

PATIENT PRESENTING CLINICAL SIGNS

Riggs Macdonald

Clinical Exam Findings: 6/1/2022

SPECIES

Canine

-Presents for annual

-Annual bloodwork reveals low albumin, elevated BUN, mild anemia

-Hx of Lyme positive (C6 Antibody Titer performed 6/4/2020, treated with Doxycycline, rechecked 12/09/2020 and results had dropped 50%)

BREED

Lab Retr Mix

6/6/2022: UA performed reveals 3+ protein

Abnormal lab-work values 6/1/2022:

-Albumin 2.4 (2.7-3.9g/dL)

-BUN 42 (9-31mg/dL)

-HCT 35.1% (38.3-56.5%)

SEX

Neutered Male

6/6/2022

-USG 1.027

-Protein 3+

-pH 7.0

-Blood 2+

-20-30 RBCs/hpf

AGE

6/1/2022

WEIGHT

116.7 lbs

Current Medications: Galliprant, Dasuquin, Chondroprotec

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

INTERPRETED BY

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

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly 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.

IMAGING PERFORMED BY

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

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.

HOSPITAL NAME

Foxbank VH

The left kidney is normal size (8.53 cm in length); with a normal shape and smooth peripheral contours. The cortex is variably thickened and heterogenous in appearance. There is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Mild pyelectasia is present (0.46 cm in the transverse plane). A 1.77 cm irregular, avascular structure with suspended echogenic material is observed in the cranial cortex. There is no evidence of hydroureter. Renal vasculature is normal.

REFERRING VET

Dr. Ashley Parsons

The right kidney is normal size (8.61 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INVOICE

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Adrenal Glands

DATE

6/10/22

The left adrenal gland is normal size (0.86 cm at cranial pole) (0.94 cm at caudal pole) (3.00 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are



PATIENT	unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.
Riggs Macdonald	
SPECIES	The caudal pole of the right adrenal gland is well visualized and is normal in size (0.85 cm in width); with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.
Canine	Spleen
BREED	The spleen is overall normal in size (2.17 cm in width at the level of the hilus). A 2.60 cm heterogenous, cavitated mass is observed at the caudomedial aspect. The lesion causes capsular expansion. The parenchyma is mottled in appearance. Splenic vasculature appears normal with no evidence of thrombosis.
Lab Retr Mix	
SEX	Liver
Neutered Male	The liver is enlarged with irregular peripheral contours. At least three heterogenous, cavitated masses are observed, the largest measuring close to 10.00 cm on the right side. Two other masses are seen on the left, measuring approximately 3.50 cm each. The remaining parenchyma is mottled in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.
AGE	
6/1/2022	
WEIGHT	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.
116.7 lbs	
INTERPRETED BY	Gastrointestinal
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	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. There is no evidence of an obstructive pattern.
IMAGING PERFORMED BY	Pancreas
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	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.
HOSPITAL NAME	Free Abdomen
Foxbank VH	The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.
REFERRING VET	Other
Dr. Ashley Parsons	Mild pericardial effusion is present with heterogeneity of the right auricle.
INVOICE	ULTRASONOGRAPHIC FINDINGS
11057	Primary Findings
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6/10/22	



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Canine

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- Splenic mass, along with multiple, cavitated hepatic masses. Metastatic neoplasia (i.e., hemangiosarcoma, other) is suspected, with a lower possibility of benign pathology (i.e., multifocal inflammatory disease).
- Mild pericardial effusion. Although a definitive right atrial/auricular mass is not seen, early hemangiosarcoma is of concern, particularly give the hepatic and splenic findings.

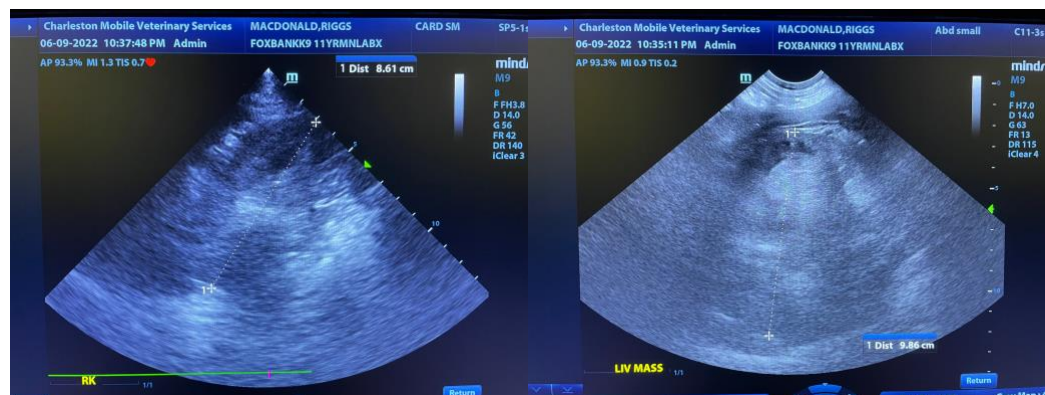
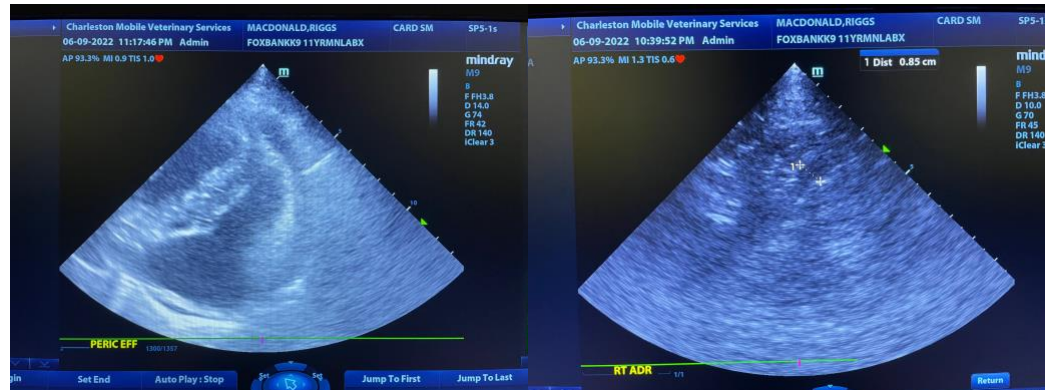
Secondary Findings

- Bilateral, chronic, age-related renal changes with left pyelectasia. The irregular echogenic, left cortical lesion is suspected to be a cyst containing debris. However, a metastatic lesion cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

Given the high suspected likelihood of metastatic disease in the abdomen, palliative/symptomatic care is recommended.





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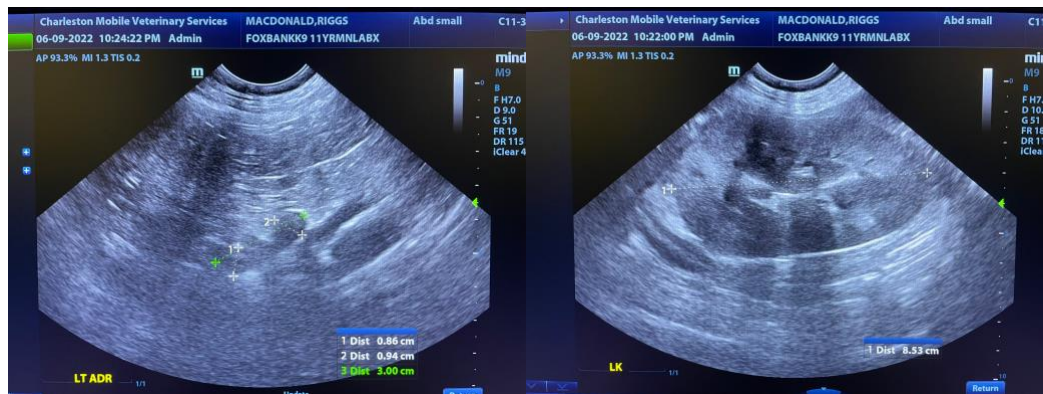
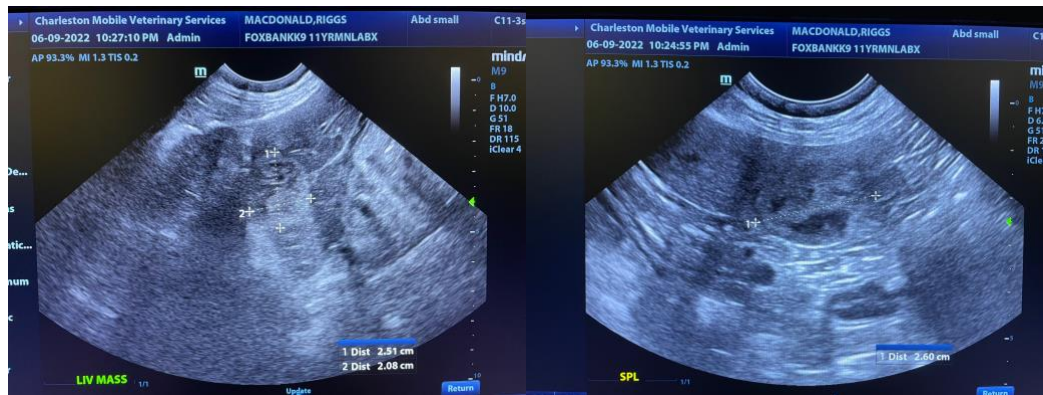
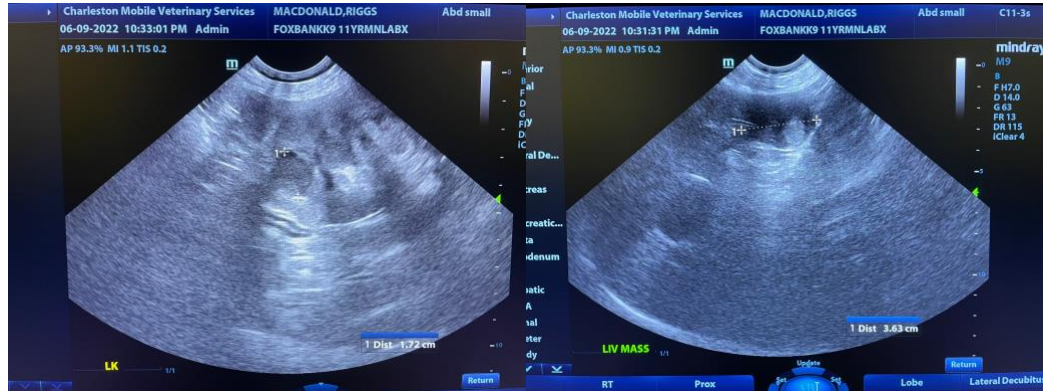
Dr. Ashley Parsons

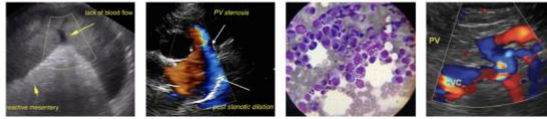
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com