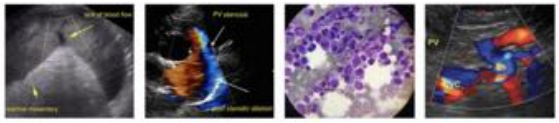
Also consider a urinalysis +/- culture and sensitivity to assess for cystitis.

Due to the likelihood of bicavitary neoplasia, palliative/symptomatic care is recommended.





SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Joy Joy Horres

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE
08/20/2010

WEIGHT
52 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Southside Animal Hospital

REFERRING VET

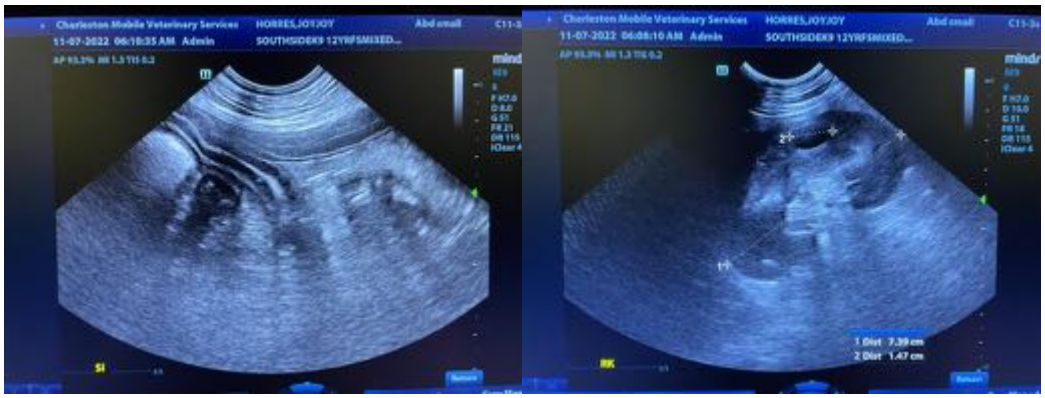
Kevin Moser

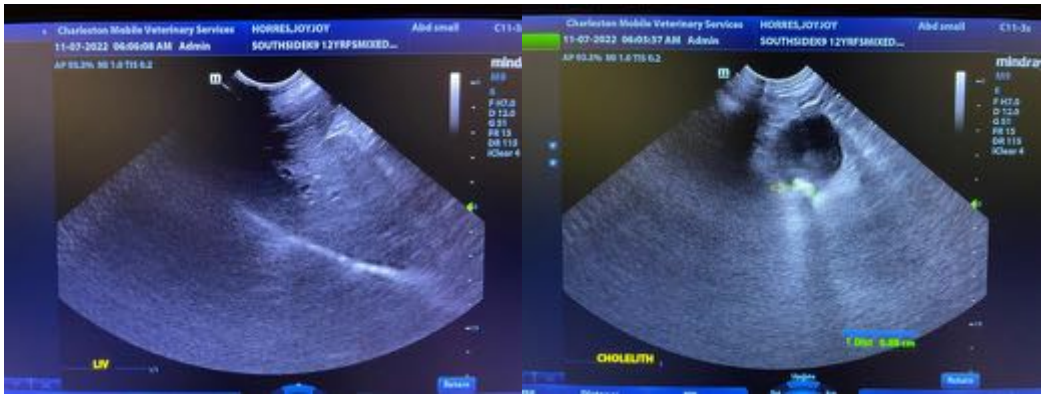
INVOICE

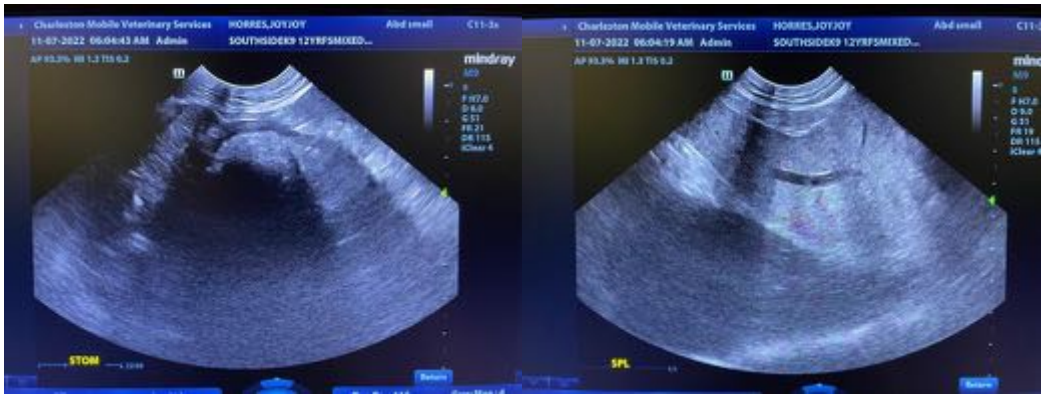
11987

DATE

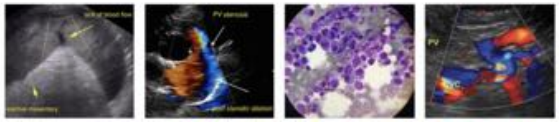
11.7.22







SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Joy Joy Horres

SPECIES

Canine

BREED

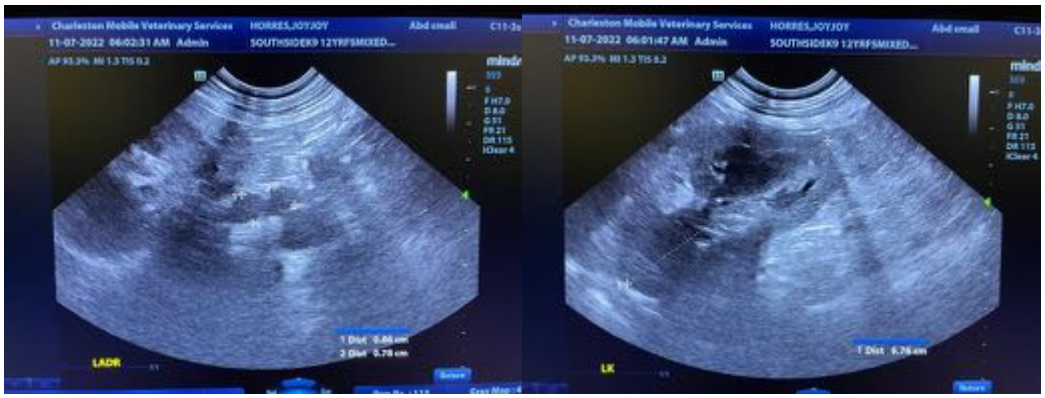
Mix

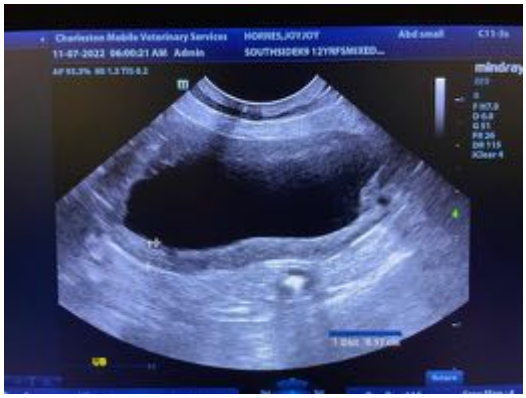
SEX

Spayed Female

AGE
08/20/2010

WEIGHT
52 lbs





INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Southside Animal Hospital

REFERRING VET

Kevin Moser

INVOICE

11987

DATE

11.7.22

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