



PATIENT

Axel Rubiano

SPECIES

Canine

BREED

Golden Doodle

SEX

Neutered Male

AGE

13 years

WEIGHT

16 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr Belan

HOSPITAL NAME

Alpine 24/7 AH

REFERRING VET

Dr Pinel

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13774

DATE

7.20.23

PRESENTING CLINICAL SIGNS

History: Pre surgical assessment prior to removal of a 10 cm x 8 cm mass on the mid left thorax. Mass FNA - sarcoma. Metastasis check

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface in the region of the apex is slightly irregular. The bladder is moderately distended. Luminal contents are anechoic. 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 (0.71 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (5.25 cm in length) with a normal shape and smooth peripheral contours. The cortex is hyperechoic relative to the spleen, with several varying-sized cortical cysts. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. At least one nonobstructive nephrolith (0.47 cm in diameter) is seen. There is no evidence of pyelectasia, infarcts or hydroureter.

The right kidney is normal in size (5.15 cm in length) with a normal shape and smooth peripheral contours. The cortex is hyperechoic relative to the spleen, with numerous varying-sized cortical cysts. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter

Adrenal Glands

The left adrenal gland is prominent at the cranial pole (0.83) and normal in size at the caudal pole (0.63 cm). A 0.89 x 0.80 cm hyperechoic nodule is observed at the cranial aspect. Glandular echogenicity and detail at the caudal aspect are normal. Surrounding vasculature appears normal.

The right adrenal gland is normal in size (0.74 cm at the cranial pole) (0.70 cm at the caudal pole). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

Spleen

The spleen is normal in size (1.10 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 appears normal.

Liver

The liver is prominent to enlarged with slightly swollen peripheral contours. The parenchyma is largely isoechoic relative to the spleen and mildly heterogenous in appearance, with a few, small, ill-defined hypoechoic nodules/areas (the largest measuring 0.98 cm in diameter). Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. An excessive amount of suspended echogenic sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The lumen is not distended. The gastric wall is 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



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layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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Pancreas

The right limb of the pancreas i

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s 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.

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Free Abdomen

There is no obvious evidence of free fluid. A 1.63 x 0.40 lymph node is observed at the aortic trifurcation. The node is normal in shape and echogenicity.

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ULTRASONOGRAPHIC FINDINGS

13 years

Findings

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- Bilateral chronic nephropathy with nonobstructive nephrocalcinosis and cortical cysts.

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- The gallbladder changes are consistent with an emerging mucocele.

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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 less likely. However, correlation with the patient's liver values is recommended.

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- Minor age-related pancreatic remodeling

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- The prominent caudal abdominal lymph node is likely reactive, with a lower possibility of infiltrative neoplasia.
- The left adrenal nodule could be consistent with adenoma, adenocarcinoma, pheochromocytoma, other. An adenoma is favored.

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

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- Baseline lab work, including a CBC, chemistry panel, urinalysis and T4 is recommended to assess overall metabolic function.

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- Three-view thoracic radiographs are recommended to complete the metastatic disease check.

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- Given the gall bladder changes, Ursodeoxycholic acid (Ursodiol) is recommended. Serial sonographic monitoring (e.g., every 6-8 weeks) of the gall bladder is recommended to assess for progression to a fully formed mucocele. If progression occurs, a cholecystectomy may be warranted.

- Regarding the left adrenal nodule, consider the following:

1. Baseline blood pressure measurement



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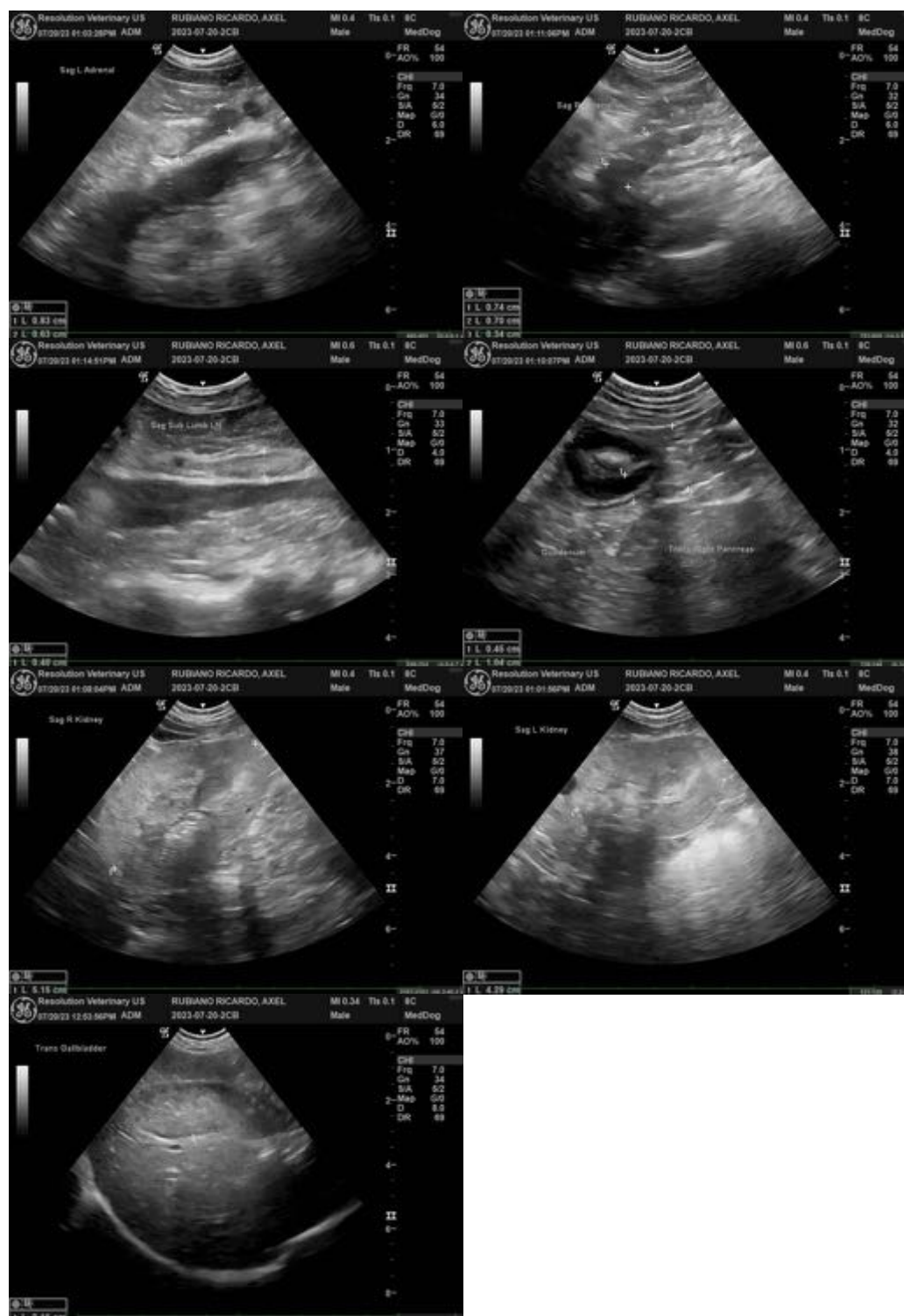
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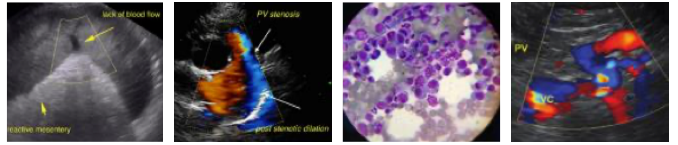
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- Further testing for a functional tumor (i.e., low-dose dexamethasone suppression test, urine/blood catecholamine levels), particularly if the patient exhibits clinical signs associated with an adrenal mass.
- Consider a recheck ultrasound in 2-3 months to assess for growth.





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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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