



PATIENT

Stella Wright

PRESENTING CLINICAL SIGNS

History: Elevated liver enzymes, Hx of neoplasia (intestinal lymphoma), severe diarrhea.

Current meds: Metronidazole, Aminopentamide.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Ast 79, Alt 206, SAP 1024, BUN 56, Cr 1.5, USG 1.00

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Tibetan Terrier

Urinary System

The urinary bladder, trigone, and pelvic urethra are 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 observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Female Spayed

The left kidney is normal size (4.46 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

14.5 years

The right kidney is normal size (4.91 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

19.3 lbs.

Adrenal Glands

The left adrenal gland is normal size (0.64 cm at cranial pole) (0.72 cm at caudal pole) (2.42 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.

The right adrenal gland is normal size (0.82 cm at cranial pole) (0.47 cm at caudal pole) (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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

Spleen

The spleen is normal in size (0.96 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.50 x 0.30 cm ill-defined, cystic lesion is observed near the hilus. Splenic vasculature is normal.

HOSPITAL NAME

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Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen with minor changes consistent with age-related remodeling. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

REFERRING VET

Dr. Hummel

INVOICE

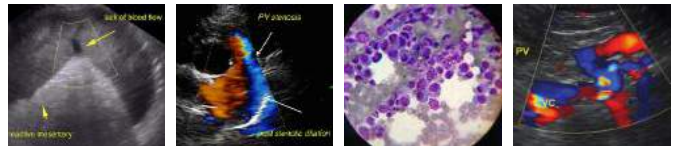
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Gastrointestinal

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 segmentally dilated with chyme. In one segment of intestine, shadowing material is observed. A 1.42 x 0.97 cm hypoechoic mass is arising from the serosal

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surface of one segment of jejunum. The remaining small intestinal wall is normal in thickness with a normal layering pattern. A few mucosal striations are seen in one segment. The wall of the descending colon is mildly thickened (up to 0.47 cm) with retention of the normal layering pattern.

SPECIES

Canine

Pancreas

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.

BREED

Tibetan Terrier

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

SEX

Female Spayed

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

AGE

14.5 years

Primary Findings:

- Small intestinal mass. Differentials include round cell tumor, adenocarcinoma, leiomyoma, leiomyosarcoma, and other. The shadowing material within the small intestine likely represents foreign material but does not appear obstructive. The colonic wall changes are most consistent with inflammation with a possibility of emerging lymphoma.
- Non-specific diffuse hepatopathy. Differentials include inflammatory disease, age-related change (i.e., remodeling, vacuolar hepatopathy, regenerative nodular hyperplasia), infiltrative neoplasia (unlikely), other hepatopathy. Correlation with the patient's liver values is recommended.

WEIGHT

19.3 lbs.

Secondary Findings:

- The cystic splenic lesion may represent a benign process. Alternatively, emerging neoplasia cannot be completely excluded.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Age-related renal pathology.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. If accessible, a fine needle aspirate of the small intestinal mass is recommended (if clotting status is appropriate). A 25-gauge needle should be used. If cytologic evaluation is inconclusive or if the lesion is not accessible, surgical biopsy/removal can be considered.
3. Other diagnostic/therapeutic considerations for the patient's clinical signs include the following:
 - a. A malabsorption panel including serum cobalamin, folate, PLI and TLI.
 - b. A fecal evaluation for ova/Giardia
 - c. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.

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- d. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.

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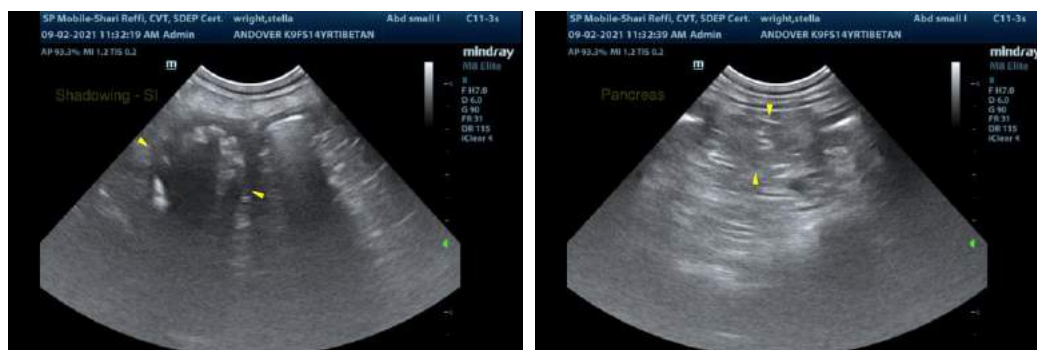
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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