



PATIENT

Molly Thompson

SPECIES

Canine

BREED

Lab

SEX

Spayed Female

AGE

12 years

WEIGHT

34 kg

PRESENTING CLINICAL SIGNS

History/Clinical Exam Findings:

PE:

Mentation: Bright, alert and responsive.

Hydration: 3-5% dehydrated

Eyes, Ears, Nose: No ocular discharge OU; no nasal discharge and airflow present bilaterally; mild debris AU; no significant abnormalities noted

Oral Cavity: Grade 1/4 periodontal disease; mucous membranes are pink and moist; CRT 2 sec; no evidence of petechiation or ulceration; no foreign object or mass appreciated

Cardiovascular: Tachycardia noted, pulses were strong and synchronous.

Respiratory: Panting but eupnea, normal bronchovesicular sounds on all lung fields, no cough elicited on tracheal palpation

Neurologic: PLR (direct & consensual) positive OU, tetraparesis, stands with assistance but generally weak

Gastrointestinal/Urogenital: Soft and non-painful abdomen, large soft urinary bladder on palpation

Rectal: Normal stool color and consistency with no mass or foreign material evident; anal glands soft and small, not expressed

Peripheral Lymph Nodes: Small, soft, smooth, and symmetrical

Integument: Hair coat in good condition for age and breed, no ectoparasites or dermatitis noted, mild dorsal scale

Musculoskeletal: BCS 7/9, adequate musculature, tetraparesis, no obvious orthopedic abnormality

Abnormal Labwork Values

Molly is a 12 years Female Spayed Labrador Retriever that presents as a direct transfer for tetraparesis, azotemia, hyperphosphatemia, and hyperkalemia.

INTERPRETED BY

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

Diagnosis: Tetraparesis, Azotemia, hyperphosphatemia, hyperkalemia

Historical vestibular signs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

IMAGING PERFORMED BY

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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 distended. A small amount of echogenic debris is observed within the lumen, some of which is gravity dependent and some of which is suspended. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

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The left kidney is normal in size (6.41 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild to moderate pyelectasia is present (0.42 cm in the longitudinal plane.) There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

REFERRING VET

Dr. Graham

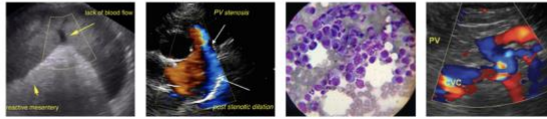
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10558

The right kidney is normal in size (6.11 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few small, nonobstructive nephroliths are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

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Adrenal Glands

The left adrenal gland is normal in size (0.69 cm at cranial pole) (0.71 cm at caudal pole); (2.90 cm in length); with a normal shape and smooth peripheral contours. A 0.49 x 0.48 cm hyperechoic nodule is observed at the caudal pole. The remaining glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (1.27 cm at cranial pole) (0.66 cm at caudal pole) (2.64 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.

Spleen

The spleen is overall normal in size, with slightly irregular peripheral contours. A 3.42 x 2.34 cm isoechoic to heterogenous mass is observed. The lesion causes mild capsular expansion. The remainder of the parenchyma is homogenous. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

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

Gastrointestinal

The gastric lumen is moderately distended with ingesta. 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 segmentally distended 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 colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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.



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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Splenic mass. Neoplasia (i.e., sarcoma, round cell tumor), is considered likely with a lower possibility of benign pathology.
- Bilateral nonspecific degenerative renal changes with dystrophic mineralization and right nonobstructive nephroliths.

Secondary Findings

- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The left adrenal nodule trends toward the benign (i.e., nodular hyperplasia), with a lower possibility of emerging neoplasia.
- The urinary bladder debris could be consistent with cells, crystals and/or exfoliated material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Supportive care for renal failure is recommended, including fluid therapy, gastric protectants, antiemetics (as needed), +/- broad-spectrum antibiotic therapy, if indicated.
- Diagnostic considerations include the following:
 1. Urine culture and sensitivity
 2. UPC (if proteinuria is present)
 3. Baseline blood pressure measurement
- Regarding the splenic mass, consider the following:
 1. Three-view thoracic radiographs to assess for pulmonary metastatic disease
 2. Fine-needle aspirate of the mass if clotting status is appropriate. A 25-gauge needle should be used.
 3. Baseline blood pressure measurement
- If neoplasia is diagnosed, and the patient's renal disease can be stabilized, a splenectomy with submission of the spleen for histopathology may be warranted. If surgery is pursued, a liver biopsy is also recommended to assess for micro-metastatic disease.



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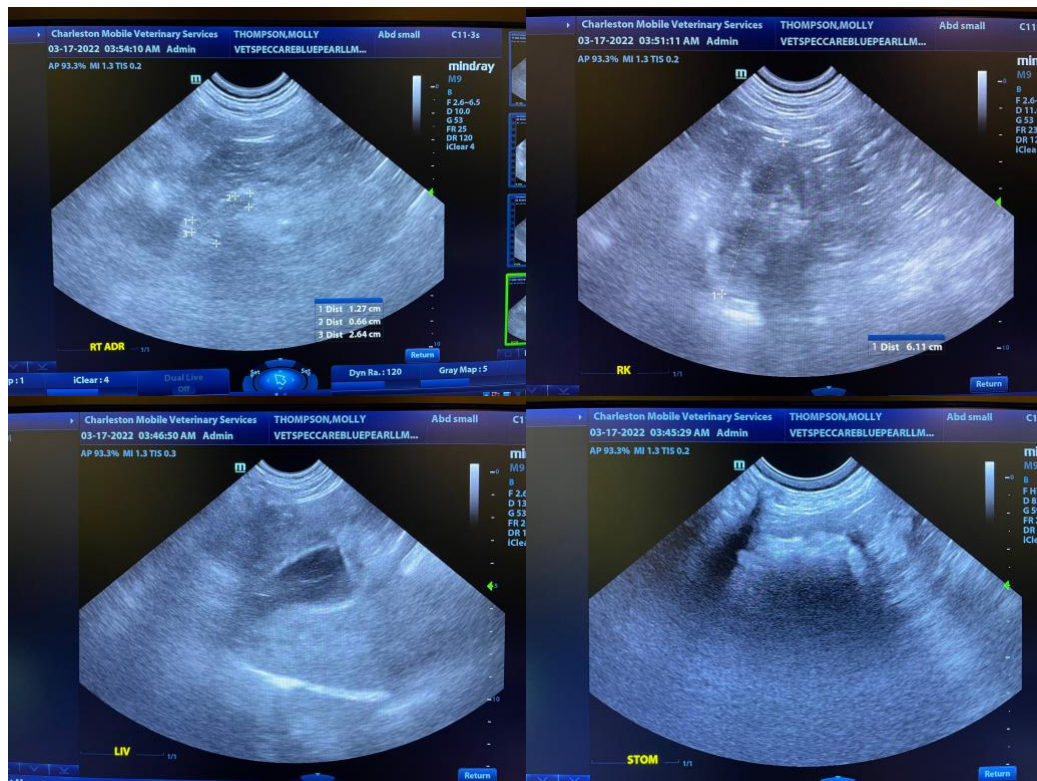
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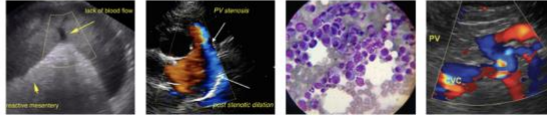
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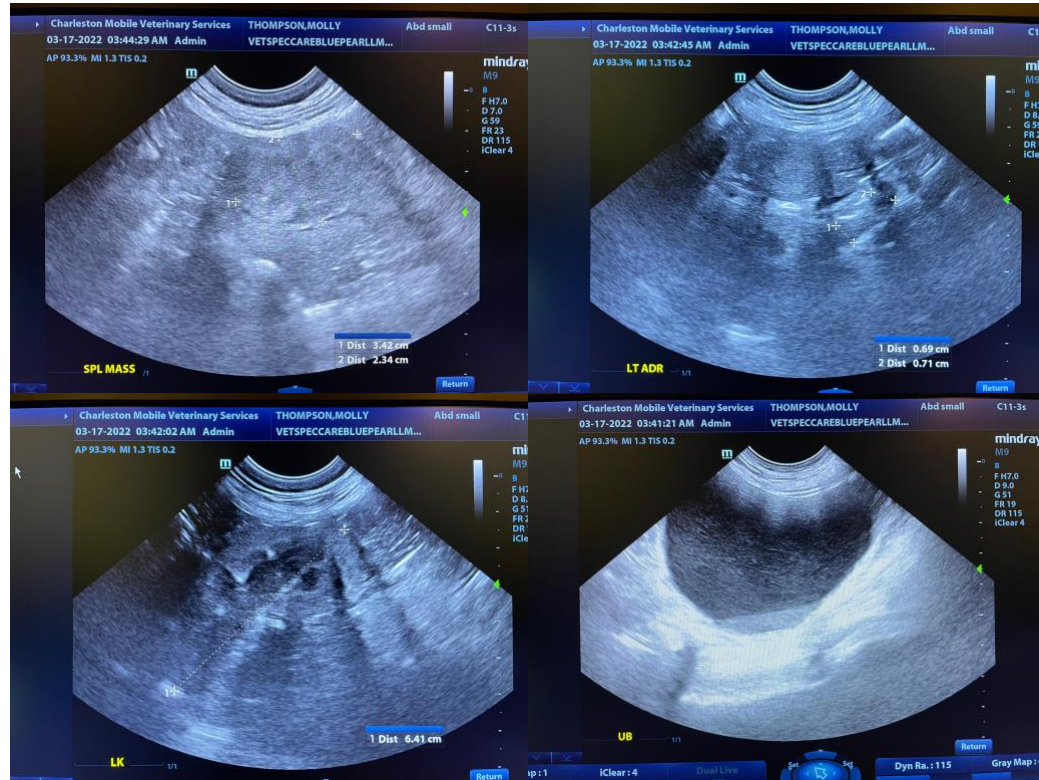
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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