



PATIENT

Sooty Siggers

PRESENTING CLINICAL SIGNS

History: Patient presents for a PCV of 35.99%, checking for possible causes. No current meds.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CBC - HCT 35.99% all else WNL. Chem - ALP 657, BUN 34 all else WNL.

BREED

Mixed breed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly to moderately distended with anechoic urine. The wall in the region of the apex is slightly thickened (up to 0.38 cm) with an irregular mucosal surface. The wall tapers to a normal thickness as it extends towards the urinary bladder neck. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Male Neutered

The prostate is normal in size (1.01 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

15 years

The left kidney is normal size (4.39 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is mild to moderate loss of corticomedullary distinction. A 0.81 cm linear, hyperechoic focus is observed within the lateral cortex. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

21 lbs.

The right kidney is normal size (4.30 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.55 cm at cranial pole) (0.44 cm at caudal pole) (1.49 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.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

The right adrenal gland is normal size (0.35 cm at cranial pole) (0.45 cm at caudal pole) (1.35 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.

HOSPITAL NAME

Glen Rock VH

Spleen

The spleen is normal in size (1.38 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is slightly mottled in appearance. An ill-defined, 0.73 x 0.65 cm hypoechoic nodule is observed within the parenchyma. In addition, a few, small, hyperechoic nodules are seen. Splenic vasculature is normal.

REFERRING VET

Dr. Steckler

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 is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are

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PATIENT normal/not seen.

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Gastrointestinal

SPECIES

Canine

The gastric lumen is moderately fluid-distended and hypomotile. The gastric wall is normal to borderline thickened (up to 0.52 cm) with retention of the normal layering pattern. 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. No obstructive disease is noted.

BREED

Mixed breed

Pancreas

The left limb of the pancreas is largely isoechoic relative to surrounding omental fat. See also "Other" category.

SEX

Male Neutered

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

AGE

15 years

Other

A 3.09 x 2.06 cm irregular, hypoechoic mass is observed in the right cranial abdomen just caudal to the greater curvature of the stomach. Surrounding mesentery is slightly hyperechoic.

WEIGHT

21 lbs.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The origin of the cranial abdominal mass is unclear. Given its location, a pancreatic mass is considered likely. However, a gastric, hepatic, mesenteric or lymph node mass cannot be excluded. Neoplasia is considered likely with a lower possibility of an abscess or granuloma.
- Gastric stasis, which may be secondary to functional hypomotility or a partial outflow obstruction secondary to the mass in the right cranial quadrant.

Secondary Findings:

- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis. The hyperechoic cortical focus in the left kidney may represent an area of fibrosis, infarction, or mineralization.
- The urinary bladder wall changes could be consistent with cystitis or lack of full repletion. Correlation with clinical findings is recommended.
- 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 splenic parenchymal changes trend towards the benign (i.e., lymphoid hyperplasia or extramedullary hematopoiesis) with a lower possibility of emerging neoplasia. Splenic myelolipomas are present.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.



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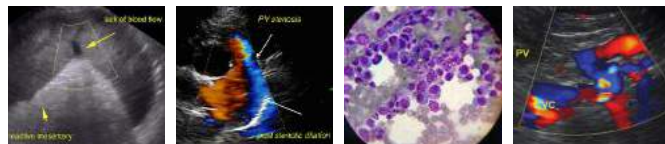
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- If accessible, a fine needle aspirate of the cranial abdominal mass is recommended using a 25-gauge needle. Clotting status should be assessed prior to aspiration. If the lesion is not accessible, an abdominal exploratory with biopsies of the mass may be necessary to get a definitive diagnosis. An abdominal CT scan would be useful in identifying the origin of the mass. If surgery is to be pursued, referral to a board-certified veterinary surgeon is recommended due to the potential for perioperative complications.





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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.

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