



**PATIENT**

Kiki Nalley

**SPECIES**

Canine

**BREED**

Lab Retriever

**SEX**

Spayed Female

**AGE**

6/30/2010

**WEIGHT**

39 kg

**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**

Flowertown AH

**REFERRING VET**

Dr. Kline

**INVOICE**

10459

**DATE**

2/25/22

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings:

Overall Health and Body score -- 6/9, Anxious Hydration: Appears well hydrated  
 Eyes -- Normal OU. No ocular discharge noted  
 Ears -- Normal AU. No discharge noted  
 Oral cavity -- mm: pink CRT < 2 seconds. Mild dental calculus (Grade 1/3)  
 Integument-- Haircoat is smooth and shiny. No dermal lesions noted. No ectoparasites appreciated.  
 ~0.5x0.5x0.5cm firm mass over right lateral hock. ~1.5x1.5x1.5cm soft, subcutaneous mass in the right caudo-ventral abdomen.  
 Lymphatics -- Submandibular and popliteal lymph nodes are unremarkable. Prescapular, axillary or inguinal lymph nodes are not palpable  
 Cardiovascular -- Normal sinus rhythm. No murmur, no arrhythmia auscultated. Pulses are strong and synchronous.  
 Respiratory -- No nasal discharge observed. Eupenic. Normal bronchovesicular sounds in all quadrants.  
 Abdominal -- Soft and non-painful abdomen. No palpable masses or organomegaly  
 Urogenital -- Normal  
 Musculoskeletal -- Ambulatory x 4. No apparent lameness  
 Neurologic -- No obvious neurological deficits. A full neuro exam was not performed.  
 Pain Assessment (Ranked 0-4) -- 0

**ASSESSMENT:**

- ~1.5x1.5x1.5cm soft, subcutaneous mass in the right caudo-ventral abdomen: Suspected lipoma
  - ~0.5x0.5x0.5cm firm mass over right lateral hock: benign vs malignant
  - Situational anxiety
- Medical Hx: Healthy

**PLAN:** Blood was drawn from the right cephalic vein for a Senior Profile and sent to Antech  
 Urine was collect via free-catch and sent to Antech for a Urinalysis  
 FNA ~0.5x0.5x0.5cm firm mass over right lateral hock- Debris on FNA. Discussed that removal vs repeat FNA in the future. Owner elected to monitor  
 ~1.5x1.5x1.5cm soft, subcutaneous mass in the right caudo-ventral abdomen: Suspected lipoma  
 Emailed owner a DJD hand-out  
 Discussed removal of both masses vs monitoring. Owner elected to monitor both and will contact us if any change in size, shape or texture is noted.  
 Discussed situational anxiety and recommended using both Trazodone and Gabapentin for stressful events. Told owner to contact us if medications do not appear effective.

**ABNORMAL Labwork Values:** Mildly decreased TT4 - sent out thyroid panel to MSU, struvite crystals and alkuria.

**Current Medications:** Levothyroxine 0.7mg BID, Composure Pro PRN, Cosequin SID, Fishoil SID, Glandex SID, Trazodone & Gabapentin PRN

**Radiographic Findings:** Emailing 6 images.  
 Multiple radiographs of the abdomen are submitted for review. The stomach contains a mild amount of soft tissue opacity material consistent with food. The small intestines are within normal limits. Formed stool is noted in the colon. The tail of the spleen is subjectively normal in size but has a mildly nodular serosal margin. The liver is subjectively normal in size and shape. The renal silhouettes and urinary bladder are normal. Serosal detail in the abdomen is normal. Moderate spondylitis deformans



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is noted throughout the lumbar spine. The coxofemoral joints appear within normal limits. No definitive abnormalities are seen in the visible portion of the caudal thorax.

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**Radiographic Conclusions/Recommendations:**

The mildly nodular serosal margins associated with the tail of the spleen is a nonspecific finding and could be associated with incidental lymphoid hyperplasia, extra medullary hematopoiesis, inflammation, or less likely infiltrative disease. Otherwise radiographically normal postprandial abdomen.

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An abdominal ultrasound could be considered for further evaluation.

**SEX**

Fine Needle Aspirates: Client approved Sedation and FNA Consent

Spayed Female

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

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**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1 cm, are normal.

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The left kidney is normal size (7.26 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. Renal vasculature is normal.

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The right kidney is normal size (7.64 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. Renal vasculature is normal.

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**Adrenal Glands**

The left adrenal gland is normal size (0.59 cm at cranial pole) (0.62 cm at caudal pole) (2.38 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.

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The right adrenal gland is normal size (1.03 cm at cranial pole) (0.81 cm at caudal pole) (3.58 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.

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**Spleen**

The spleen is normal in size (1.83 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is slightly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

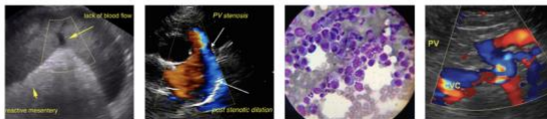
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**Liver**

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The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated echogenic to mineralized partially dependent debris/sludge is observed at within the lumen. The cystic and common bile ducts are normal.

**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with gas and chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are 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.

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**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

**Other**

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

**ULTRASONOGRAPHIC FINDINGS**

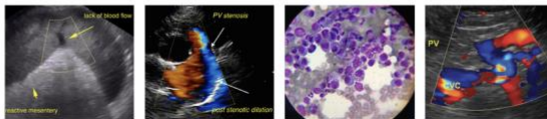
**Primary Findings**

- The splenic parenchymal changes are non-specific and trend toward the benign (i.e., lymphoid hyperplasia or extramedullary hematopoiesis) with a lower possibility of emerging neoplasia (i.e., lymphoma).

**Secondary Findings**

- Mineralized gall bladder sludge, non-mucocele
- Minor geriatric hepatic and renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**



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- Given the crystalluria, consider a prescription urinary diet and serial monitoring of the patient's urinalyses.

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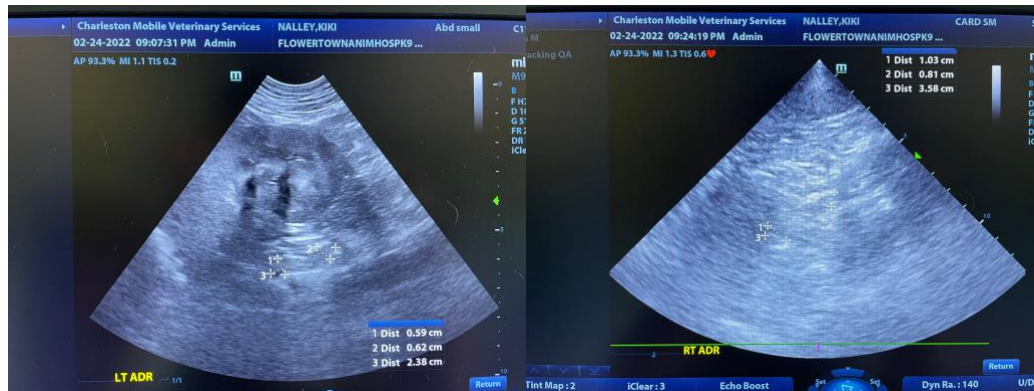
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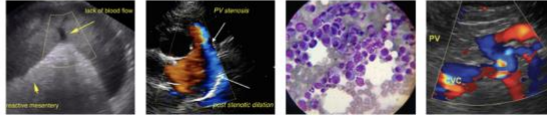
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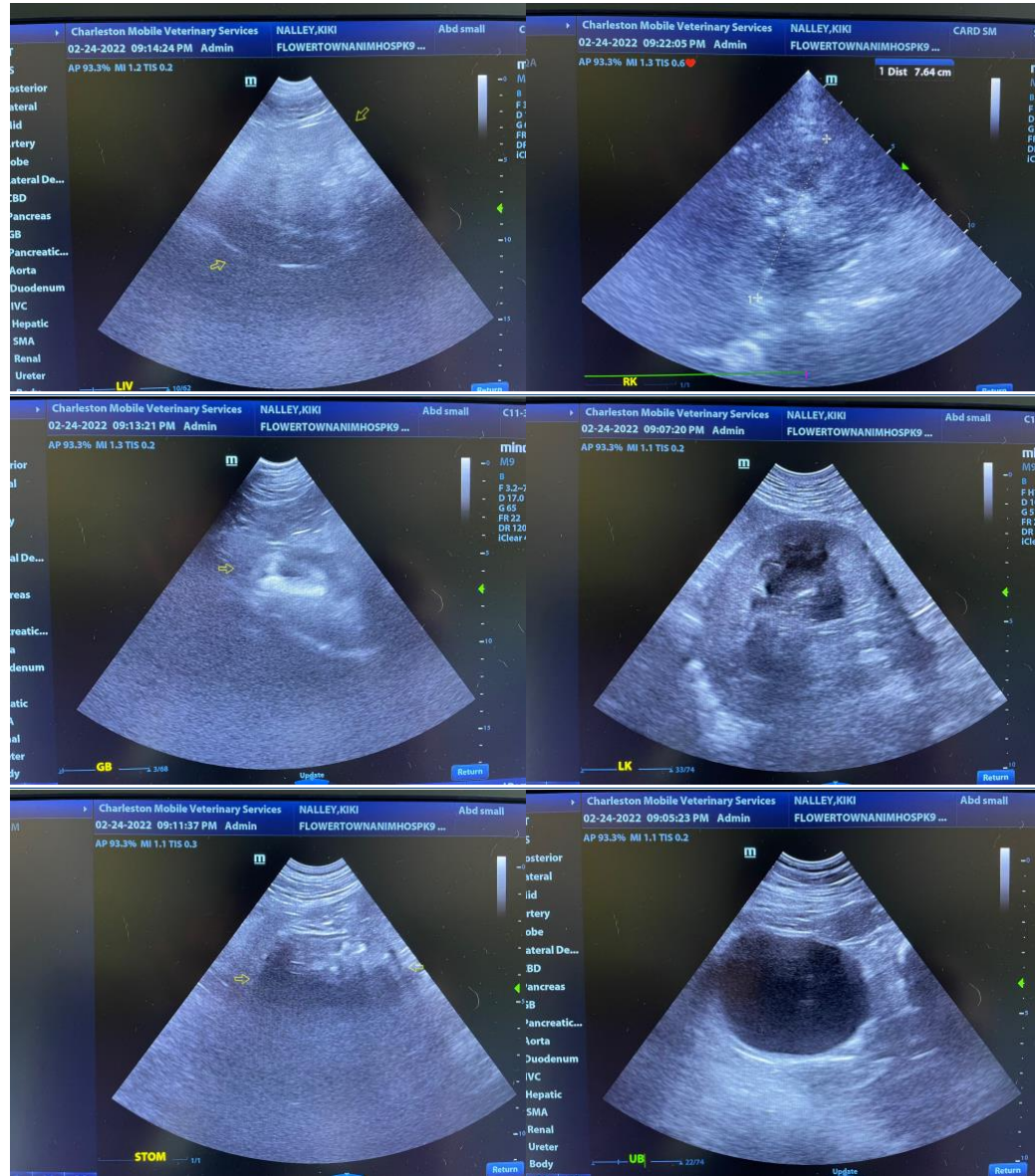
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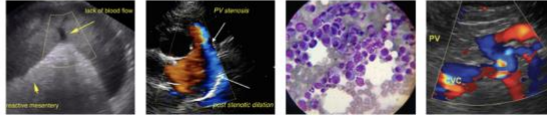
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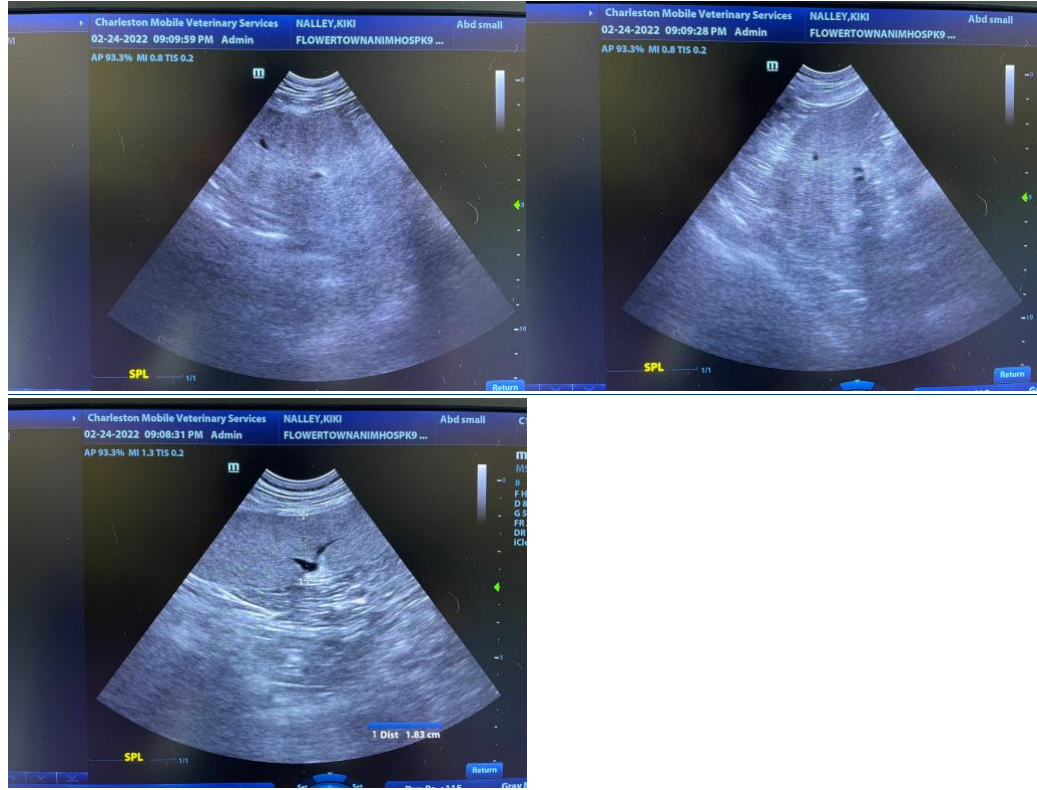
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
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