



PATIENT PRESENTING CLINICAL SIGNS

Fifi Willis
 History: Massive mammary gland masses multiple glands. tumors ready to rupture out of the skin
 Abnormal PE/Chem/CBC/UA Results: Xrays and bloods pending, no obvious mets seen on xrays.
 AUS for met check

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Mixed breed

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A scant amount of echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

SEX

Female, intact

The left kidney is normal size (10.11 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. Mild pyelectasia is present (0.30 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

AGE

9 Yrs.

The right kidney is normal size (9.67 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

58.35 kg.

Adrenal Glands

The left adrenal gland is normal size (0.99 cm at cranial pole) (0.95 cm at caudal pole) (4.46 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 (1.60 cm at cranial pole) (0.68 cm at caudal pole) (4.78 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

Dr. Brian Barnes

Spleen

The spleen is normal in size (1.77 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

Westview VH

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. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of gravity-dependent echogenic debris and mineralized sand is observed within the lumen +/- tiny choleliths. The cystic and common bile ducts are normal/not seen.

REFERRING VET

Dr. Brian Barnes

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14016

Gastrointestinal

DATE

9/26/22



PATIENT

Fifi Willis

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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.

SPECIES

Canine

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

BREED

Mixed breed

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 4.5 cm mesenteric lymph node is visualized, the node is normal in shape and echogenicity.

SEX

Female, intact

AGE

9 Yrs.

Primary Findings:

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

Secondary Findings:

- The mild left pyelectasia may be secondary to pyelonephritis, age-related remodeling or some combination thereof.
- Gallbladder sand +/- tiny choleliths- incidental.
- The prominent mesenteric lymph node is likely reactive.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastatic disease, if not already performed.
- Given the history of mammary masses, consider consultation with a board-certified surgeon as well as fine needle aspirates of the masses to assess for neoplastic cells.

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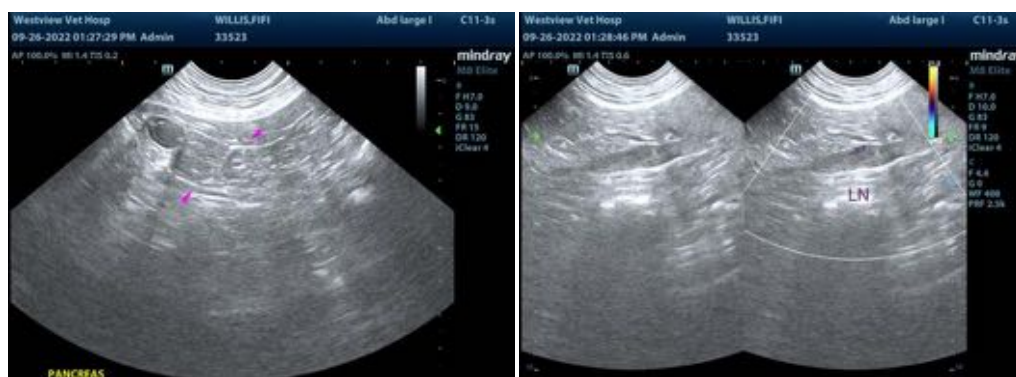
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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