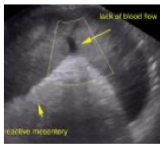
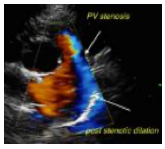
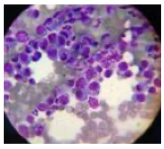
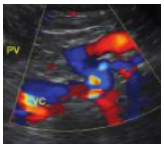
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Pippa Hooper

SPECIES

Canine

BREED

Pointer

SEX

Spayed Female

AGE

11 years

WEIGHT

21.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Williams
Animal Emerg Care

HOSPITAL NAME

Animal Emerg Care

REFERRING VET

Dr. Callihan
Animal Emerg Care

INVOICE

11979

DATE

11.7.22

PRESENTING CLINICAL SIGNS

History: S: 11 yr f/s GSP. Presents for coughing for last 3-4 weeks.
10 days of Doxycycline helped a little at first but at end wasn't really gone. And then seems to be getting worse.
Doxycycline was finished last Monday 6 days ago (Monday Oct 31).
Prior to that she'd had some ongoing diarrhea and was on Metronidazole, which she finished.
Last summer had surgery for Gastric FB (wire brush bristles) which were successfully removed without incident, and she recovered well from this.
Other pertinent history: She had prolonged clotting times, and was bleeding, for unknown reasons -- at 2 yrs of age. Spent 5 days in hospital in Lynnwood and never found the reason but she recovered.
Very reluctant to eat -- they change up diet and get her to eat a few meals maybe, then she stops, and today only would eat one time, small amount. Not drinking today either.
Has not had any vomiting.

Abnormal PE/Chem/CBC/UA Results
3 view radiographs of thorax, lab 17: Lab 17 had completely normal CBC (slight monocyte increase is ONLY change), Lytes and Chem are also very normal.
Rads: Consolidation of right cranial to mid lung lobes is possible, the trachea is being elevated towards the spine abnormally, and there is possible pleural fluid in caudal lung lobes (bilaterally) and possible free fluid in the thorax ventrally.

**Pleural fluid was sampled, spun down and slides prepared; mass effect rostral to heart was FNA'd, submitted slides to lab

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended, echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The **left kidney** is normal size (6.78 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The **right kidney** is normal size (6.53 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

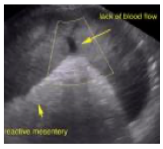
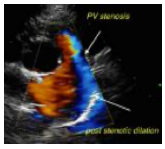
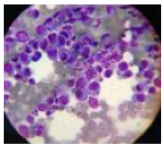
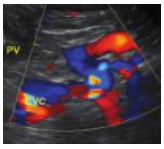
Adrenal Glands

The left adrenal gland is normal size (0.42 cm at cranial pole) (0.53 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 normal size (0.47 cm at cranial pole) (0.52 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.

Spleen

The **spleen** is normal in size (1.64 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

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Pippa Hooper

SPECIES

Canine

BREED

Pointer

SEX

Spayed Female

AGE

11 years

WEIGHT

21.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Williams
Animal Emerg Care

HOSPITAL NAME

Animal Emerg Care

REFERRING VET

Dr. Callihan
Animal Emerg Care

INVOICE

11979

DATE

11.7.22

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. No pathological hepatic lymphadenopathy observed.

The **gall bladder** is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No cholelithsare observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **stomach and intestine** are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with fluid. 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. There is no evidence of an obstructive pattern.

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 evidence of free fluid. A 1.59 cm **lymph node** is observed in the cranial abdomen. The node is normal in shape and echogenicity.

ULTRASONOGRAPHIC EXAMINATION OF THE THORAX

A brief visualization of the thorax reveals a 4.00 cm echogenic mass in the left cranial hemithorax. A >7.00 echogenic mass effect is observed in the right cranial hemithorax. A small amount of pleural effusion is present. The adipose tissue within the cranial thorax is hyperechoic and slightly irregular. Several ringdowns are visualized. There is no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS OF THE THORAX

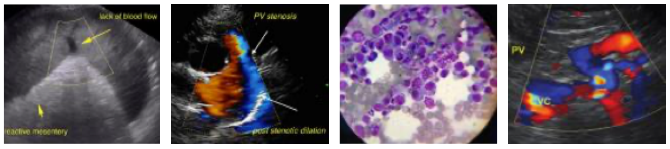
- Bilateral cranial thoracic masses, larger on the right side. Neoplasia (i.e., primary pulmonary tumor, lymphoma, ectopic thyroid tumor, other) is suspected, with a lower possibility of a severe inflammatory process or other pathology.
- The pleural effusion is likely secondary to the mass(es).
- The ringdown lesions are consistent with pulmonary parenchymal disease.

ULTRASONOGRAPHIC FINDINGS OF THE ABDOMEN

- The prominent cranial abdominal lymph node is most likely reactive, with a low possibility of emerging neoplasia.
- Minor, bilateral, age-renal changes

*There is no obvious evidence of neoplasia in the abdomen.

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



PATIENT

Pippa Hooper

SPECIES

Canine

BREED

Pointer

SEX

Spayed Female

AGE

11 years

WEIGHT

21.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Williams
Animal Emerg Care

HOSPITAL NAME

Animal Emerg Care

REFERRING VET

Dr. Callihan
Animal Emerg Care

INVOICE

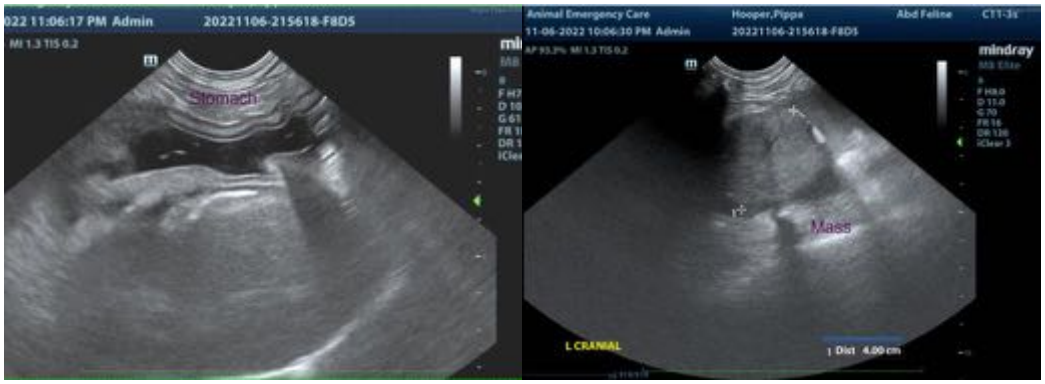
11979

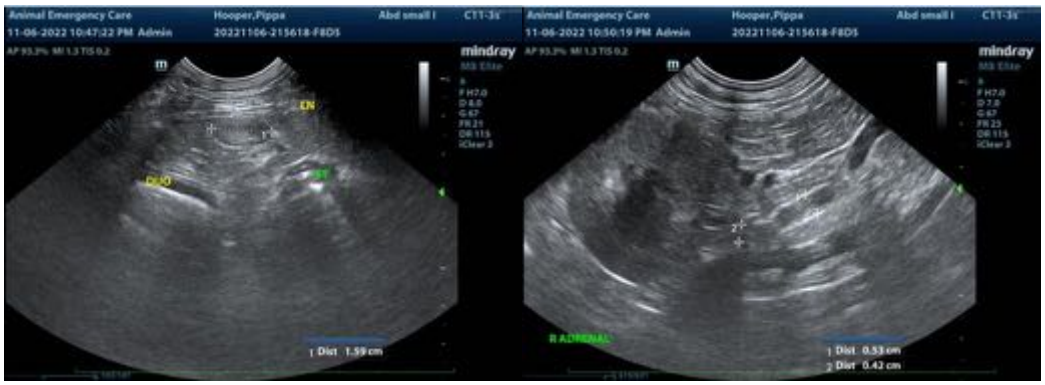
DATE

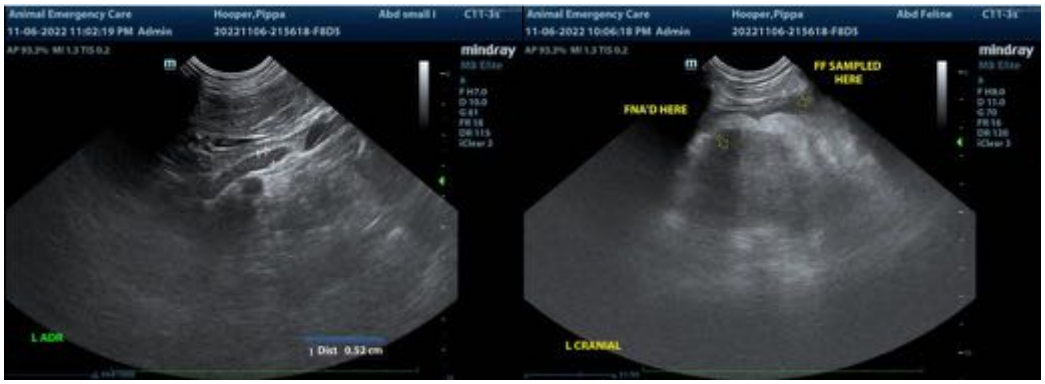
11.7.22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

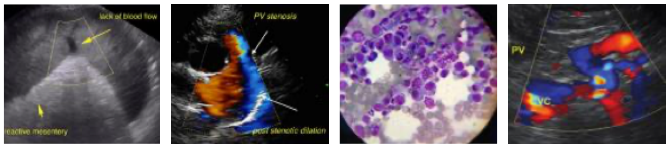
Depending on the cytology results from the thoracic mass, further the diagnostics/treatments (i.e., thoracic CT scan) +/- thoracotomy with surgical removal of the mass, can be considered. Also consider consultation with a board-certified oncologist if neoplasia is confirmed cytologically.







SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Pippa Hooper

SPECIES

Canine

BREED

Pointer

SEX

Spayed Female

AGE

11 years

WEIGHT

21.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Williams
Animal Emerg Care

HOSPITAL NAME

Animal Emerg Care

REFERRING VET

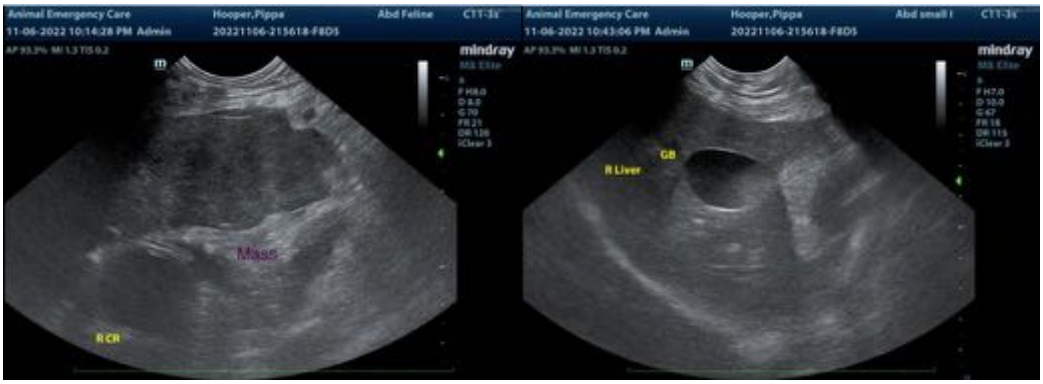
Dr. Callihan
Animal Emerg Care

INVOICE

11979

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