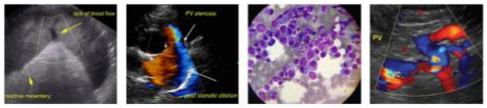
PAUS
Pet Animal Ultrasound Service
4paus.com 781-635-5677



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

PATIENT

Charlie Casoli

SPECIES

Canine

BREED

Schnauzer

SEX

Neutered Male

AGE

13 years, 10 mos

WEIGHT

28.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

VCA Hanson

REFERRING VET

Beth Jewett, DVM

INVOICE

14196

DATE

8.23.23

PRESENTING CLINICAL SIGNS

History: Needs removal of ulcerated mass at his right ear. Many large subcutaneous masses. Significant periodontal disease. Cardiac murmur II/VI. BP: 180, 182 mmHg. Having bi-cavity ultrasound exams.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. 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 left kidney is normal in size (5.05 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Mild pyelectasia is present is present (0.24 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal in size (4.96 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A 0.58 cm cortical cyst is observed at the medial aspect. Mild pyelectasia is present is present (0.23 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

The prostate is normal in size (0.81 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

Adrenal Glands

The left adrenal gland is normal size (0.46 cm at cranial pole) (0.52 cm at caudal pole); 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.

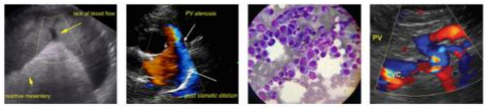
The right adrenal gland is prominent at the cranial pole (0.79 cm) and normal in size at the caudal pole (0.44 cm). A 1.17 x 0.83 cm hyperechoic nodule is observed at the cranial aspect. The lesion causes capsular expansion. Glandular echogenicity and detail at the caudal aspect are normal. Surrounding vasculature appears normal.

Spleen

The spleen is overall normal in size (0.97 cm in width at the level of the hilus). A 1.21 x 0.70 cm hypoechoic-to-heterogenous nodule is observed at the medial aspect, approximately mid-body. The lesion causes capsular expansion. A few small myelolipomas are also seen in the roth. The remaining splenic margins are curvilinear. The remaining parenchyma is homogenous. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.
The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic-to-mineralized debris and tiny choleliths are observed within the lumen. The cystic and common bile ducts are normal/not seen.



PATIENT

Charlie Casoli

SPECIES

Canine

BREED

Schnauzer

SEX

Neutered Male

AGE

13 years, 10 mos

WEIGHT

28.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

VCA Hanson

REFERRING VET

Beth Jewett, DVM

INVOICE

14196

DATE

8.23.23

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. 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 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 right limb and base of the pancreas are 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 mesentery adjacent to the ileocecocolic junction is hyperechoic. There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

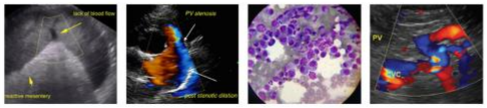
- Splenic nodule. Differentials include neoplasia (i.e., round cell tumor, sarcoma) versus a non-neoplastic process (i.e., focus of lymphoid hyperplasia or similar).

Secondary Findings

- Bilateral age-related renal changes with mild pyelectasia
- The right adrenal nodule could be consistent with focal hyperplasia, adenoma, adenocarcinoma, pheochromocytoma.
- Small choleliths, nonobstructive
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine-needle aspirate of the splenic nodule is recommended (if accessible) and if clotting status is normal. A 25-gauge needle should be used. If the lesion is not accessible, consider a recheck ultrasound in 4-6 weeks to assess for growth.
- Baseline lab work, including a CBC, chemistry panel, urinalysis and T4 is also recommended (if not already performed).
- Regarding the right adrenal nodule, consider further testing for a functional tumor (i.e., low-dose dexamethasone suppression test, urine/blood catecholamine levels) if the patient is



PATIENT

Charlie Casoli

SPECIES

Canine

BREED

Schnauzer

SEX

Neutered Male

AGE

13 years, 10 mos

WEIGHT

28.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

VCA Hanson

REFERRING VET

Beth Jewett, DVM

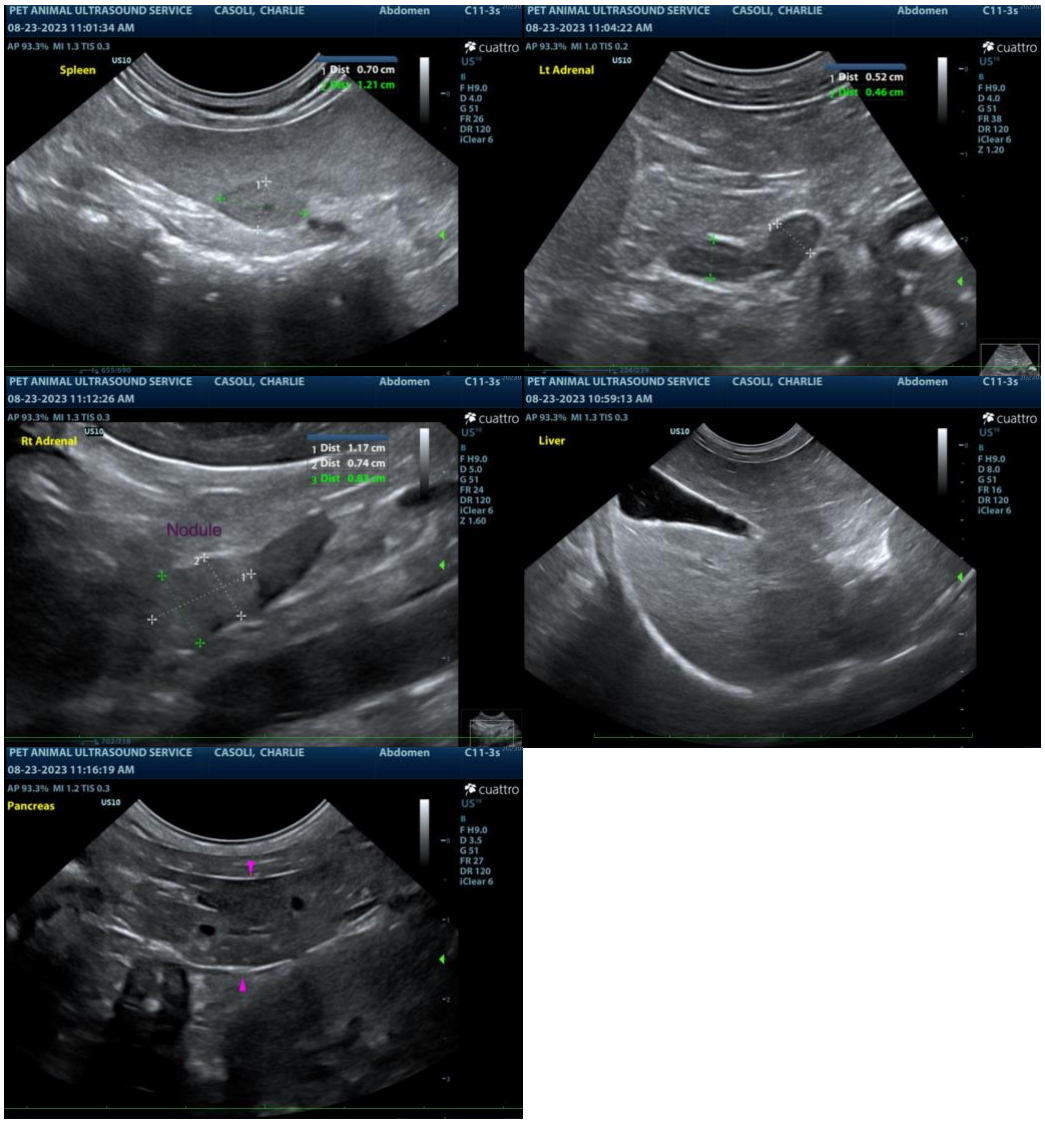
INVOICE

14196

DATE

8.23.23

exhibiting appropriate clinical signs. Otherwise, consider a recheck ultrasound of the nodule in 2-3 months to assess for growth.



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