

PATIENT PRESENTING CLINICAL SIGNS

Sophie O'Connor Clinical Exam Findings: Reported PU/PD
Reported excessive panting

SPECIES Multiple subcutaneous masses
FNAs consistent with lipomas

Canine Suspect canine atopic dermatitis
Suspect osteoarthritis (stifles, right carpus)

BREED Overweight

Beagle Mix Diagnostics 7/24/23:
Digital cytology: FNA mass in right inguinal region, caudal to mammary chain with pathologist readout:
adipose tissue, likely lipoma
SEX Canine Senior Healthy Wellness

Female Spayed
AGE Abnormal lab-work values: Most recent CBC/Chem/UA 7/25/23:
CBC unremarkable, TT4 2.3ug/dL

07-20-2010 ALP 687 U/L (historically elevated - 704 in June 2022, 410 in June 2021, 392 in April 2021, 452 in March 2021, 285 December 2020, 198 in November 2020, 354 in October 2020, 385 in August 2020--last normal was 180 in September 2019)

WEIGHT Lipase 357 U/L
26 lbs Urinary USG 1.014
Urine protein 1+

INTERPRETED BY WBC 10-15/HPF

Andrea Nicastro, DVM, LDDST 8/9/23: Baseline 7.7ug/dL, 4h post 0.3ug/dL, 8h post 1.1ug/dL
Diplomate ACVIM (*Small Animal Internal Medicine*)
Current Medications: Mometamax ear ointment, Denamarin, Dasuquin, Nature Vet Stool Ease

IMAGING PERFORMED BY ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Andrea Nicastro, DVM, The urinary bladder is mildly to moderately distended. The wall is appropriate thickness for the level of repletion. The mucosal surface in the region of the apex is slightly irregular. A 0.37 cm cystic calculus is observed. The region of the trigone is normal. Urethral sand is noted in the lumen. The urethral wall appears normal.
Diplomate ACVIM (*Small Animal Internal Medicine*)

HOSPITAL NAME

Foxbank VH The left kidney is normal in size (4.99 cm in length) with a normal shape, architecture and smooth peripheral contours. The cortex is slightly thickened and isoechoic relative to the spleen. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature appears normal.

REFERRING VET

Lindsey Gent The right kidney is normal in size (5.48 cm in length) with a normal shape, architecture and smooth peripheral contours. The cortex is slightly thickened and isoechoic relative to the spleen. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature appears normal.

INVOICE

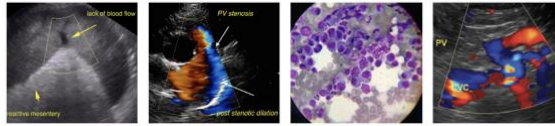
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Adrenal Glands

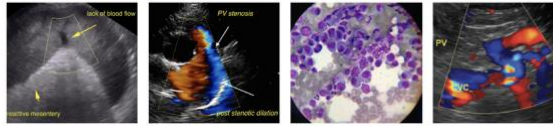
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The left adrenal gland is borderline enlarged (0.68 cm at cranial pole) (0.67 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.



PATIENT	The right adrenal gland is borderline enlarged (0.64 cm at cranial pole) (0.76 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.
Sophie O'Connor	
SPECIES	Spleen
Canine	The spleen is normal in size (1.43 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.50 cm hyperechoic nodule is visualized.
BREED	Splenic vasculature appears normal.
Beagle Mix	Liver
SEX	The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogenous in appearance. 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.
Female Spayed	
AGE	The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate-to-large amount of aggregated, echogenic-to-mineralized, partially dependent-to-suspended sludge in a partially stellate pattern is observed within the lumen. There are a few suspected small choleliths. The cystic and common bile ducts are normal in diameter (up to 0.38 cm). A small amount of echogenic debris is observed in the common bile duct lumen. The duct can be followed to the level of the duodenal papilla.
07-20-2010	
WEIGHT	
26 lbs	
INTERPRETED BY	Gastrointestinal
Andrea Nicastro, DVM, Diplomate ACVIM (<i>Small Animal Internal Medicine</i>)	The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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 (mild). 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. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.
IMAGING PERFORMED BY	Pancreas
Andrea Nicastro, DVM, Diplomate ACVIM (<i>Small Animal Internal Medicine</i>)	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.
HOSPITAL NAME	Free Abdomen
Foxbank VH	The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.
REFERRING VET	Other
Lindsey Gent	A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.
INVOICE	ULTRASONOGRAPHIC FINDINGS
14050	Primary Findings
DATE	<ul style="list-style-type: none"> 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. The gallbladder changes are consistent with an emerging mucocele. Mineralized gallbladder sand +/- tiny choleliths are present. They appear nonobstructive at the time of this study.
8.11.23	



PATIENT

Sophie O'Connor

- Mild bilateral adrenomegaly
- Cystic calculus with urethral sand

SPECIES

Canine

BREED

Beagle Mix

SEX

Female Spayed

AGE

07-20-2010

WEIGHT

26 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Andrea Nicastro, DVM,
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HOSPITAL NAME

Foxbank VH

REFERRING VET

Lindsey Gent

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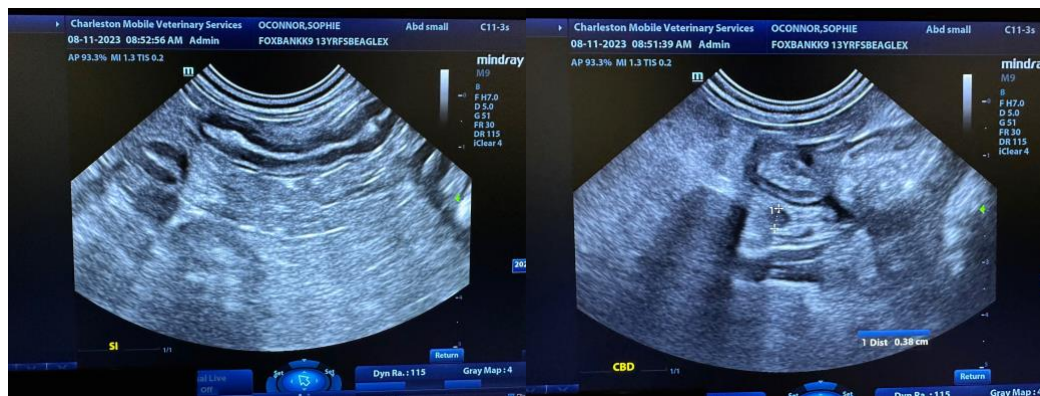
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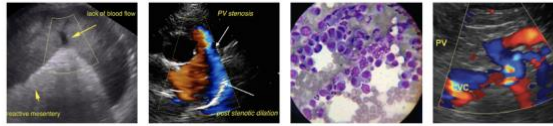
Secondary Findings

- Bilateral chronic age-related renal changes with nonobstructive nephrolithiasis
- The hyperechoic splenic nodule likely represents a benign process (i.e., myelolipoma) with a low possibility of an emerging tumor.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history and sonographic changes, consider further testing for Cushing's disease (i.e., ACTH stimulation test +/- a full adrenal panel (University of TN)).
- A cystotomy with stone removal, analysis and culture is recommended. Alternatively, medical dissolution of the stones can be considered with a prescription renal diet and broad-spectrum antibiotic therapy. If there is no improvement in stone size after 4 weeks of therapy, a cystotomy should be reconsidered. If the stone size is reduced, continue therapy until complete dissolution has been achieved.
- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, a repeat abdomen ultrasound +/- a more advanced hepatic work-up (i.e., tissue sampling) may be warranted.





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Sophie O'Connor

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Canine

BREED

Beagle Mix

SEX

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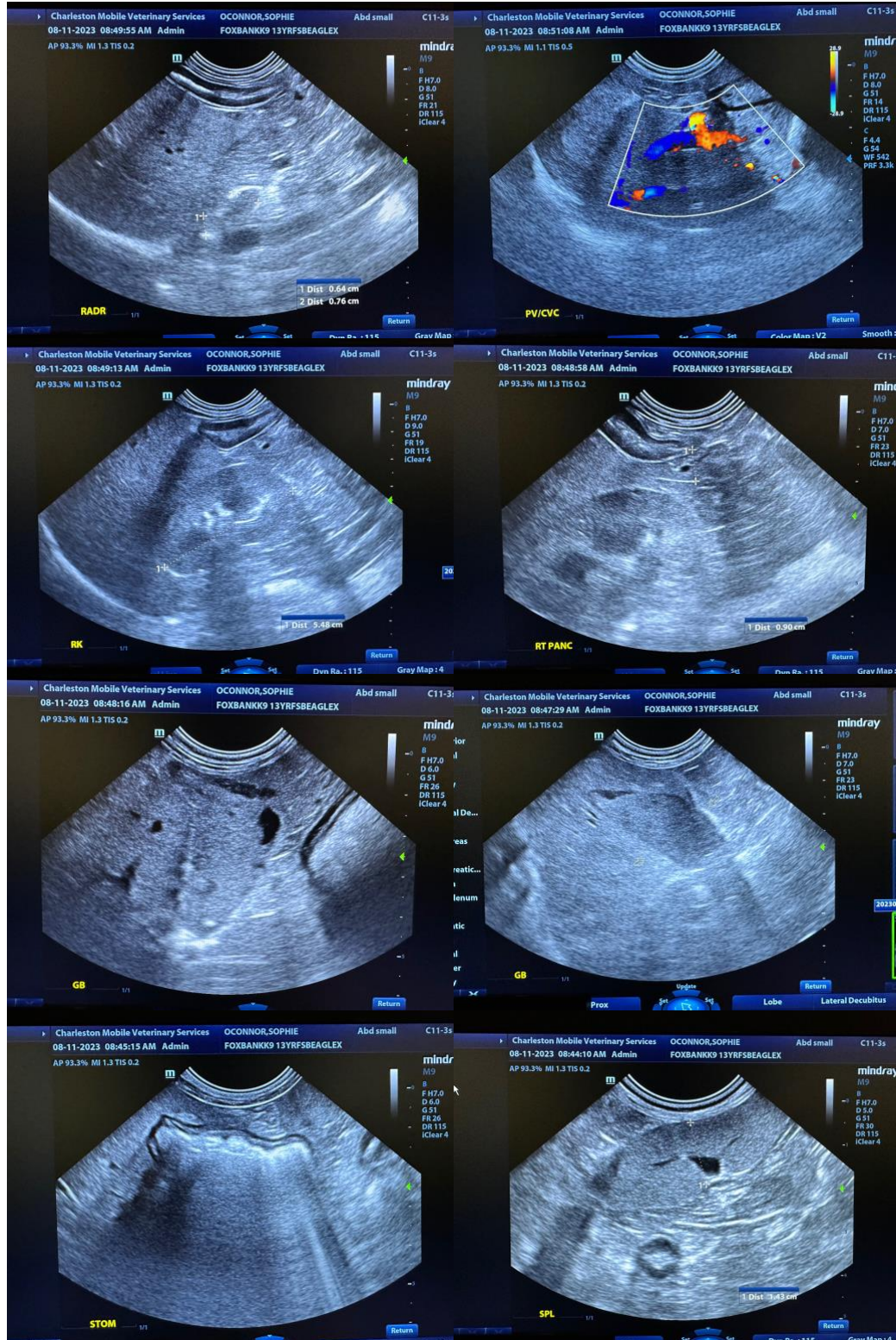
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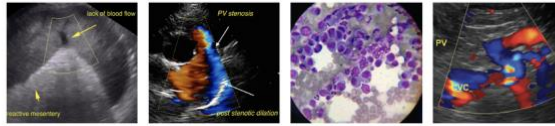
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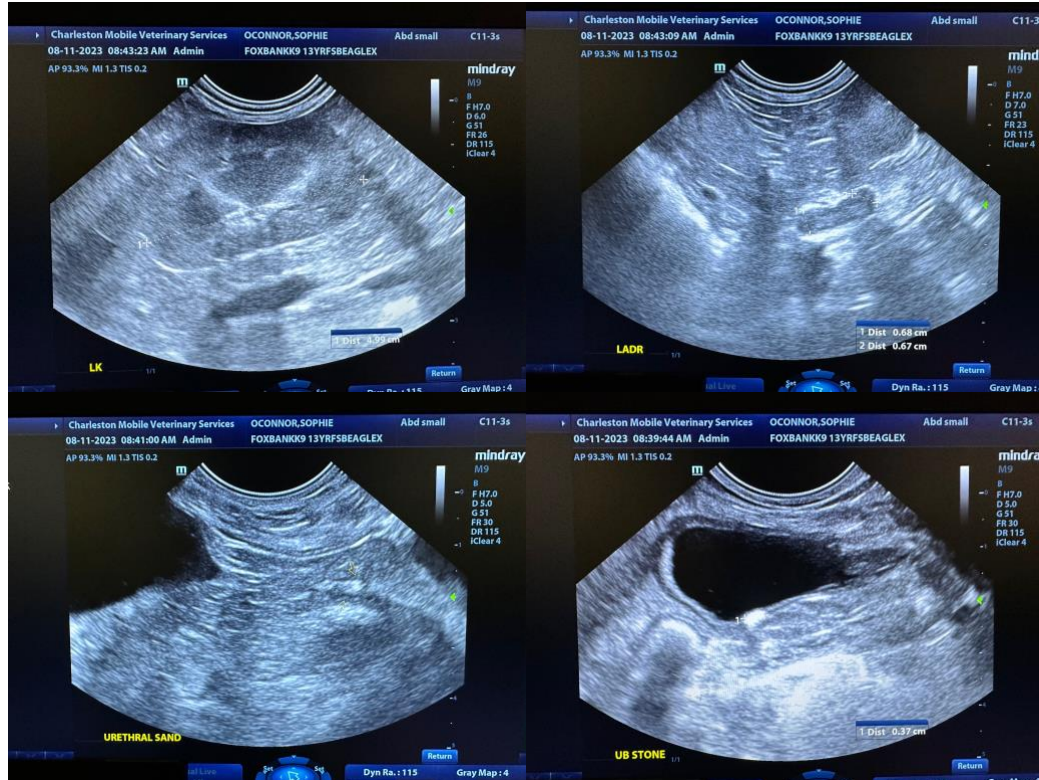
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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