



PATIENT

Guinness Jagannathan

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

2.10.2014

WEIGHT

23.4 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 Spec. Surg.

REFERRING VET

Sean Gallivan

INVOICE

11241

DATE

7.21.22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Surgery consult - tech history:
Guinness is a 8 y 5 m 11 d FS. Mixed presenting for evaluation of right anal gland mass, additional tail mass. Problem was first noted: The right anal gland mass was noticed one month ago during a wellness visit. The tail mass has been there for couple months has not gotten any bigger.
Problem progression: Both masses have not gotten any bigger.
She is eating and drinking normal, no vomit or diarrhea present
Other medical concerns: none
Abnormal lab-work values: none
Current Medications: Carprofen 50 mg SID
Radiographic Findings: done to today with visit

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is mildly distended. The wall is mildly thickened (0.67 cm) with a slightly irregular mucosal surface. A moderate amount of gravity dependent, mineralized sand, as well as a small amount of suspended echogenic debris is observed within the lumen. No distinct calculi are observed. The cystourethral junction and the proximal urethra, visible to a depth of 2 cm, are normal.

The **left kidney** is normal size (5.52 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 hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (5.66 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.49 cm at cranial pole) (0.55 cm at caudal pole) (1.97 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.

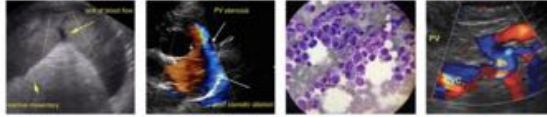
The **right adrenal gland** is normal size (1.06 cm at cranial pole) (0.79 cm at caudal pole) (2.04 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is normal to slightly small in size (1.63 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. Several intrahepatic biliary stones are observed throughout the organ. 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.

Liver

The **liver** is normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is



PATIENT

Guiness Jagannathan

evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

SPECIES

Canine

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

BREED

Mixed

Gastrointestinal

The **stomach and intestine** are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta and gas. 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 lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

SEX

Spayed Female

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.

AGE

2.10.2014

Free Abdomen

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

WEIGHT

23.4 kg

Other

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

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- There is no obvious evidence metastatic disease in the abdomen.

Secondary Findings

- Questionable microhepatica without evidence of a congenital extrahepatic portosystemic shunt. The liver size may be a normal variant for this patient or may represent a chronic hepatopathy. Correlation with the patient's liver values is recommended. The hepatic biliary stones are likely a benign incidental finding.
- Urinary bladder sand. The mild urinary bladder wall thickening may be artifactual due to lack of full repletion or may be secondary to cystitis.

IMAGING PERFORMED BY

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

HOSPITAL NAME

Blue Pearl Spec. Surg.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Sean Gallivan

Three-view thoracic radiographs are recommended to complete the metastatic disease check. Further diagnostic and treatment recommendations will be implemented by the overseeing surgeon.

INVOICE

11241

DATE

7.21.22



PATIENT

Guinness Jagannathan

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

2.10.2014

WEIGHT

23.4 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 Spec. Surg.

REFERRING VET

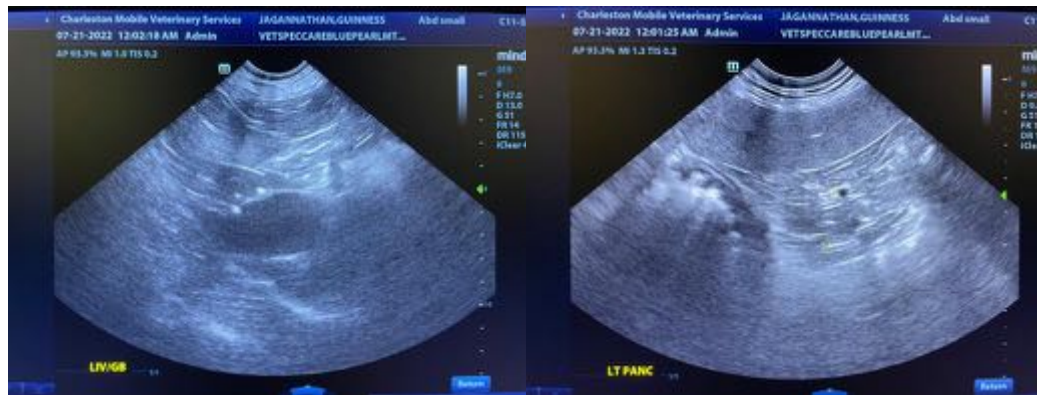
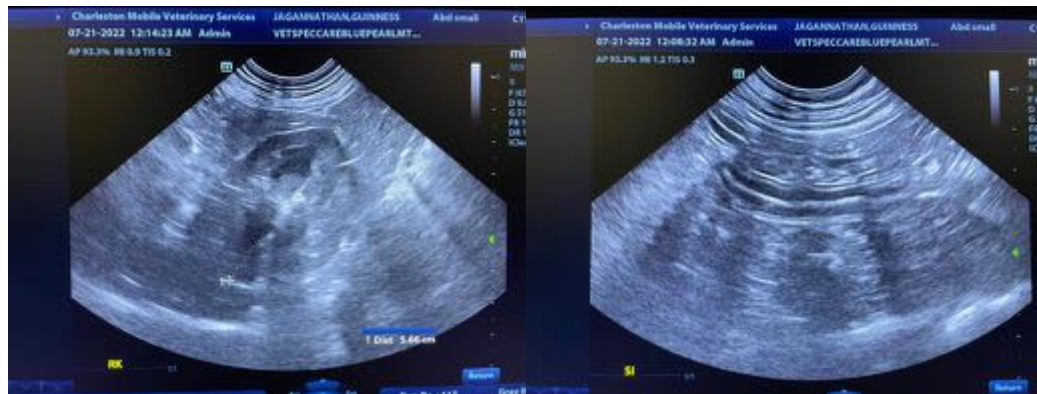
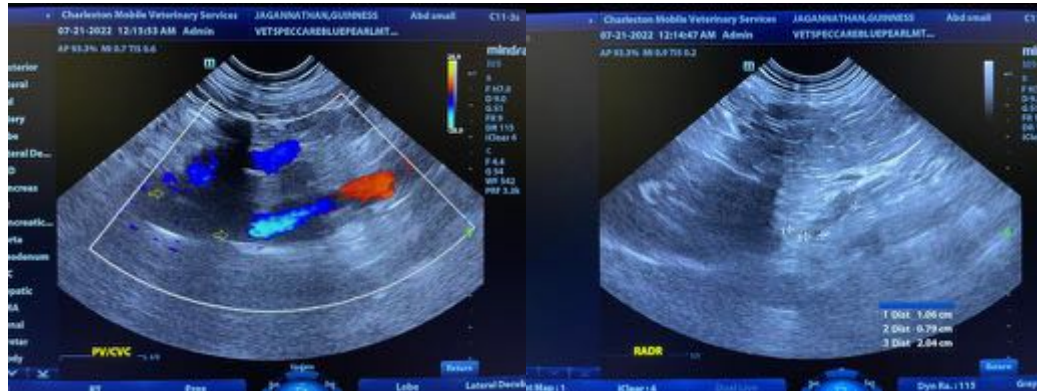
Sean Gallivan

INVOICE

11241

DATE

7.21.22





PATIENT

Guinness Jagannathan

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

2.10.2014

WEIGHT

23.4 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 Spec. Surg.

REFERRING VET

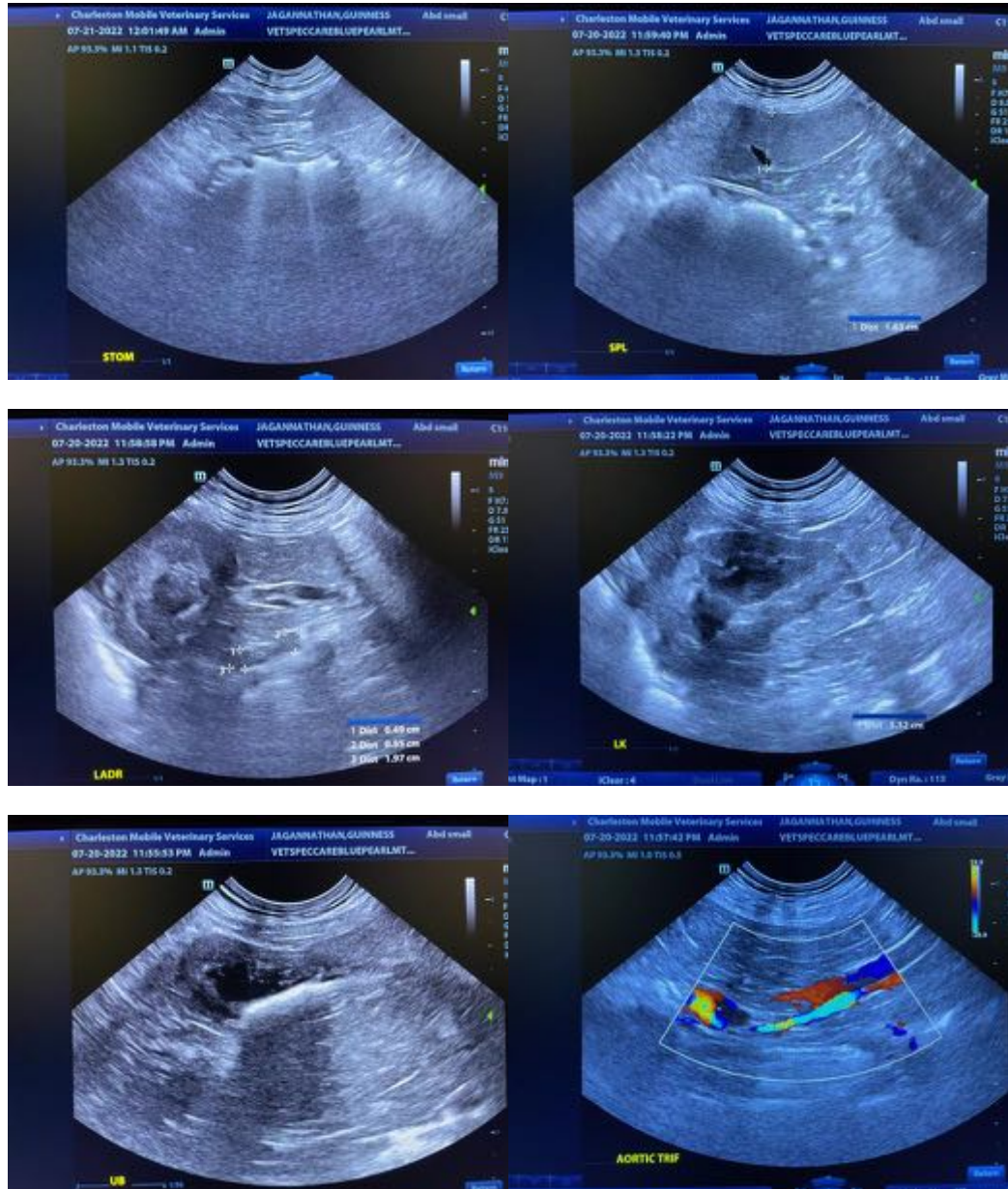
Sean Gallivan

INVOICE

11241

DATE

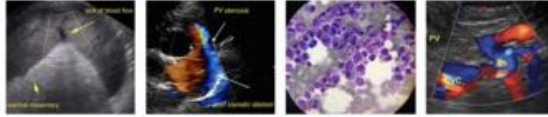
7.21.22



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



PATIENT

Guinness Jagannathan

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

2.10.2014

WEIGHT

23.4 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 Spec. Surg.

REFERRING VET

Sean Gallivan

INVOICE

11241

DATE

7.21.22