



PATIENT

Stella Timmons

PRESENTING CLINICAL SIGNS

History: Inappetence and unresolving diarrhea, weight loss, limping on LHL (history of ACL issue), mid-abdominal mass on abdominal rads. Current med: Galliprant.
Abnormal PE/Chem/CBC/UA Results: CBC/Chem on 6/21/21 prior to clinical signs: HCT 58.8, WBC 39.08, neuts. 32.78, monos 3.04, TP 8.6, glob 5.4, ALP 289.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Labrador retriever

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 mostly 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 (6.28 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 hydroureter. Renal vasculature is normal.

AGE

11 Yrs.

The right kidney is small in size (5.57 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

WEIGHT

92 lbs.

Adrenal Glands

The left adrenal gland is normal size (0.82 cm at cranial pole) (0.72 cm at caudal pole) (2.10 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)

The right adrenal gland is normal size (0.55 cm at cranial pole) (0.70 cm at caudal pole) (2.55 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

Spleen

The spleen is normal in size (2.25 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.

HOSPITAL NAME

Allendale VH

Liver

The liver is subjectively normal in size. The parenchyma is hypoechoic relative to the spleen. In the left side, the peripheral margins are swollen and irregular and the parenchyma is mottled in appearance. In the mid to right liver, the parenchyma is more homogeneous. No distinct focal lesions are observed. Vascular 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

REFERRING VET

Dr. Izar

Gastrointestinal

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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.

DATE

9/2/21



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Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic 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.

SPECIES

Canine

Free Abdomen

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

BREED

Labrador retriever

ULTRASONOGRAPHIC FINDINGS

SEX

Female, spayed

Primary Findings:

- The left hepatic parenchymal changes could be consistent with infiltrative neoplasia or benign pathology (i.e., regenerative nodular hyperplasia).

Secondary Findings:

- Minor age-related changes in the right kidney.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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*An obvious cause for the patient's diarrhea is not identified in this study. Considerations include microscopic gastrointestinal or pancreatic disease, occult neoplasia, underlying metabolic issue, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine needle aspirate of the left side of the liver (if clotting status is appropriate). A 25-gauge needle should be used.
- Other diagnostic/therapeutic considerations include the following:
 1. A fecal evaluation for ova/Giardia
 2. Serum cobalamin, folate, PLI and TLI
 3. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
 4. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
- Depending on the results of the above diagnostic/therapeutics, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis. If surgical biopsies are pursued, a biopsy of the left liver may also be warranted.

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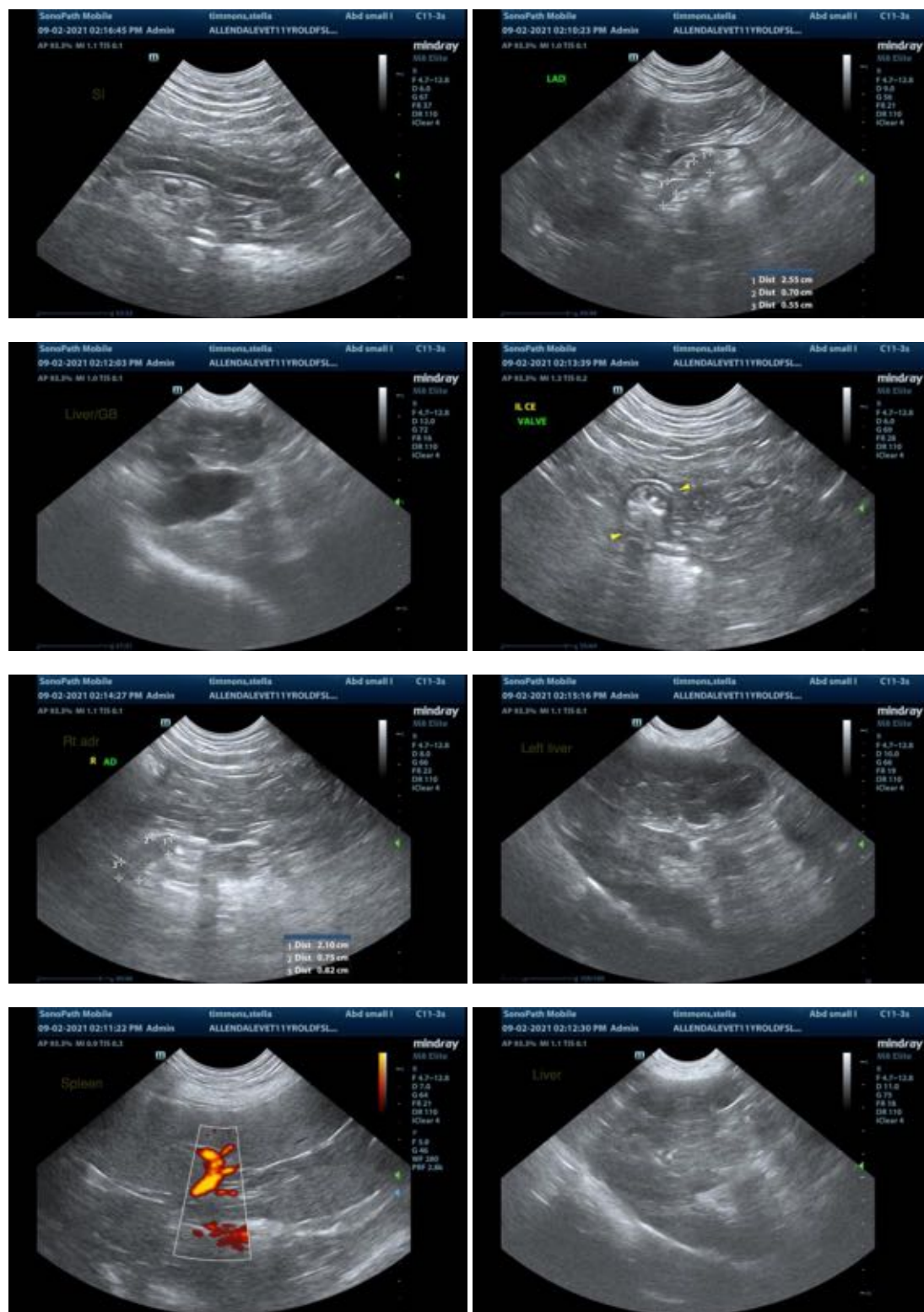
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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