

PATIENT

Hallinan Brooks

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

7 years

WEIGHT

65 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Tahoe Integrative
Care

REFERRING VET

Dr Wendy Robinson

INVOICE

12733

DATE

4.10.23

PRESENTING CLINICAL SIGNS

History: Hal does have a history of a sensitive stomach and he is prone to diarrhea episodes with any dietary indiscretion. Another RDVM thought they may have felt an enlarged or splenic mass. Owner is interested in AUS to evaluate for a mass and overall health

Abnormal PE/Chem/CBC/UA Results: Lab-work (Chem/CBC/UA) performed on 3-30-23 was all normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The prostate is normal in size (1.18 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (6.73 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (7.15 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.78 cm at cranial pole) (0.89 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

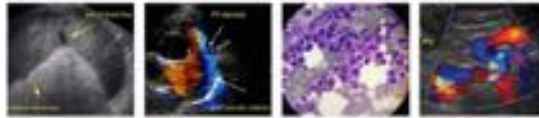
The right adrenal gland is in normal size (0.72 cm at cranial pole) (0.57 cm at caudal pole) (2.93 cm in length) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in size (1.63 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is subtly mottled in appearance. A 1.63 cm mildly heterogenous nodule is observed at the cranolateral aspect. In addition, a 1.20 cm isoechoic to slightly heterogenous nodule is observed approximately mid-spleen, at the lateral aspect. 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 and subtly mottled in appearance, with a few small, ill-defined



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Hallinan Brooks hypoechoic nodules/areas. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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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/not seen.

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Gastrointestinal

The lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. 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 ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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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

There is no obvious evidence of free fluid. A few prominent mesenteric lymph nodes are visualized (the largest measuring 2.55 cm in length). The nodes are normal in shape and echogenicity. Surrounding mesentery is slightly hyperechoic.

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Other

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

ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- The splenic parenchymal changes, including the nodules, could be consistent with emerging neoplasia or benign foci (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, or similar).

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Secondary Findings

- The mild left adrenomegaly may be a normal variant for this patient or may represent early hyperplastic change.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.aa-al
- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

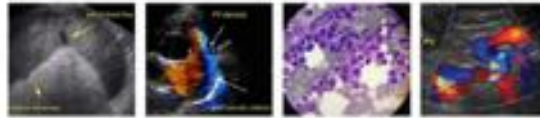
- Consider fine-needle aspirates of the spleen (if clotting status is appropriate) with particularly attention to the nodules. Twenty-five gauge-needles should be used. If the cytology results are inconclusive, consider a repeat ultrasound in 4-6 weeks to assess for progression or splenectomy with submission of the spleen for histopathology.

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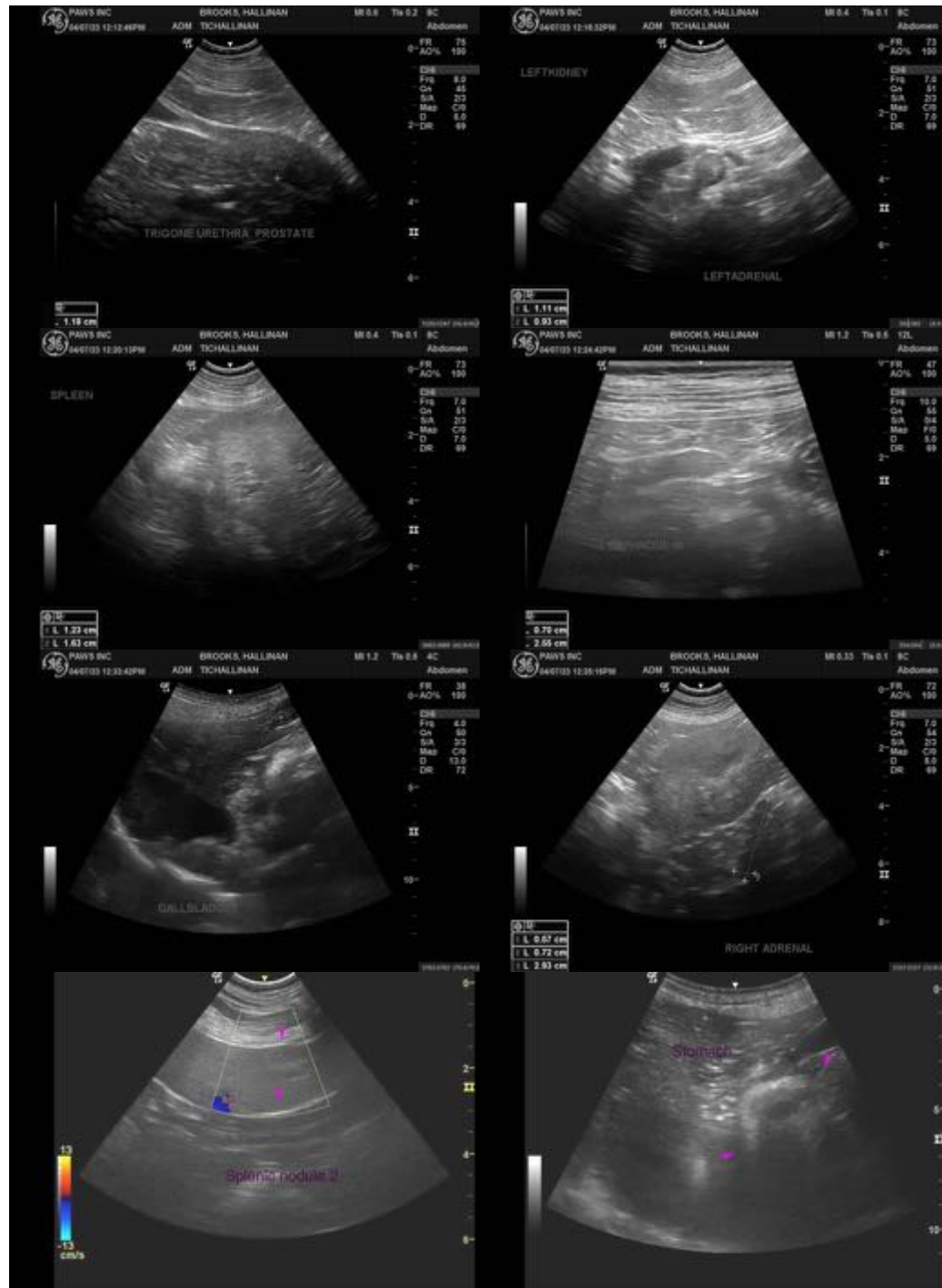
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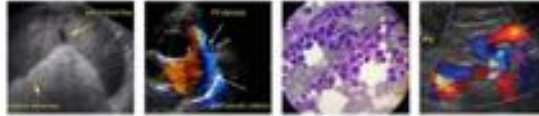
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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