

PATIENT

Thor Pederson

SPECIES

Canine

BREED

American Bulldog

SEX

Neutered Male

AGE

10.11.2011

WEIGHT

92.10 lbs

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

Park West VA

REFERRING VET

Justin Butler

INVOICE

11514

DATE

8.29.22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Seen at Blue Pearl Mt Pleasant last night for vomiting and inappetence and follow-up at PWVA today. BAR, H/L wnl, stage 2 periodontal disease, abdomen soft and non-painful, left flank MCT ulcerated and bleeding. Margins of spleen abnormal, concern for spread of disease and recommended AUS as next steps.

Abnormal lab-work values: Blue Pearl 8/28: CBC: Bands suspected, Mono 1.47 (H) Chem: Glu 155 (H), Glob 4.6 (H), Lip 2020 (H), Cl 102 (L)

Current Medications: Famotidine, Cerenia, diphenhydramine

Radiographic Findings/XR report:

THORAX RADIOGRAPHS: Right and left lateral as well as ventrodorsal projections of the thorax are available for interpretation and were obtained on August 28, 2022. No abnormalities are noted with respect to the cardiac silhouette or the pulmonary vasculature. There is a mild, diffuse bronchointerstitial pulmonary pattern present, which is consistent with the patient's age. The tracheal diameter is normal. There is a small volume of air present within the intra-thoracic esophagus, secondary to aerophagia. Pleural, mediastinal, or significant extra-thoracic abnormalities are not appreciated. A microchip is noted in place dorsally.

ABDOMEN RADIOGRAPHS: Right and left lateral as well as ventrodorsal projections of the abdomen are available for interpretation and were obtained on August 28, 2022. The stomach contains air and a small volume of fluid. The gastric positioning is normal and the pylorus contains air on the left lateral view. The small intestine contains a mixture of fluid, gas and ingesta, however measures within normal limits for size. The colon contains gas and formed fecal material. The liver, kidneys, urinary bladder and serosal detail are normal. The splenic margination is irregular on the lateral views. No significant extra-abdominal abnormalities are appreciated, apart from focal and very mild spondylosis deformans of the lumbosacral junction and a partial visible subcutaneous mass lesion of the left caudal abdomen.

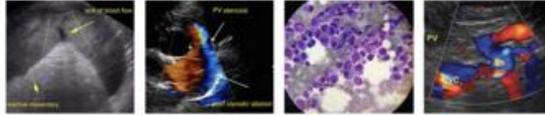
Assessment:

THORAX: Normal thorax radiographs. There is no current radiographic evidence of pulmonary metastasis/pathology, intrathoracic lymphadenopathy or cardiovascular disease.
ABDOMEN: Irregular splenic margination. Although this can represent incidental/insignificant change, abdominal ultrasound could be performed in this case to exclude the presence of underlying splenic pathology (including nodular or early infiltrative change). Otherwise, normal abdomen radiographs. There is no current radiographic evidence of decreased serosal detail, gastric distension, a pyloric outflow obstruction, radio-opaque gastrointestinal foreign material, small intestinal plication or a complete mechanical small intestinal obstruction. Depending on the results of bloodwork in this case, medical management for non-specific gastroenteritis could be attempted with repeat abdomen radiographs and/or abdominal ultrasound performed in 6-12 hours' time if the patient's clinical signs do not improve, or earlier if they worsen. Focal spondylosis deformans of the lumbosacral junction. Subcutaneous mass lesion of the left caudal abdomen, suspected to be the clinically noted and rapidly growing subcutaneous lesion.

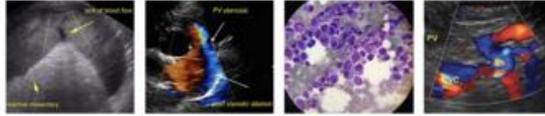
ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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



PATIENT	observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.
Thor Pederson	
SPECIES	The prostate is normal in size (1.58 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.
Canine	
BREED	The left kidney is normal size (7.15 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.
American Bulldog	
SEX	The right kidney is normal size (5.97 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.
Neutered Male	
AGE	Adrenal Glands The left adrenal gland is normal size (0.61 cm at cranial pole) (0.77 cm at caudal pole) (3.04 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.
10.11.2011	
WEIGHT	The right adrenal gland is normal size (1.16 cm at cranial pole) (0.70 cm at caudal pole) (2.82 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.
92.10 lbs	
INTERPRETED BY	Spleen The spleen is normal in size (2.33 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 is normal.
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	
IMAGING PERFORMED BY	Liver The liver is subjectively 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 evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The portal vein to caudal vena cava ratio is approximately 1: 1.
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HOSPITAL NAME	The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.
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REFERRING VET	Gastrointestinal The gastric lumen is mildly to moderately fluid-distended and hypomotile. The gastric wall is normal to moderately thickened (up to 1.55 cm) with apparent retention of the normal layering pattern. The pyloric outflow tract is patent. The duodenum is mildly fluid-distended and hypomotile. The duodenal wall is normal to mildly thickened (up to 0.86 cm) with retention of the normal layering pattern. In the remaining small intestinal segments, the jejunal lumen is empty. The 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 obvious evidence of an obstructive pattern.
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The right limb of the **pancreas** is prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. Surrounding mesentery is hyperechoic. The left limb is largely isoechoic relative to surrounding omental fat and mottled in appearance.

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Free Abdomen

There is no obvious evidence of free fluid. A 1.64 cm **lymph node** is observed in the right cranial quadrant. Surrounding mesentery is mildly hyperechoic.

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Other

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

SEX

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ULTRASONOGRAPHIC FINDINGS

AGE

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- Pancreatic changes consistent with mild to acute pancreatitis with mild regional peritonitis. There is some evidence of age-related pancreatic remodeling in the left limb.
- The gastric and duodenal wall thickening is most consistent with an inflammatory process (gastritis/duodenitis), which may be secondary to pancreatitis, systemic effects of mast cell degranulation, other. Upper GI ileus is present.
- The prominent lymph node in the right cranial quadrant is likely reactive, with a lower possibility of emerging neoplasia.

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Primary Findings

INTERPRETED BY

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Secondary Findings

- Bilateral degenerative renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care for acute pancreatitis/gastroenteritis is recommended, including fluid therapy, gastric protectants, antiemetics, pain medications (as needed). Also consider a promotility agent to help reduce ileus.

Given the presence of a fast-growing cutaneous mast cell tumor on the patient's left flank, also consider diphenhydramine, an antacid, +/- sucralfate. Three-view thoracic radiographs are also recommended (if not already performed) to assess for pulmonary metastatic disease. When the patient has stabilized, consider surgical removal of the mass with submission for histopathology.

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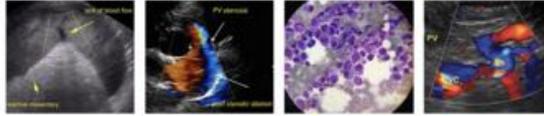
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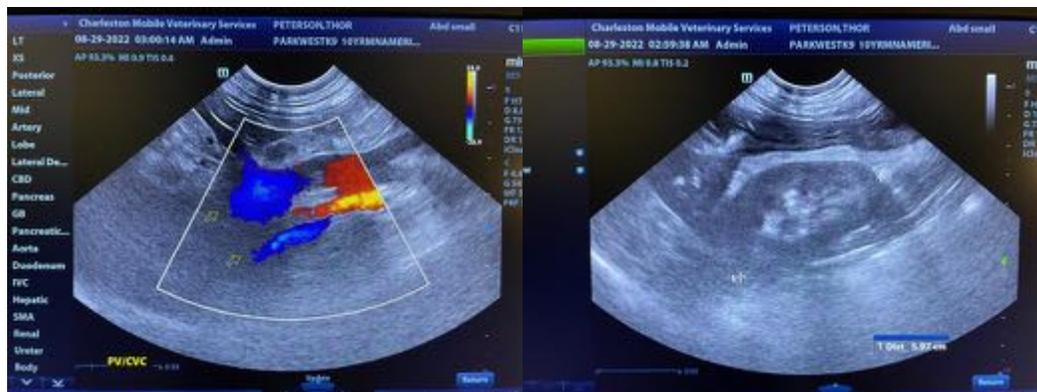
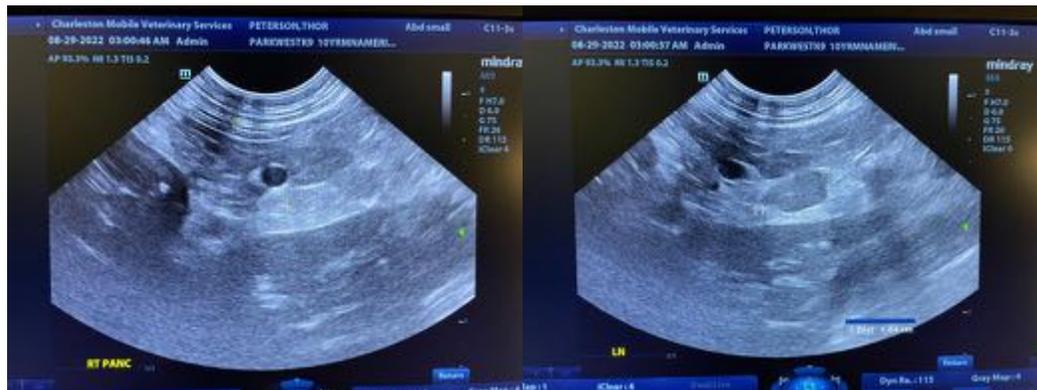
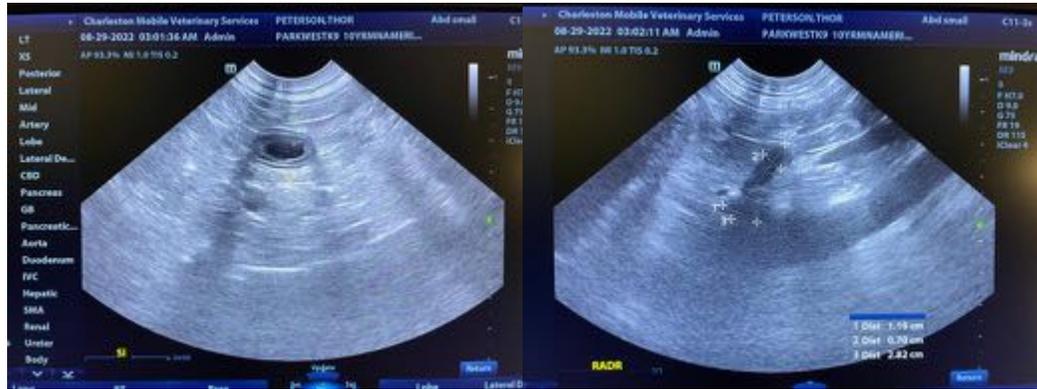
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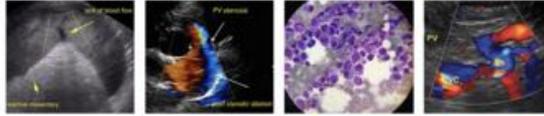
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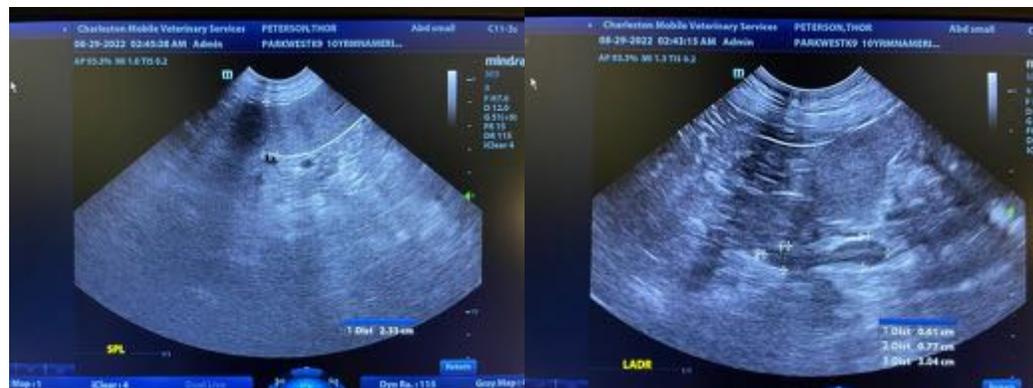
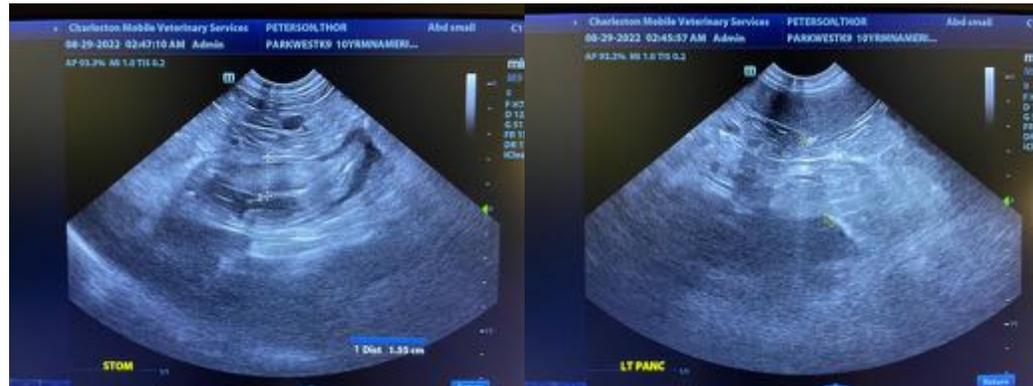
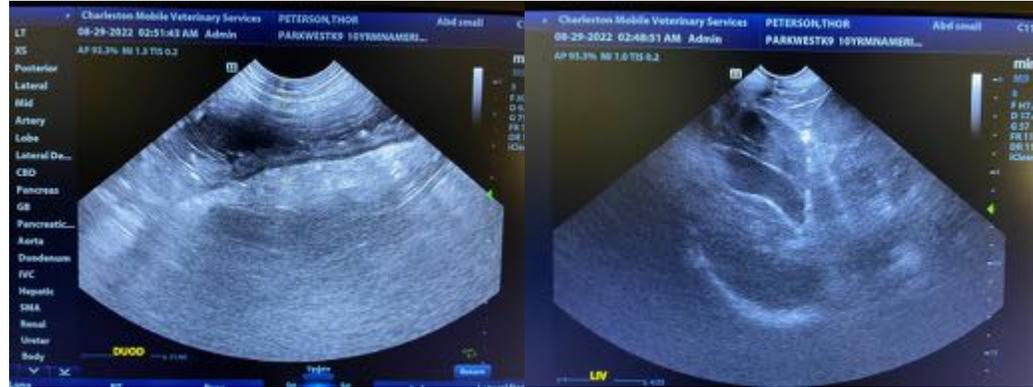
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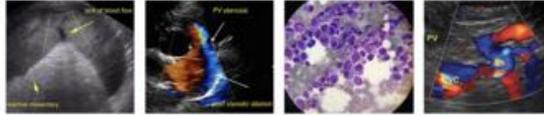
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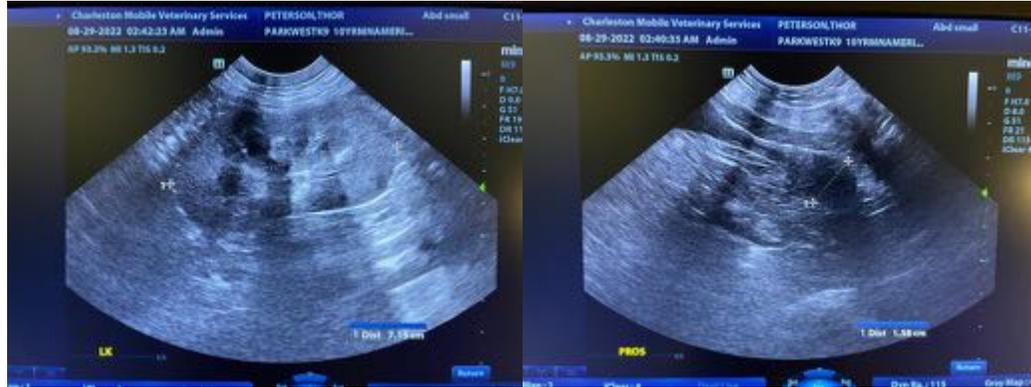
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com

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