



**PATIENT**

Bailey Crute

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

Female Spayed

**AGE**

12 Years

**WEIGHT**

77 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Potomac Mobile  
Veterinary Ultrasound

**HOSPITAL NAME**

Shenandoah Animal  
Hospital

**REFERRING VET**

Dr. Jarrett

**INVOICE**

12971

**DATE**

9/10/21

**PRESENTING CLINICAL SIGNS**

History: Mass removed from left anal gland on July 22. Came back as melanoma. Abdominal ultrasound performed for staging. Chemotherapy is not being pursued.

Abnormal PE/Chem/CBC/UA Results: Bloodwork WNL.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is mildly distended. The wall in the region of the apex is thickened up to 0.66 cm with an irregular mucosal surface. Several cystic calculi, the largest measuring 0.51 cm, are observed in the urinary bladder neck/proximal urethra. The region of the trigone is otherwise normal. The remaining luminal contents are mostly anechoic.

The left kidney is normal size (6.39 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Several nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (6.52 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Several nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal size measuring 0.62 cm at the cranial pole and 0.54 cm at the caudal pole x 3.28 cm in length with a normal shape and smooth peripheral contours. A 0.55 cm hyperechoic nodule is observed at the cranial aspect. The remaining echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size measuring 0.48 cm at cranial pole and 0.55 cm at caudal pole x 2.15 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 subjectively prominent in size with slightly irregular peripheral contours at the medial aspect. Several varying sized, ill-defined hyperechoic nodules are observed throughout the parenchyma. The largest nodule/mass measures 2.28 cm in diameter and causes capsular swelling at the caudal medial aspect. The remaining parenchyma is subtly mottled in appearance. Splenic vasculature appears 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 focal distinct



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lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

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

Canine

**Gastrointestinal**

**BREED**

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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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**Pancreas**

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The left 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.

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12 Years

**Free Abdomen**

**WEIGHT**

Trace free fluid is observed. 1-2 prominent mid abdominal lymph nodes are visualized, the largest measuring 1.18 cm in length.

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**ULTRASONOGRAPHIC FINDINGS**

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

**Primary Findings**

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

**Secondary Findings**

- Cystic/proximal urethral calculi with bladder wall changes consistent with cystitis
- Bilateral age-related renal pathology with non-obstructive nephroliths
- The left adrenal nodule trends toward the benign (i.e., nodular hyperplasia) with a lower possibility of emerging neoplasia
- The splenic nodules/mass also trend toward a benign process (i.e., myelolipomas); however, emerging neoplasia cannot be completely excluded
- 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 unlikely
- Gallbladder debris- incidental
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia
- The significance of the trace ascites is unclear and may be secondary to increased hydrostatic pressure, increased vascular permeability or low oncotic pressure. Correlation with clinical findings is recommended

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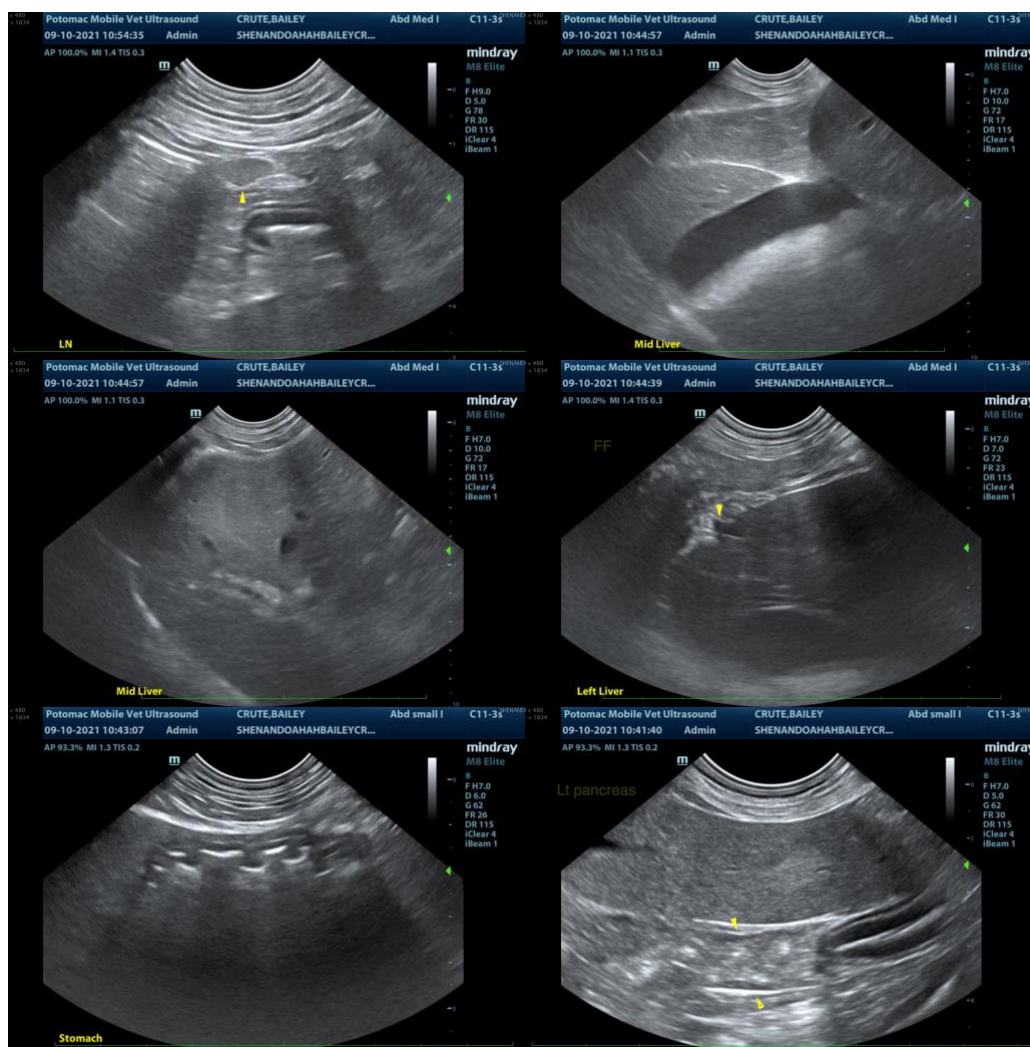
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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- 3 view thoracic radiographs are recommended to assess for pulmonary metastatic disease, if not already performed.
- A cystotomy with stone removal, analysis and culture can be considered. 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.
- Fine needle aspirates of the splenic nodules can be considered if accessible and clotting status is appropriate. If a more conservative approach is desired, consider a repeat ultrasound in 4-6 weeks to assess for progression.





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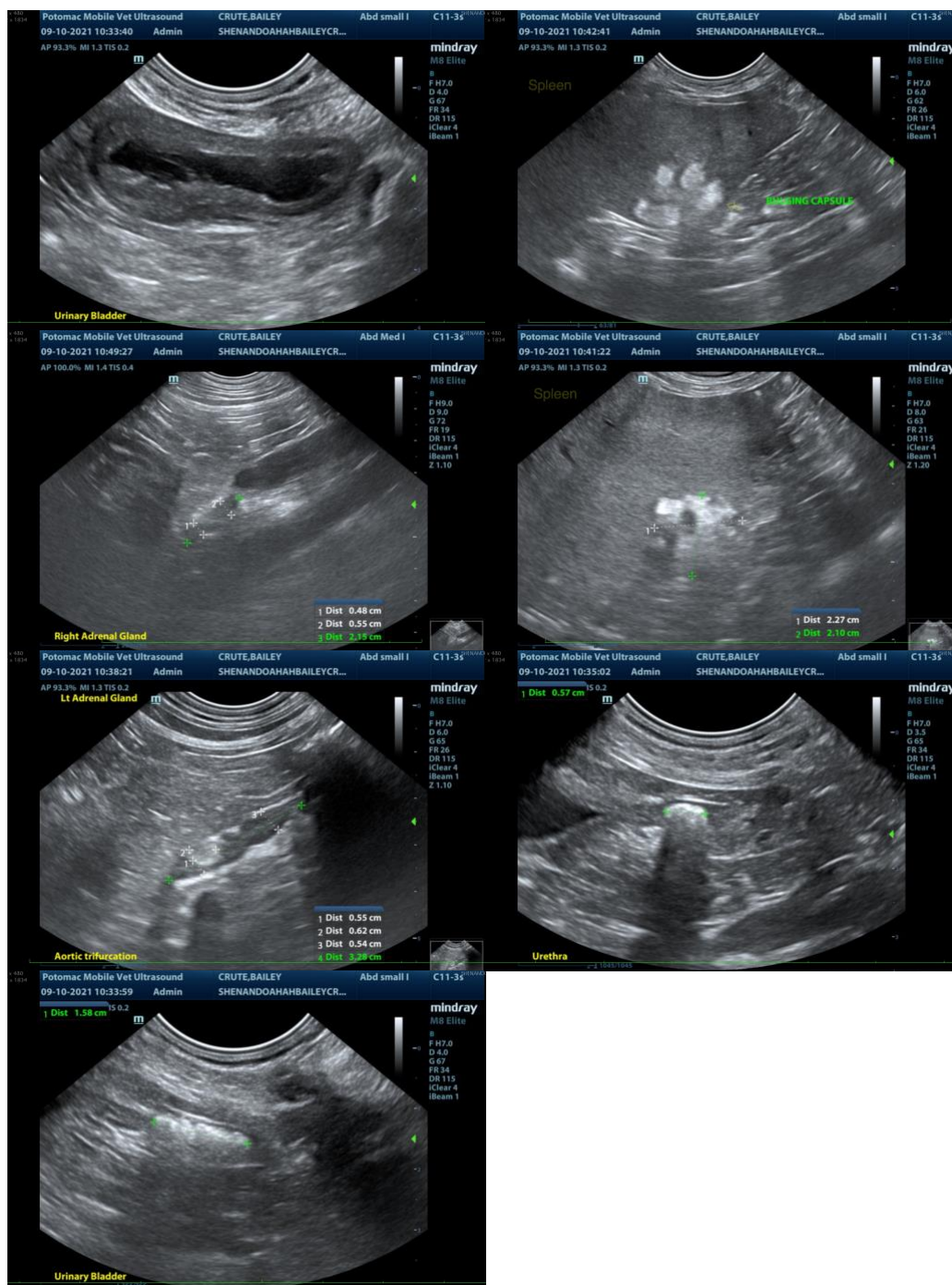
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (Small Animal Internal Medicine)



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Andrea.nicastro@sonopath.com

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