



**PATIENT PRESENTING CLINICAL SIGNS**

Nala Moore History: Recurrent bacteria with no growth on urine culture  
Abnormal PE/Chem/CBC/UA Results: Hematuria 3+, Proteinuria 2+

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE**

Canine **Urinary System**

**BREED** The urinary bladder is moderately distended. The wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

**SEX** The left kidney is severely enlarged and irregular with a heterogeneous mass effect (>9.0) obliterating most of the renal architecture. Foci of mineralization are observed within the mass. The mass appears to be invading into the proximal ureter.  
Spayed Female

**AGE** The right kidney presented normal size (7.08 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. Renal vasculature is normal.  
12.5 Years

**WEIGHT** **Adrenal Glands**  
65 Pounds The region of the left adrenal gland is obscured by the large left renal mass.

**INTERPRETED BY** The right adrenal gland is enlarged (1.37 cm at cranial pole) (1.24 cm at caudal pole) (2.77 cm in length); with a slightly irregular shape. The parenchyma is heterogeneous with loss of glandular detail. Surrounding vasculature appears normal.  
Andrea Nicastro, DVM,  
Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**IMAGING PERFORMED BY** **Spleen**  
Loetitia Saint-Jacques, RVT The spleen is normal in size (2.27 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.

**HOSPITAL NAME** **Liver**

Sierra PC 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.

**REFERRING VET** The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.  
Dr. Swalander

**INVOICE** **Gastrointestinal**

13014

**DATE**

12/11/21



**PATIENT** The gastric lumen is moderately 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. No obstructive or overt infiltrative disease is noted.

Nala Moore

**SPECIES**

Canine

***Pancreas***

**BREED**

Lab

***Free Abdomen***

**SEX**

Spayed Female

There is no evidence of free fluid. A few prominent to enlarged lymph nodes are observed in the sublumbar region, the largest measuring 2.51 cm x 1.55 cm. This node is irregular, heterogeneous and slightly cavitated in appearance.

**AGE**

12.5 Years

***Other***

A uterine stump is visible (0.64 cm in width). No obvious pathology is observed.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

65 Pounds

**Primary Findings**

- Left renal mass effect. Neoplasia (i.e., adenocarcinoma, lymphoma) is considered likely with a low possibility of benign pathology. The mass appears to extend into the proximal urethra.
- The prominent caudal abdominal lymph nodes could be consistent with infiltrative neoplasia, reactive lymphadenitis or lymphoid hyperplasia.

**Secondary Findings**

- The bladder all changes could be consistent with cystitis. Correlation with clinical findings is recommended.
- Right adrenomegaly. Differentials include hyperplasia or emerging neoplasia.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the left kidney can be considered if clotting status and blood pressure are normal. A 25-gauge needle should be used. If cytologic evaluation is inconclusive and an aggressive approach is desired, consider referral to a board-certified surgeon to discuss a left nephrectomy. An abdominal CT scan would be useful in presurgical planning, particularly to determine if there is left adrenal gland and/or vascular invasion by the renal mass.

**INTERPRETED BY**

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Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

Sierra PC

**REFERRING VET**

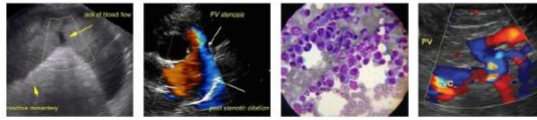
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**PATIENT**

Nala Moore

- Baseline lab work, including a CBC/chemistry panel and T4 should be performed prior to any invasive procedures, particularly to assess renal function.

**SPECIES**

Canine

**BREED**

Lab

**SEX**

Spayed Female

**AGE**

12.5 Years

**WEIGHT**

65 Pounds

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**IMAGING PERFORMED BY**

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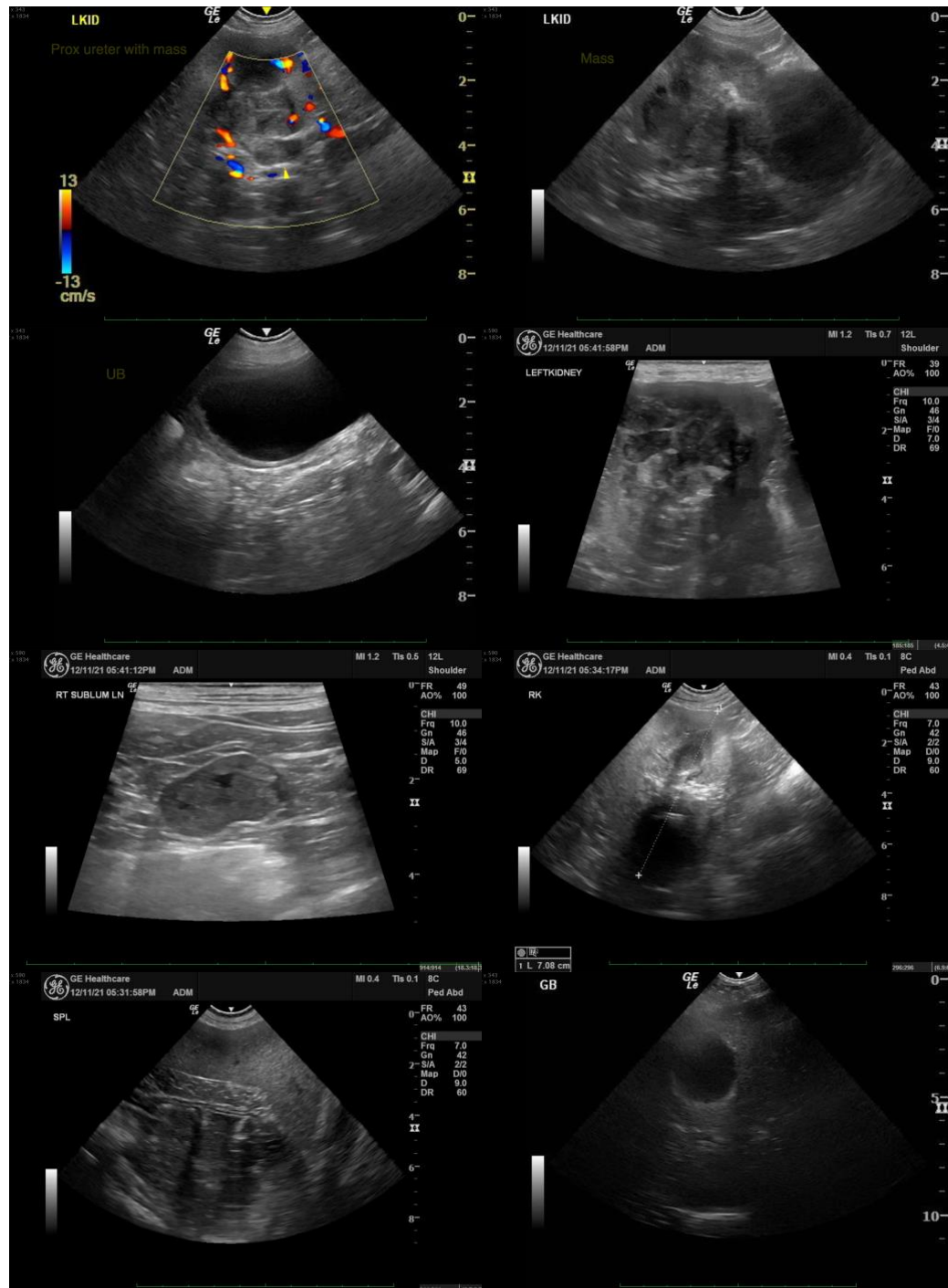
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**PATIENT**

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**SPECIES**

Canine

**BREED**

Lab

**SEX**

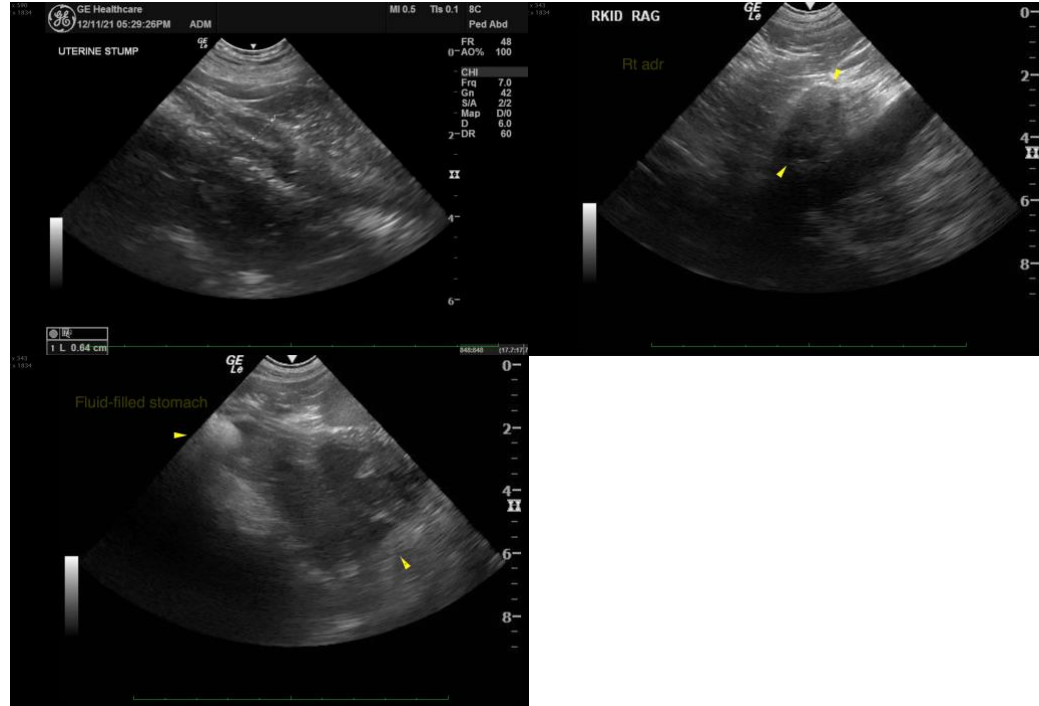
Spayed Female

**AGE**

12.5 Years

**WEIGHT**

65 Pounds



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.

**INTERPRETED BY**

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

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\_nicastro2@hotmail.com

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Loetitia Saint-Jacques, RVT

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