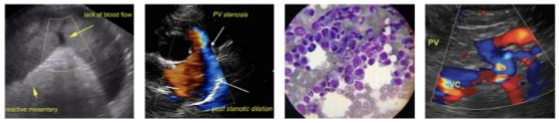
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

JJ Winney

SPECIES

Canine

BREED

Gold Retr

SEX

Neutered Male

AGE

6/01/07

WEIGHT

55 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Foxbank VH

REFERRING VET

Dr. Andi Winney

INVOICE

11035

DATE

6/8/22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Pt had large high grade mast cell tumor removed from flank on 4/26/22. AUS for staging to look for evidence of spread to lymph nodes, spleen and liver
Abnormal lab-work values: Mild Anemia, otherwise wnl
Current Medications: Carprofen, omeprazole, gabapentin, proin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with mostly anechoic urine. The wall in the region of the apex is thickened (up to 0.89 cm), irregular, and slightly heterogenous in appearance. The mucosal surface is subtly irregular. The wall tapers to a normal thickness as it extends toward the urinary bladder neck. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (1.55 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (6.44 cm in length); with a slightly irregular shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. One to two small, cortical cysts are seen. Mild to moderate pyelectasia is present (0.58 cm in the transverse plane). There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.96 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Mild to moderate pyelectasia is present (0.56 cm in the transverse plane). There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

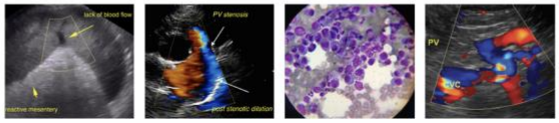
Adrenal Glands

The left adrenal gland is enlarged (0.89 cm at cranial pole) (1.23 cm at caudal pole) (3.15 cm in length); with a slightly irregular shape. The parenchyma is subtly heterogenous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is upper limits of normal size (1.53 cm at cranial pole) (0.91 cm at caudal pole) (2.85 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 (1.25 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.



PATIENT

JJ Winney

SPECIES

Canine

BREED

Gold Retr

SEX

Neutered Male

AGE

6/01/07

WEIGHT

55 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Foxbank VH

REFERRING VET

Dr. Andi Winney

INVOICE

11035

DATE

6/8/22

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is slightly mottled in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No cholelithsare observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta and soft, 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 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. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

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

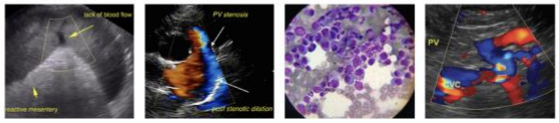
Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Age-related/geriatric renal and pancreatic changes.
- 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 less likely. However, correlation with the patient's liver values is recommended
- Bilateral pyelectasia may be secondary to age-related remodeling, pyelonephritis, PU/PD (if applicable), other.



PATIENT

JJ Winney

SPECIES

Canine

BREED

Gold Retr

SEX

Neutered Male

AGE

6/01/07

WEIGHT

55 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Foxbank VH

REFERRING VET

Dr. Andi Winney

INVOICE

11035

DATE

6/8/22

- The urinary bladder wall changes are suggestive of cystitis. Correlation with the patient's urinalysis findings is recommended.

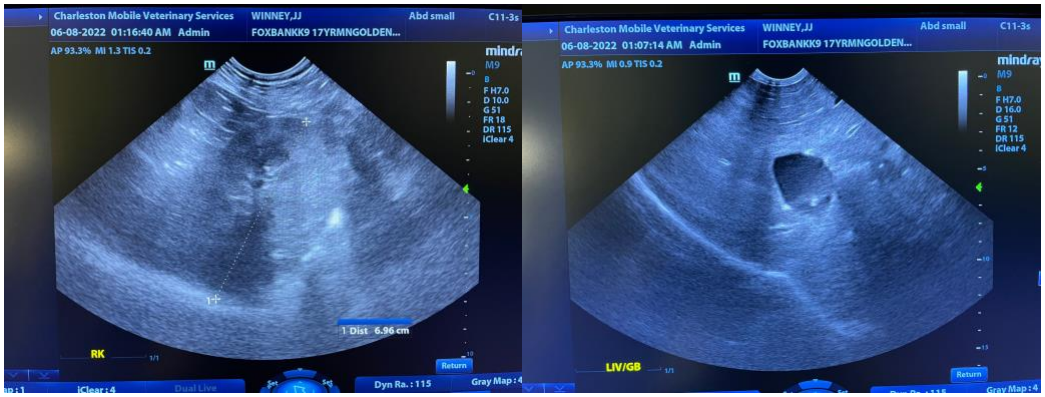
Secondary Findings

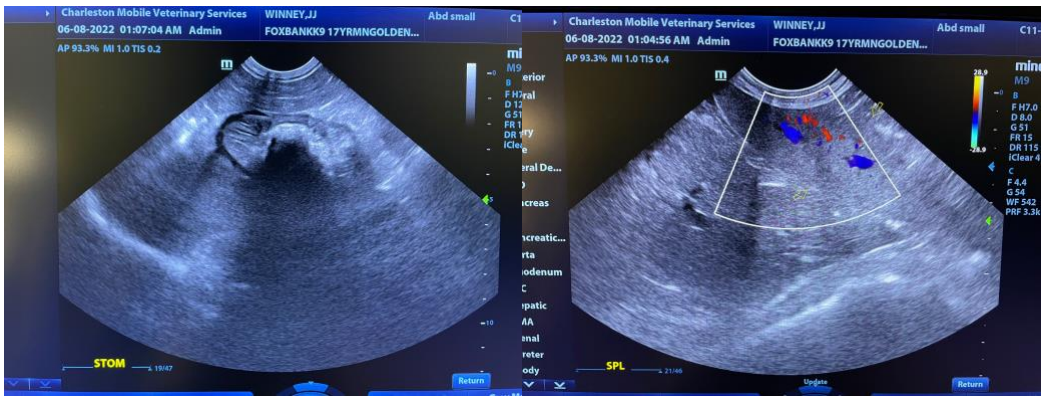
- The mild, left adrenomegaly is most consistent with hyperplastic change with a lower possibility of an emerging tumor. T

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

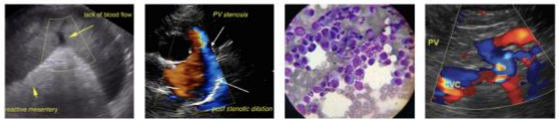
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended (if not already performed) to complete the metastatic check.
- Given the urinary bladder wall changes, a urinalysis +/- urine culture and sensitivity can be considered.
- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.
- .Consider referral to a board-certified oncologist for further treatment recommendations.





SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

JJ Winney

SPECIES

Canine

BREED

Gold Retr

SEX

Neutered Male

AGE

6/01/07

WEIGHT

55 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Foxbank VH

REFERRING VET

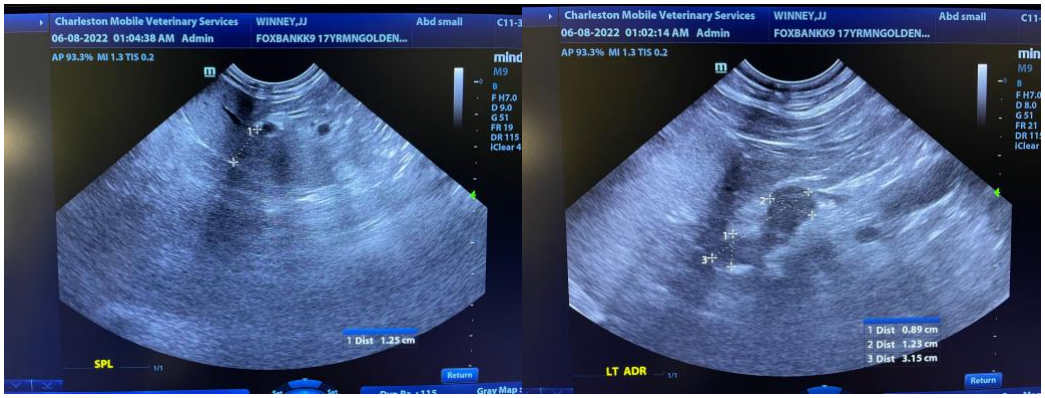
Dr. Andi Winney

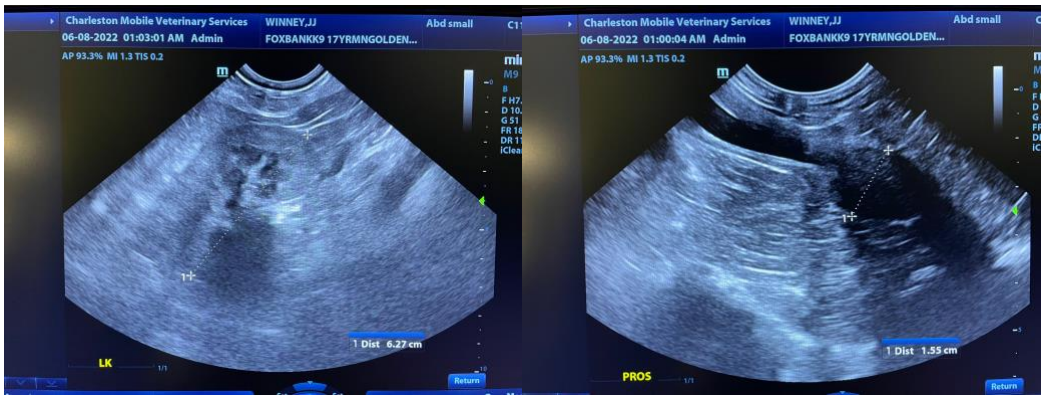
INVOICE

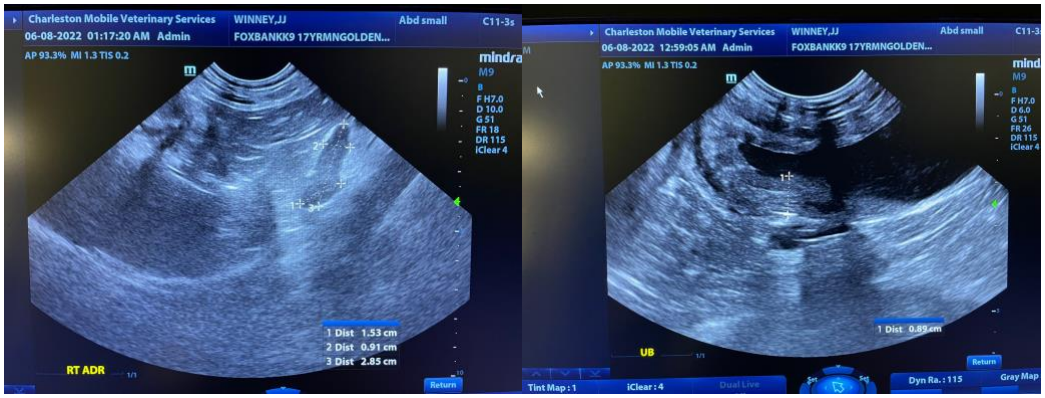
11035

DATE

6/8/22







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