



PATIENT

Lucy Loo Quirt

SPECIES

Canine

BREED

English Setter

SEX

Spayed Female

AGE

10 Years

WEIGHT

51.2 Lbs.

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

**IMAGING
PERFORMED BY**

Dr. Lynette Reyes

HOSPITAL NAME

Chain of Lakes

REFERRING VET

Dr. Lynette Reyes

INVOICE

13076

DATE

12/16/21

PRESENTING CLINICAL SIGNS

History: Pet presented in September for annual exam, weight loss was noticed but owner didn't have any concerns at that time. Then pet came back on Monday for vaccines boosters and more weight loss was noticed. They moved a year ago from Wisconsin to Florida. Owner stated that pet will go hunting for truffles with her dad. On PE slightly effort was noticed during breathing, more pronounced during expiration. There is one lesion on tip of tail and one small lesion on face. Rest WNL. Chest radiographs were done and multiples nodules were found in her chest, biggest measures 4 cm. Abnormal PE/Chem/CBC/UA Results: WNL Blastomycosis pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. The wall is normal in thickness. The mucosal surface is slightly irregular in the region of the apex. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney presented normal size (7.07 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 hydronephrosis.

The right kidney is enlarged (> 8 cm) and irregular with a heterogeneous slightly cavitated, vascular and lobulated mass effect obliterating most of the normal renal architecture. In the more normal appearing caudal pole, there is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. The mesentery surrounding the kidney is hyperechoic.

Adrenal Glands

The left adrenal gland is normal size (0.45 cm at cranial pole) (0.66 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 not definitively visualized. The region is obscured by the large right renal mass.

Spleen

The spleen is normal in size (1.44 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 prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. A few small ill-defined hyperechoic areas are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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.

Gastrointestinal



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The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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.

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

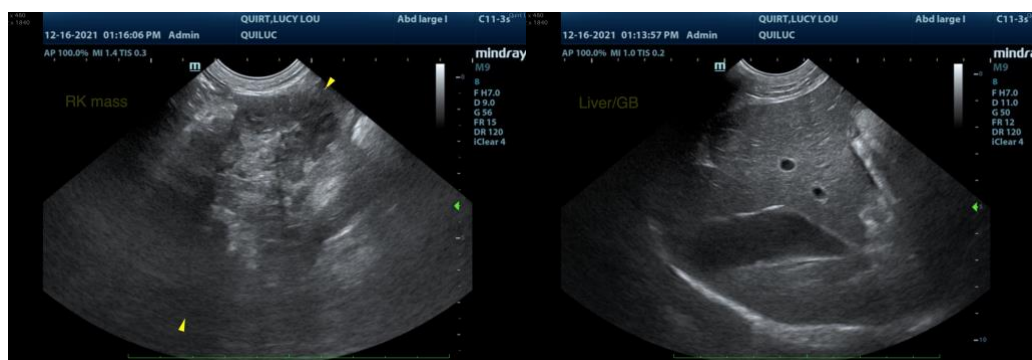
There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- Right renal mass effect. Neoplasia (i.e., adenocarcinoma, lymphoma) is considered likely with a lower possibility of a severe inflammatory process (i.e., pyogranulomatous) or other benign process.
- Regional peritonitis is present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine needle aspirate of the right renal mass if clotting status and blood pressure are normal. Care should be taken to avoid any cavitated regions. If cytologic evaluation is inconclusive, a right nephrectomy with submission of the kidney for histopathology may be necessary to get a definitive diagnosis. If surgery is pursued, referral to a board-certified surgeon is recommended due to the potential for perioperative complications. An abdominal CT scan would be useful in presurgical planning. If a conservative approach is desired, palliative care is recommended.





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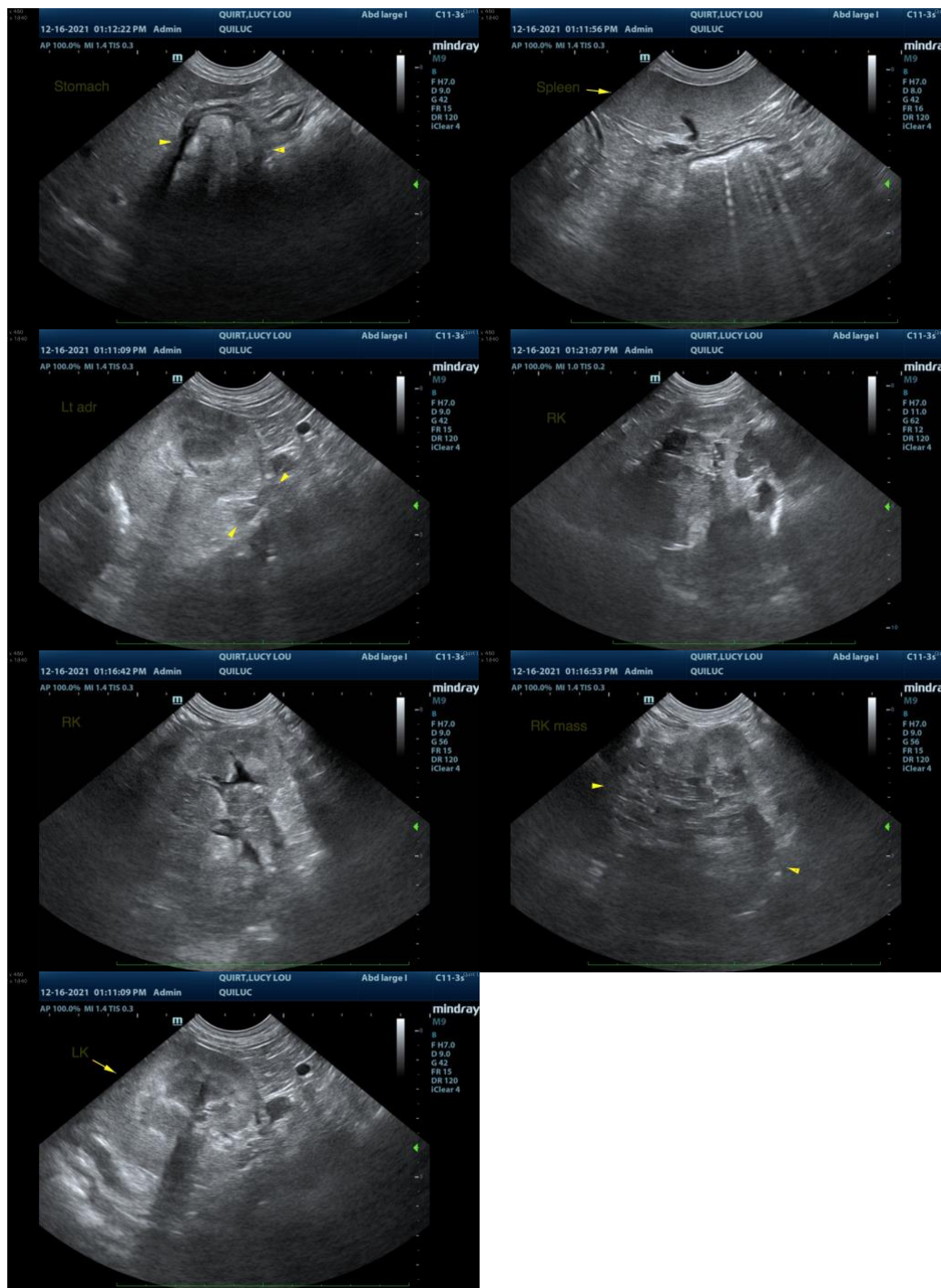
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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info@SonoPath.com

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