



**PATIENT PRESENTING CLINICAL SIGNS**

Jack Kinon Clinical Exam Findings: Temp (°F): 101.50. H.R.: 124. R.R.: 30  
Ears: No Abnormal Findings

**SPECIES** Eyes: No Abnormal Findings

Canine

Oro-Nasal: pigmented/pink mm, CRT 2 sec, no PO masses noted, no oc/nasal d/c present  
Heart: Strong, synchronous pulses; No murmur or arrhythmia present  
Lungs: clear

**BREED**

Standard Poodle

Abdomen: Benign, non-painful, no obvious masses palp  
Urogenital: M/C, normal mamm gl palp  
Orthopedic: No significant finding, amb X 4  
Musculoskeletal System: No significant findings, BCS 2/5, no mus atrophy noted, normal neuro, 2.4 X 2.1 cm melanoma on tip of tail

**SEX**

Neutered Male

Dermatologic: No significant findings  
Lymph Nodes: no peripheral enlargement noted  
Has previously had GI lymphoma, had surgery for it and has been in remission. Also had transitional cell carcinoma, was surgically removed and has been in remission.

**AGE**

12 years

**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 bladder lumen is mildly 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.

**WEIGHT**

20.3 kg

The **prostate** is normal in size (1.00 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction

**INTERPRETED BY**

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

The **left kidney** is normal size (5.77 cm in length); with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild to moderate 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 (6.47 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**HOSPITAL NAME**

Blue Pearl Vet Spec

**Adrenal Glands**

The **left adrenal gland** is upper limits of normal size (0.99 cm at cranial pole) (0.78 cm at caudal pole) (2.53 cm in length); with a relatively normal shape. The parenchyma is subtly heterogenous with slight loss of glandular detail. No distinct focal lesions are observed. The phrenicoabdominal vein and surrounding vasculature are normal.

**REFERRING VET**

Dr. Bianucci

The **right adrenal gland** is mildly enlarged (1.27 cm at cranial pole) (0.95 cm at caudal pole) (2.88 cm in length); with a slightly irregular 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 (2.91 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**DATE**

6.28.22



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**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** lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic, mostly gravity dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

The gastric lumen contains a small amount of shadowing material. 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 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.

**Pancreas**

The right limb is visible/prominent, with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic 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.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Mild, bilateral adrenomegaly most consistent with mild hyperplastic change. However, emerging neoplasia cannot be completely excluded.
- Minor age-related/geriatric renal, hepatic, and pancreatic changes

\*There is no obvious evidence of metastatic disease

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Three-view thoracic radiographs are recommended to assess for pulmonary metastases (if not already performed).

Further recommendations to be implemented by the overseeing oncologist and surgeon.



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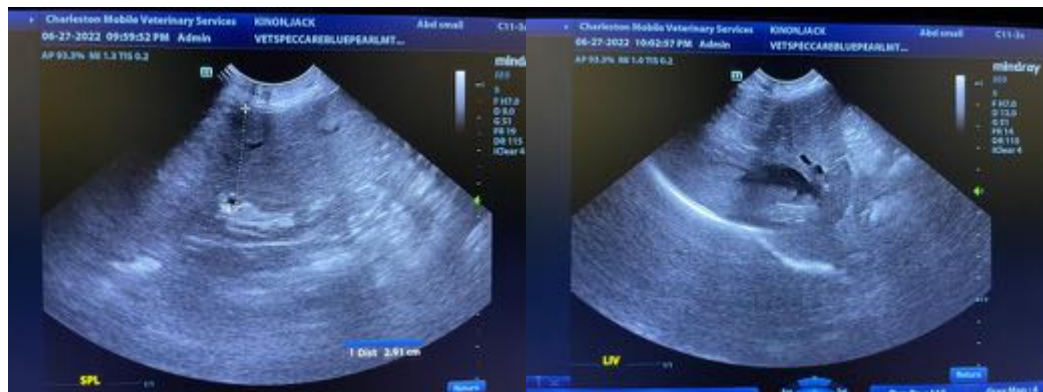
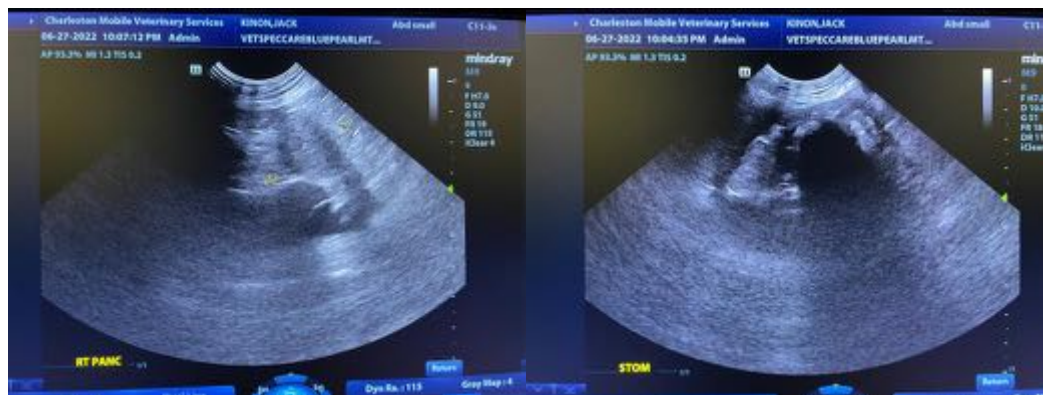
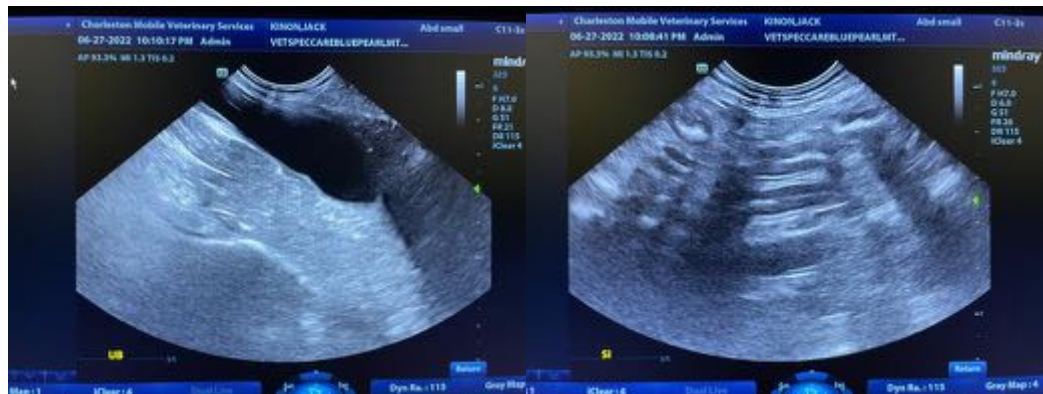
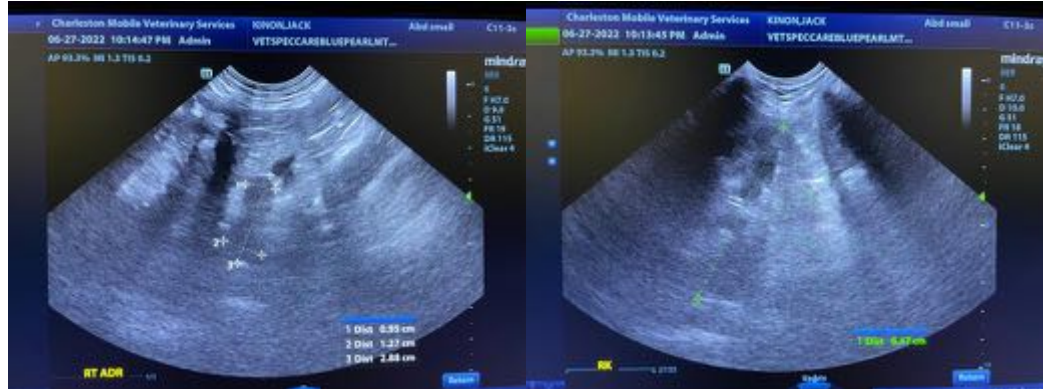
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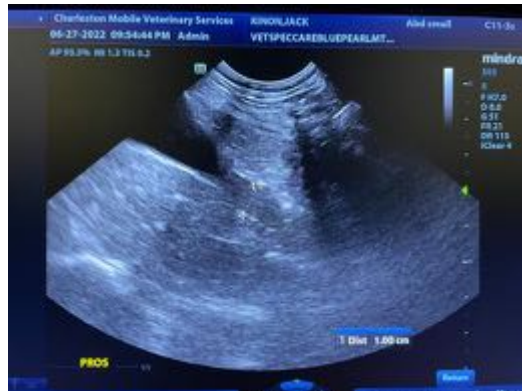
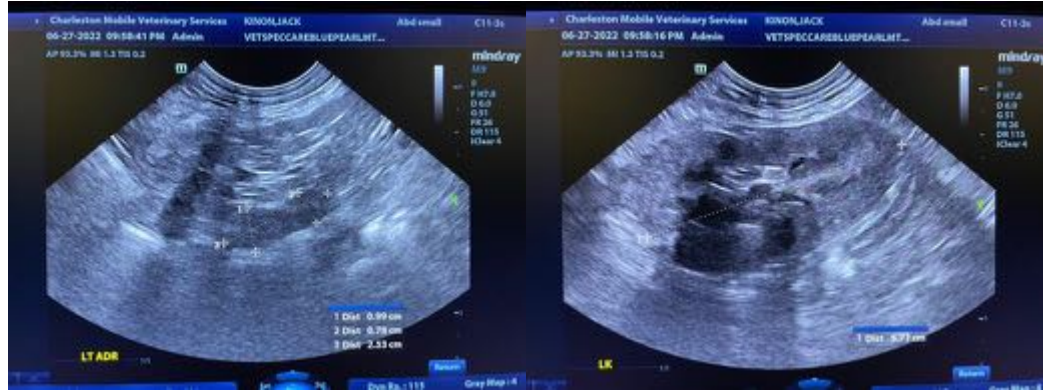
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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