



PATIENT

Chloe Bonsanque

SPECIES

Canine

BREED

Cockapoo

SEX

Female, spayed

AGE

14 Yrs. 10 months

WEIGHT

30 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Debbie White

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Debbie White

INVOICE

12270

DATE

9/27/21

PRESENTING CLINICAL SIGNS

History: Geriatric pet recently diagnosed with cushings and has been on vetoryl 3 months now. dose=30mg 1 po sid. Also hypertensive on amlodipine 2.5mg 1/2 po sid. Two acth stim show good management. previous ultrasound showed liver, spleen and bladder mass. Recheck ultrasound today for progression or change. no biopsies pursued yet of abdominal masses currently doing well. previous thick scabby skin lesions improved but not fully resolved since cushings tx. polyuria and urinary accidents resolved since starting vetoryl. no dysuria noted by owner
Abnormal PE/Chem/CBC/UA Results: 8/20/21 acth stim pr-4.7 (1-5), post 5.4 (8-17) 7/20/21 cbc/chem incr tp-8, imcr albumin-4.5, incr alp=878, incr bun/creat-43, incr k-5.6, decr na/k-26, incr choles-427, incr psl-182 7/20/21 acth stim pre=4.8, post-6 7/6/21 UA sg 1.020, ph=6.5, quiet sediment 6/6/21 LDDS pre-1.4, 4 hr-1.1, 8 hr=1.8

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. A 2.20 x 0.86 cm irregular mass is arising from the ventral wall. Foci of mineralization are observed within the mass. The remaining wall is normal in thickness. A scant amount of suspended 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.

The left kidney is normal size (5.45 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. A few small cortical cysts are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (5.17 cm in length) with a slightly irregular shape. 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 hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.89 cm at cranial pole) (0.62 cm at caudal pole) (2.37 cm in length) with an irregular shape. The parenchyma is subtly heterogeneous in appearance. A 0.83 x 0.46 cm hyperechoic nodule is observed at the cranial pole. Glandular echogenicity and detail at the caudal pole are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (1.65 cm at cranial pole) (1.08 cm at caudal pole) (4.58 cm in length) with an irregular shape. Varying sized hyperechoic nodules are observed throughout the gland. There is loss of glandular detail. Surrounding mesentery is mildly hyperechoic. Vascular invasion is difficult to determine.

Spleen

The spleen is subjectively normal in size (1.79 cm in width at the level of the hilus) with a slightly irregular lateral contour. A 1.60 x 0.93 cm heterogeneous cavitated nodule is observed at the lateral aspect. The remaining parenchyma is homogeneous in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen. A >4.5 cm heterogeneous mass is observed deep mid-liver. The lesion causes capsular expansion. The remaining parenchyma is heterogeneous in appearance with ill-defined



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hyperechoic nodules/areas. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is distended. The wall is normal in thickness. A moderate amount of echogenic debris, most of which is partially gravity-dependent and some of which is adherent is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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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 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.

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Pancreas

The pancreas is diffusely prominent in size with slightly irregular peripheral contours. The parenchyma is isoechoic relative to surrounding omental fat and moderately heterogeneous in appearance with at least one small hypoechoic nodule in the left limb. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic effusion.

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Free Abdomen

There is no evidence of free fluid. 1.51 x 0.61 cm homogeneous sublumbar lymph node is visualized.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Hepatic mass. Neoplasia (i.e., adenoma, adenocarcinoma) is considered likely with a lower possibility of benign pathology. The diffuse hepatic parenchymal changes could be consistent with age-related change (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy). Alternatively, infiltrative neoplasia is possible but is considered less likely.
- Urinary bladder mass. The lesion appears similar to slightly larger compared to the previous scan. Neoplasia (i.e., transitional cell carcinoma) is possible as is polypoid cystitis.
- The prominent sublumbar lymph nodes are likely reactive with a lower possibility of infiltrative neoplasia.
- The splenic nodule is concerning for infiltrative neoplasia with a lower possibility of benign pathology.

Secondary Findings:

- Gallbladder debris- incidental.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Bilateral age-related renal changes.
- The bilateral adrenal changes are consistent with the previous diagnosis of pituitary-dependent hyperadrenocorticism. The adrenals are similar to slightly larger compared to the previous scan.

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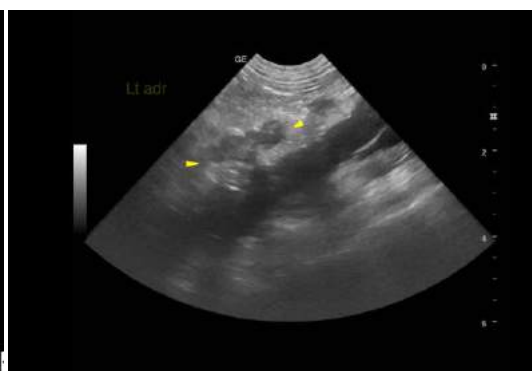
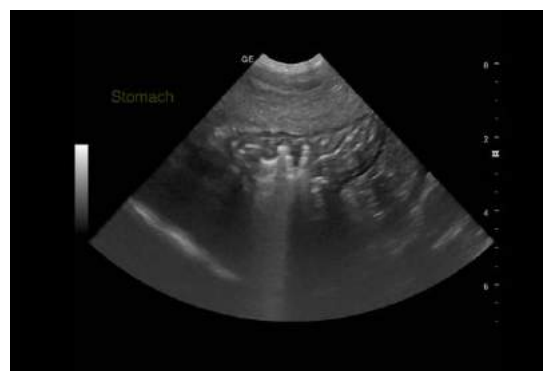
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If an aggressive approach is desired, consider a fine needle aspirate of the liver mass as well as a urine BRAF test to further evaluate for lower urinary tract neoplasia.
- If a conservative approach is desired, palliative care is recommended.

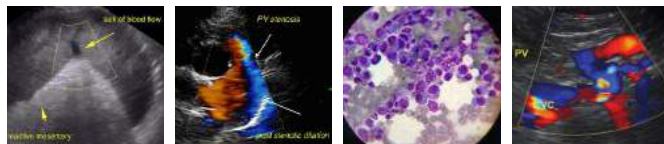


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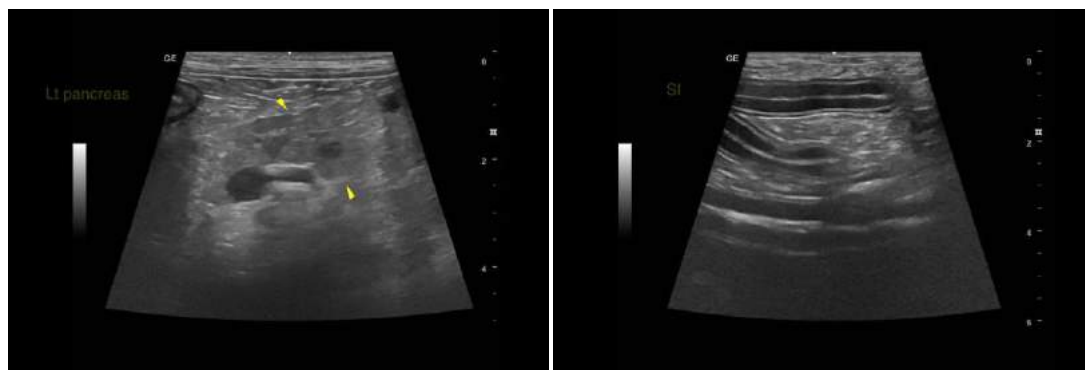
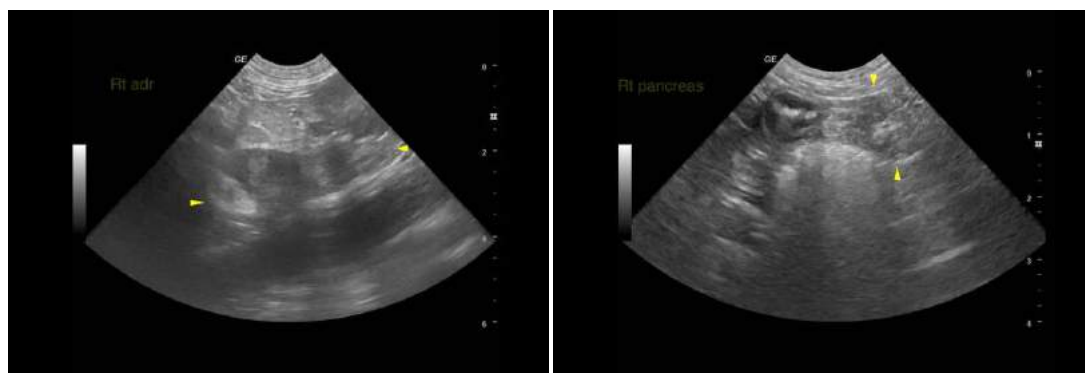
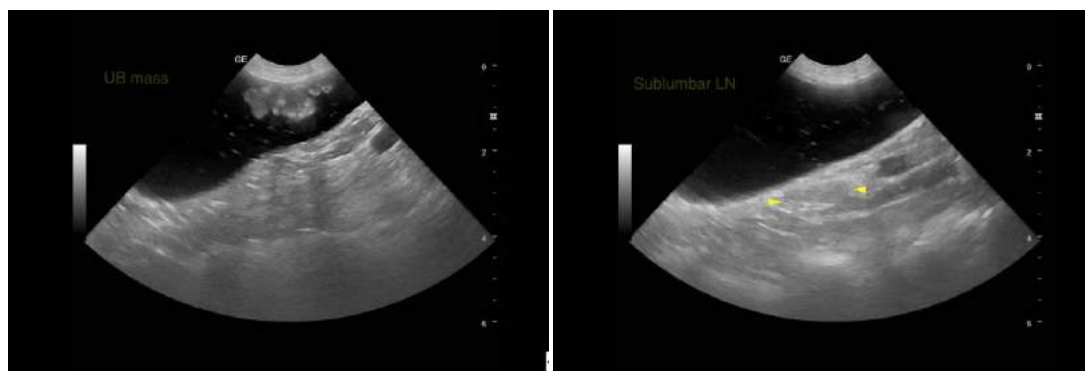
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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