



PATIENT

Korra Curtis

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

7 Years

WEIGHT

93.8 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jenna Walsh, CVT

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr. Powers

DATE

5/3/23

INVOICE

22301

PRESENTING CLINICAL SIGNS

History: Progressive lethargy and panting since August 2022 when P was diagnosed with a gingival squamous cell carcinoma via punch biopsy with histopathology. P was treated palliatively with Vetprofen while monitoring QOL, and the gingival mass eventually fell off and/or seemed to resolve on its own as of January 2023. The panting and lethargy have continued and seem to be worsening recently. Appetite and drinking are normal. No coughing, vomiting, or diarrhea. No crackles/wheezes ausculted. No heart murmur. CBC/chem/T4/UA/fecal/Accuplex all WNL in January 2023 Current Medications Vetprofen 75mg BID, Cytopoint Radiographic Findings Thoracic RG pending Primary Question/Differential to Be Answered in This Exam Cause of progressive lethargy and panting. Check for metastasis from gingival squamous cell carcinoma.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The urinary bladder wall is 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 2 cm, are normal.

The left kidney presented normal size (6.90 cm in length); normal shape and architecture with 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 hydronephrosis. Renal vasculature is normal.

The right kidney presented normal size (7.93 cm in length); normal shape and architecture with 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.63 cm at cranial pole) (0.62 cm at caudal pole) (2.70 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.

The right adrenal gland is normal size (1.38 cm at cranial pole) (0.80 cm at caudal pole) (2.63 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 normal in size (2.11 cm) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver



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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.

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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.

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Gastrointestinal

The gastric lumen is not distended. 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 colonic wall is 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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

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Lymph Nodes

The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

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Unremarkable abdomen. There is no obvious evidence of metastatic disease in the abdomen. An obvious cause for the patient's clinical signs is not identified in the study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three view thoracic radiographs are recommended (if not already performed) to assess for pulmonary metastatic disease and other occult disease in the chest.
- Baseline lab work, including a CBC/chemistry panel, urinalysis and T4 is also recommended to assess for underlying metabolic disease.
- Also consider orthopedic and neurologic examinations to assess for nonmetabolic causes for the patient's clinical signs.

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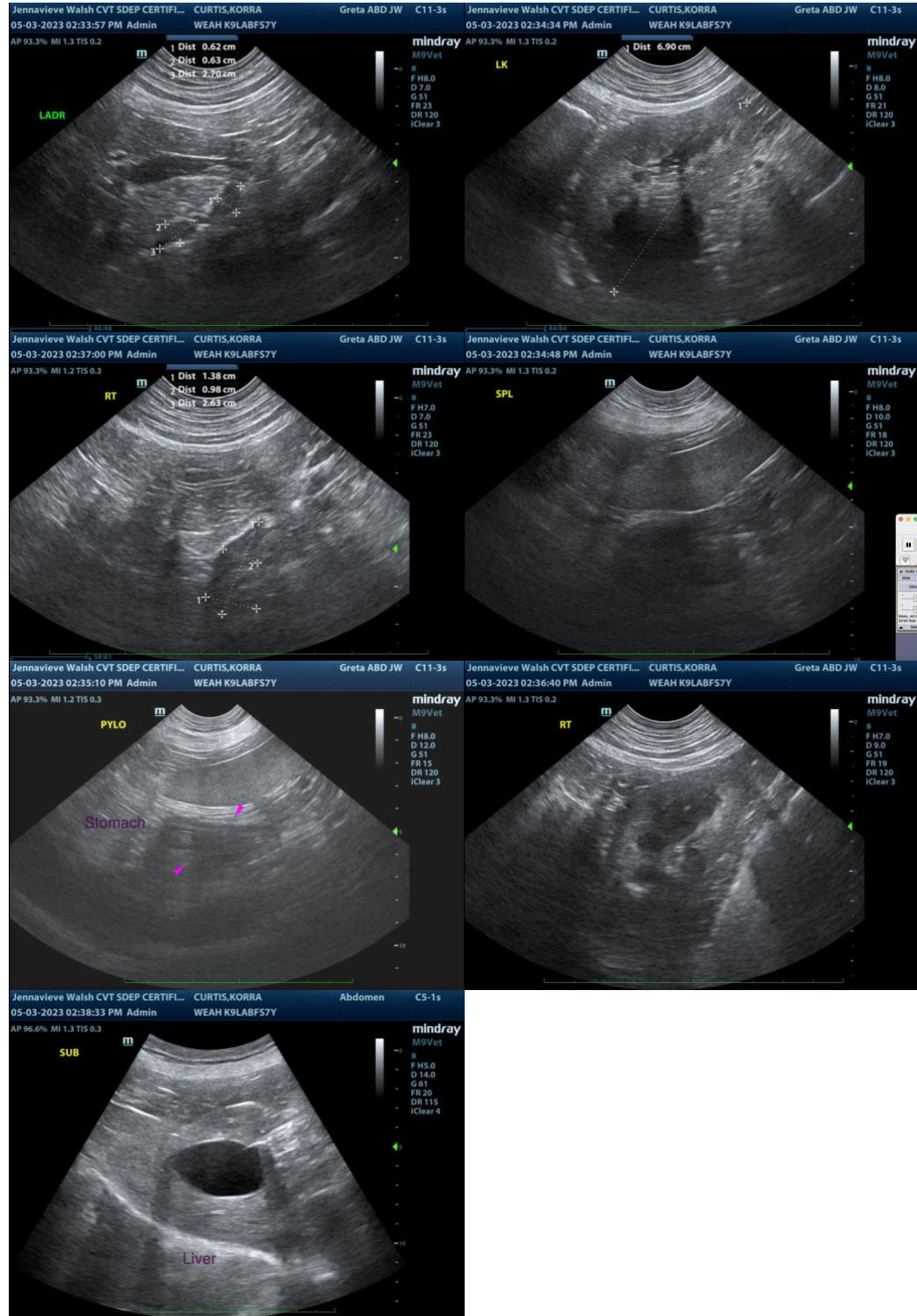
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



PATIENT visible in the image/video clips provided.

Korra Curtis 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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