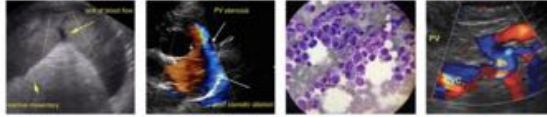


PATIENT	PRESENTING CLINICAL SIGNS
Cooper McCabe	Clinical Exam Findings: left middle lung lobe consolidation-gas-distended stomach
SPECIES	Abnormal lab-work values: CBC: Neu 12.2. Chem: ALP 1623 Current Medications: Unasyn, cerenia, protonix, enrofloxacin, IVF
Canine	Radiographic Findings
BREED	1. Patchy, ventrally distributed, interstitial to alveolar lung pattern is most consistent with aspiration pneumonia given recent vomiting.
Lab	2. Small cardiovascular structures suggest systemic hypovolemia/dehydration
SEX	3. Small amount of gas in the esophagus likely represents aerophagia, however other causes such as esophagitis or functional dysmotility cannot be excluded.
Neutered Male	4. Gaseous distension of the stomach – DDX includes aerophagia, gastritis, functional stasis, less likely outflow obstruction.
AGE	5. Diffuse enteropathy as possible (e.g. non-specific enteritis, functional ileus, IBD). Test results are negative for mechanical obstruction at this time. Minimal amount of heterogeneous material may be normal food passing through; however, a tiny amount of foreign material is not excluded.
7.10.08	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
WEIGHT	Urinary System
30 kg	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.
INTERPRETED BY	The prostate is normal in size (1.64 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	The left kidney is normal size (7.37 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.
IMAGING PERFORMED BY	The right kidney is normal size (7.53 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	Adrenal Glands
HOSPITAL NAME	The left adrenal gland is enlarged (1.39 cm at cranial pole) (0.87 cm at caudal pole) (3.53 cm in length); with a slightly irregular shape. A 1.81 x 1.39 cm hyperechoic to slightly heterogenous nodule/mass is observed at the cranial pole. Glandular echogenicity and detail at the caudal pole appear normal. The phrenicoabdominal vein and surrounding vasculature appear normal.
Blue Pearl Mt Pleasant	The right adrenal gland is enlarged (2.13 cm at cranial pole) (2.43 cm at caudal pole) (5.09 cm in length); with an irregular shape and a mass effect. The parenchyma subtly heterogenous in appearance. No distinct focal lesions are observed. There is no obvious evidence of vascular invasion.
REFERRING VET	
Dr. Huggins	
INVOICE	Spleen
11217	The spleen is subjectively normal in size (1.92 cm in width at the level of the hilus) with slightly irregular peripheral contours. The parenchyma is diffusely mottled. Several irregular, hyperechoic nodule/masses are observed throughout the organ, the largest measuring 2.22 in length. Splenic vasculature appears normal with no evidence of thrombosis.
DATE	
7.11.22	



PATIENT

Cooper McCabe

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

7.10.08

WEIGHT

30 kg

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

Blue Pearl Mt Pleasant

REFERRING VET

Dr. Huggins

INVOICE

11217

DATE

7.11.22

Liver

The **liver** is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A few small, ill-defined hyperechoic nodules/areas are observed throughout the organ, particularly on the left side. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with fluid. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The proximal duodenal lumen is mildly fluid-distended. The remaining small intestinal lumen is empty. The small intestinal wall is normal in thickness 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 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.

Free Abdomen

There is no obvious evidence of free fluid.

Lymph nodes

(See "Other" category)

Other Category

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

An approximately 10 cm irregular, cavitated mass effect is observed in the caudal abdomen, surrounding the aortic trifurcation.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The origin of the cavitated mass effect in the caudal abdomen is unclear. It may be arising from vasculature, lymph nodes, mesentery, other. Neoplasia (i.e., hemangiosarcoma, lymphoma) is suspected, with a lower possibility of benign pathology (i.e., multifocal abscessation).
- The splenic lesions are also concerning for infiltrative neoplasia. However, benign pathology (i.e., extramedullary hematopoiesis, lymphoid hyperplasia, or similar) cannot be excluded.
- Right adrenal mass. Neoplasia (adenoma, adenocarcinoma, pheochromocytoma) is suspected, with a lower possibility benign pathology (i.e., excessive benign nodular hyperplasia). The left adrenal nodule trends toward the benign (i.e., benign nodular hyperplasia). However, an emerging tumor cannot be excluded.

Secondary Findings

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory



PATIENT

and infiltrative disease are considered less likely.

Cooper McCabe

- Mild gastric and proximal duodenal ileus.

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

7.10.08

WEIGHT

30 kg

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

Blue Pearl Mt Pleasant

REFERRING VET

Dr. Huggins

INVOICE

11217

DATE

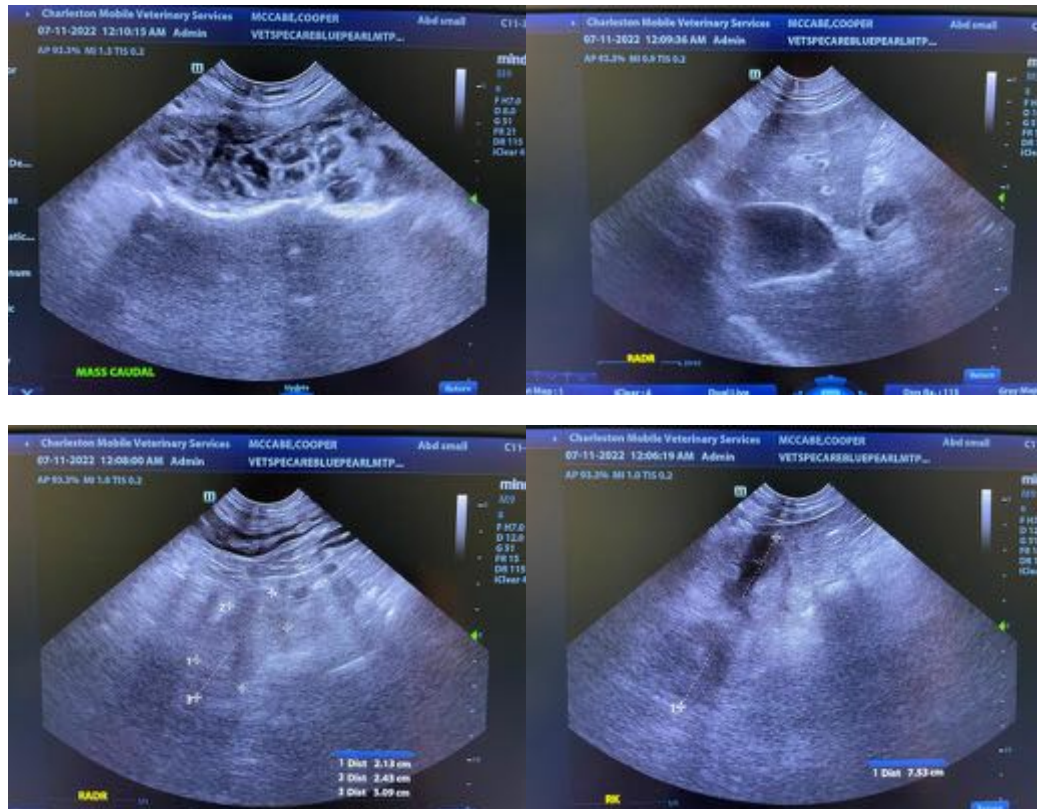
7.11.22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider a fine-needle aspirate of the spleen (if clotting status is appropriate) to further assess for infiltrative neoplasia. To further evaluate the caudal abdominal mass, consider an abdominal/pelvic CT scan +/- an abdominal exploratory with surgical biopsies. If surgery is pursued, GI biopsies should also be obtained at the time of surgery. An adrenalectomy can also be considered, if indicated. However, there is a high risk of perioperative complications with adrenalectomies.

Regarding the right adrenal mass, also consider the following:

1. Baseline blood pressure measurement
2. Further testing (i.e., low-dose dexamethasone suppression test, urine/blood catecholamine levels) to evaluate for a functional tumor.





PATIENT

Cooper McCabe

SPECIES

Canine

BREED

Lab

SEX

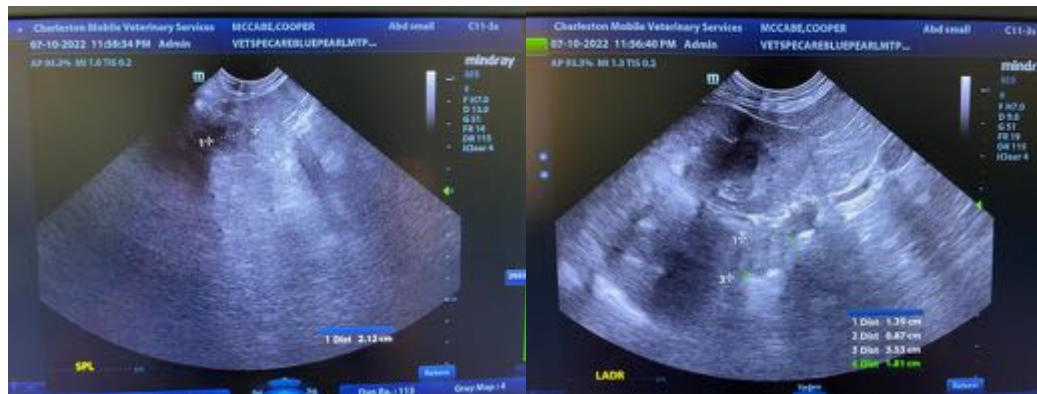
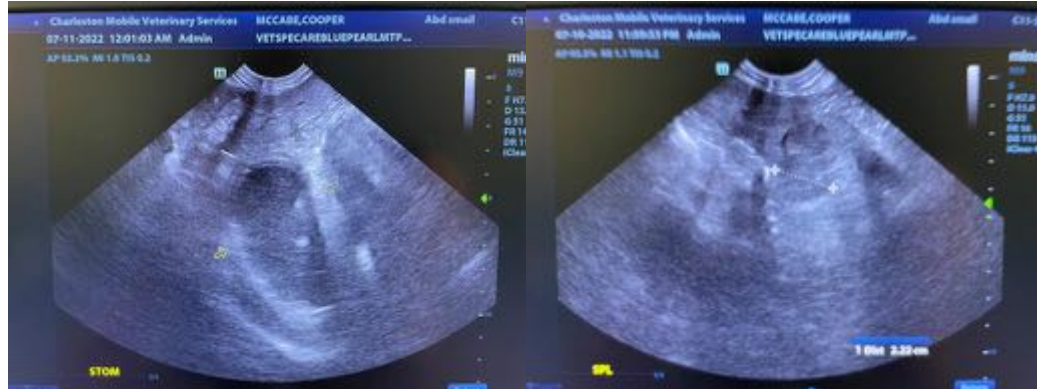
Neutered Male

AGE

7.10.08

WEIGHT

30 kg

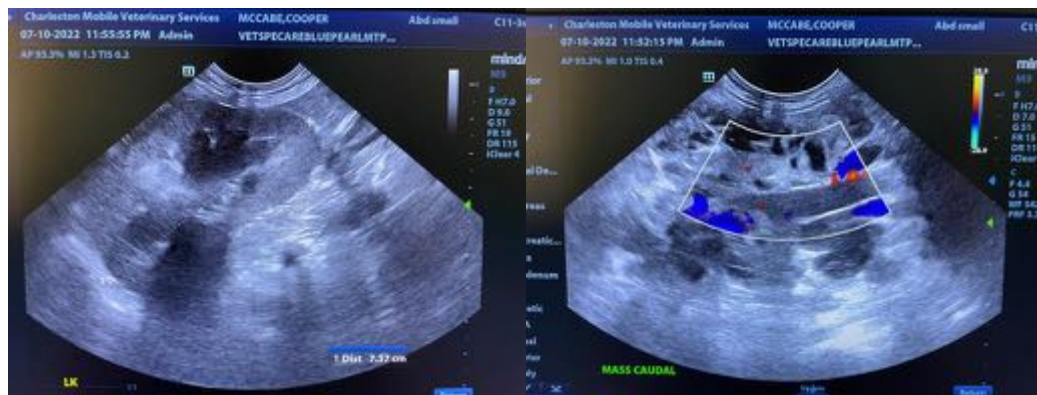


INTERPRETED BY

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

IMAGING PERFORMED BY

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



HOSPITAL NAME

Blue Pearl Mt Pleasant

REFERRING VET

Dr. Huggins

INVOICE

11217

DATE

7.11.22





PATIENT

Cooper McCabe

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.

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

Lab

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

SEX

Neutered Male

AGE

7.10.08

WEIGHT

30 kg

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

Blue Pearl Mt Pleasant

REFERRING VET

Dr. Huggins

INVOICE

11217

DATE

7.11.22