



PATIENT

Ruca Moran

PRESENTING CLINICAL SIGNS

History: Presented yesterday for acute onset vomiting and anorexia, history of intermittent vomiting over the previous month.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Subdued, sensitive on abdominal palpation. Mild elevation of cPL, CBC, chemistry WNL

BREED

Golden Retriever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is of appropriate thickness for the level of repletion. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Female spayed

The left kidney is normal size (7.10 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.

AGE

14 Years 11 Months

The right kidney is normal size (7.38 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

47.7 lbs.

Adrenal Glands

The left adrenal gland is mildly enlarged (1.02 cm at cranial pole) (0.84 cm at caudal pole). A 1.84 x 0.88 cm hyperechoic to heterogeneous nodule is observed at the cranial aspect. Glandular echogenicity and detail at the caudal aspect are normal. Surrounding vasculature appears normal.

INTERPRETED BY

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

The right adrenal gland is upper limits of normal size (1.20 cm at cranial pole) (1.38 cm at caudal pole). A 1.56 x 1.20 cm hyperechoic to heterogeneous nodule is observed at the cranial pole. The glandular echogenicity and detail at the caudal pole are normal. Surrounding vasculature is normal.

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Dr. Green

Spleen

The spleen is normal in size (1.75 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. See also "Other" category.

HOSPITAL NAME

Healing Spirit Animal
Wellness

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. See also "Other" category. The gall bladder lumen is distended. The wall is normal in thickness. Numerous polypoid-like lesions are rising from the luminal surface. Some suspended echogenic debris is also seen. The cystic and common bile ducts are normal/not seen.

REFERRING VET

Dr. Green

INVOICE

11891kk

Gastrointestinal

The gastric lumen is moderately distended with gas. The gastric wall in the region of the fundus is normal to borderline thickened (up to 0.50 cm) with a normal layering pattern. In the region of the pyloric antrum, the wall is thickened (up to 1.36 cm) and irregular with a prominent muscularis layer and

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questionable retention of the normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal. There is no evidence of an obstructive pattern.

SPECIES

Canine

Pancreas

The left limb of the pancreas is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. See also "Other" category.

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Free Abdomen

There is no evidence of free fluid.

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Lymph Node

See "Other" category.

AGE

14 Years 11 Months

Other

A 9.0 x 6.54 cm irregular, homogeneous mass is observed in the cranial to mid-abdomen.

WEIGHT

47.7 lbs.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Cranial to mid-abdominal mass, the origin of which is unclear. It may be arising from spleen, liver, lymph node, mesentery, pancreas, or other. Neoplasia is suspected with a lower possibility of benign pathology.
- The pyloric antral wall changes could be consistent with hypertrophy, inflammation, or emerging neoplasia.

Secondary Findings:

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis, or chronic pancreatitis.
- The bilateral adrenal changes are consistent with hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. A fine needle aspirate of the abdominal mass is recommended (if clotting status is appropriate). A 25-gauge needle should be used.
3. If cytology results are inconclusive, surgical biopsy +/- mass removal as well as gastrointestinal biopsies (including the pyloric antrum) may be necessary to get a definitive diagnosis.

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Diplomate ACVIM
(*Small Animal Internal
Medicine*)

**IMAGING
PERFORMED BY**

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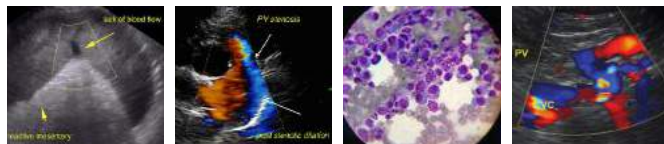
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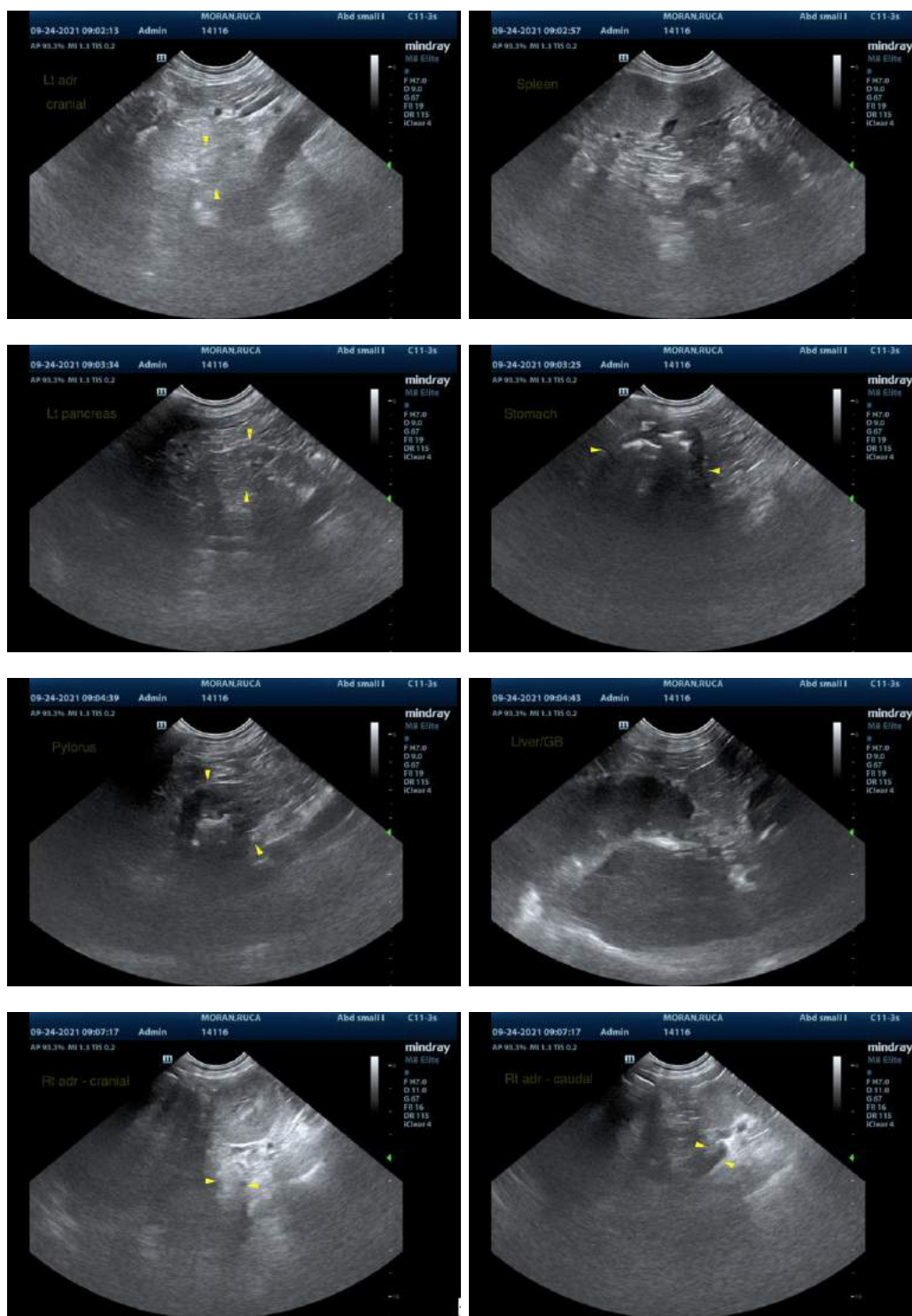
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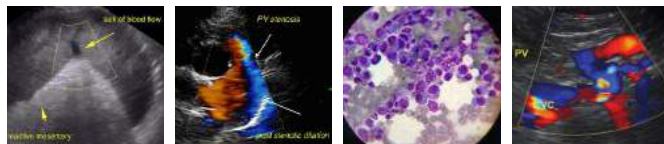
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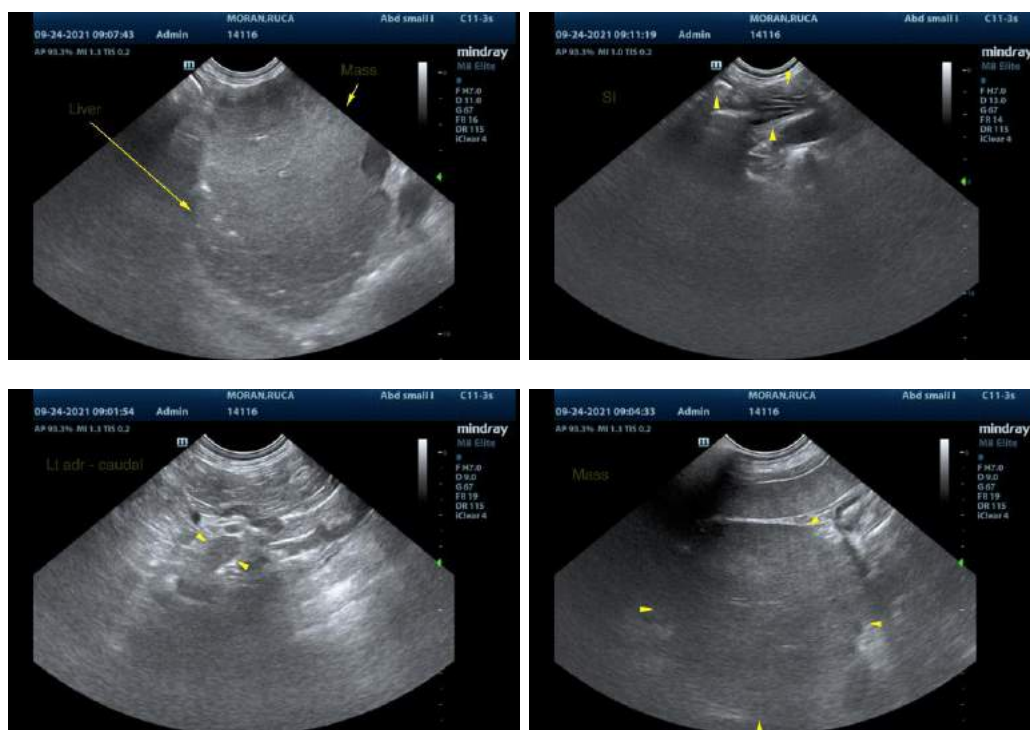
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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