

PATIENT PRESENTING CLINICAL SIGNS

Buc Collins
SPECIES Canine
Buc presents to Neurology/Neurosurgery on the 6th of June for evaluation of a head tilt. Buc has a history of ASACA (R sided ASACA. -metastatic to MILN- completed carboplatin June 2021. He was previously seen 8/2017 for L sided ASACA, which was surgically removed). He was last evaluated in January 2022 for staging (radiographs and ultrasound), which were normal. About one month ago, Buc acutely developed a head tilt and hind limb weakness. He was treated with a tapering course of prednisone and has improve but continues to have signs. He is currently on carprofen BID.

BREED Labrador Retriever
Mentation: bright, alert, responsive
Gait: ambulatory without assistance, needs assistance to stand, leans to the right, PL weakness with pseudohypermetria
Postural reactions: normal
Reflexes: reduced withdrawal in both PL
SEX Neutered Male
Cranial nerves: right head tilt, mildly reduced palpebral OD
Sensory: nonpainful
Neuroanatomic localization: CN VIII and CN VII, right + suspected polyneuropathy
Thyroid panel sent out to MSU and CBC , Superchem, UA, Urine : protein ,Creatine ratio sent out.
AGE 12/8/08
Radiographs pending.
Carprofen BID. Rads pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

WEIGHT

45.7 kg

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A scant amount of suspended echogenic debris is present within the lumen. 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 prostate is normal in size (1.56 cm in width) with normal shape and smooth peripheral contours. A hyperechoic to mineralized pinpoint focus is observed within the parenchyma. The parenchyma is otherwise homogeneous. The prostatic urethra is not overtly dilated.

The left kidney presented small in size (6.19 cm in length); irregular shape. The cortex is variably thickened, and there is poor corticomedullary distinction. Cortical infarcts are present at both poles. Trace pyelectasia is present. At least one small cortical cyst is seen. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (9.41 cm in length); 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, or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.73 cm at cranial pole) (0.73 cm at caudal pole) (2.76 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 (1.41 cm at cranial pole) (0.63 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex,

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HOSPITAL NAME

Blue Pearl Mount
Pleasant

REFERRING VET

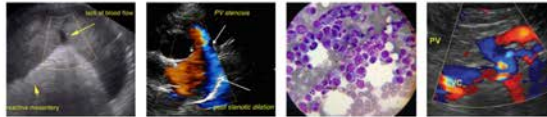
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DATE

6/6/22



PATIENT

and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Buc Collins

Spleen

SPECIES

Previously splenectomized. The region of the splenic fossa is unremarkable.

Canine

Liver

BREED

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. A 0.95 cm anechoic lesion is observed deep on the left side. Hepatic vasculature and intrahepatic biliary tracts are normal with no evidence of congestion.

Labrador Retriever

SEX

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of gravity dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Neutered Male

AGE

Gastrointestinal

12/8/08

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are 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. No obstructive or overt infiltrative disease is noted.

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Pancreas

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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

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The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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Other

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

HOSPITAL NAME

PRIMARY FINDINGS

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- Bilateral chronic age related renal changes with left cortical infarcts

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SECONDARY FINDINGS

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- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered unlikely. However, correlation with the patient's liver values is recommended. The anechoic hepatic lesion could be consistent with a benign cyst or less likely an emerging tumor.

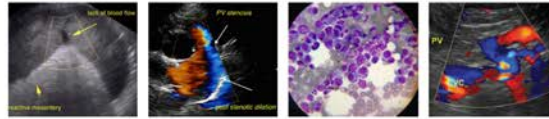
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- The pinpoint hyperechoic focus within the prostatic parenchyma may be a benign incidental age related change. However, prostatic mineralization can be associated with neoplasia. Correlation with the patient's clinical history is recommended.



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*There is no obvious evidence of metastatic disease in the abdomen.

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urine BRAF test can be considered to further evaluate for prostatic neoplasia if the clinical suspicion is high. Otherwise, follow up diagnostic and treatment plan will be determined by the overseeing neurologist.

BREED

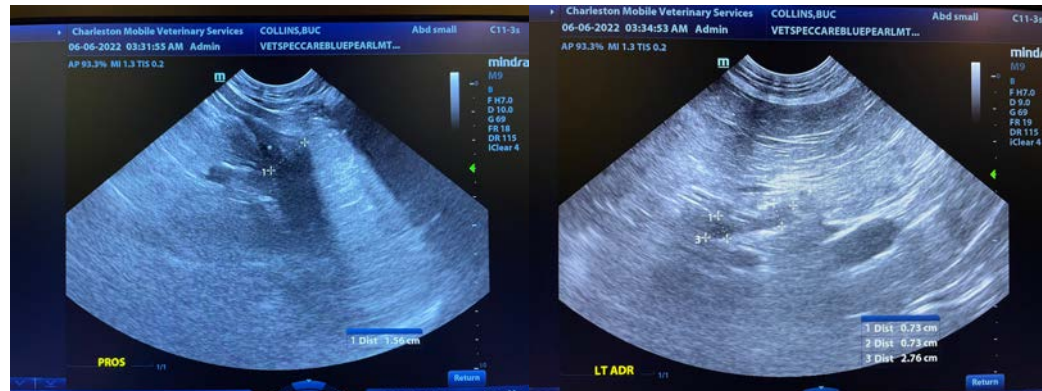
Labrador Retriever

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Neutered Male

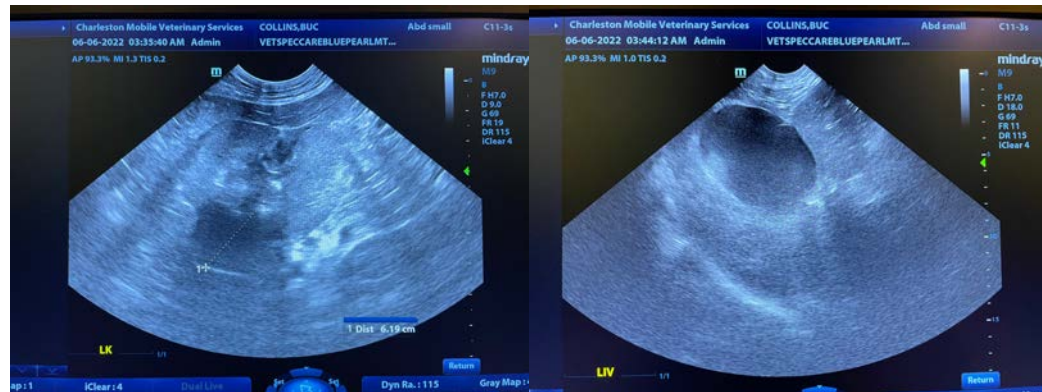
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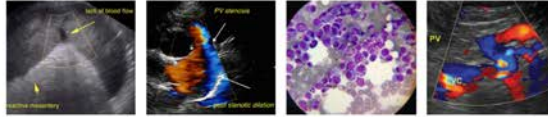
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Labrador Retriever

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SEX

Neutered Male

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