



PATIENT

Tess Castrilli

PRESENTING CLINICAL SIGNS

History: Confirm Cushing's. Medication recommendations- Trilostane?

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Alkp >2000, ALT 369, Ca 12.4, Chol 365, GGT 24, Neu 12.03, RBC 879, USG 1.010

BREED

Beagle

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall in the region of the apex is slightly thickened and irregular. At least one cystic calculus (1.51 cm) is observed within the lumen along with a small to moderate amount of gravity-dependent sand and a small amount of echogenic debris. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Female Spayed

The left kidney is normal size (5.48 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

11 years

The right kidney is normal size (5.78 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

32 lbs.

Adrenal Glands

The left adrenal gland is normal size (0.57 cm at cranial pole) (0.65 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.

The right adrenal gland is enlarged (1.87 cm at cranial pole) (0.86 cm at caudal pole) (2.98 cm in length) with an irregular shape. A 1.96 x 1.78 cm hyperechoic to heterogeneous nodule/mass is observed at the cranial aspect. The lesion causes capsular expansion. Glandular echogenicity and detail at the caudal pole are normal. There is no obvious evidence of vascular invasion.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

Spleen

The spleen is normal in size (1.16 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.

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Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A few small, ill-defined, hyperechoic nodules are observed throughout the parenchyma. Foci of mineralization are observed along hepatic vessels. There is no evidence of vascular congestion. The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

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INVOICE

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Gastrointestinal

The gastric lumen is mildly distended with soft shadowing material. 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.

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.

Free Abdomen

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

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely. Vascular wall mineralization – incidental and likely secondary to hypercalcemia.
- Right adrenal nodule/mass. Differentials include benign hyperplastic nodule versus neoplasia (i.e., adenoma, adenocarcinoma, and pheochromocytoma).
- Cystic calculus with mineralized sand.

Secondary Findings:

- Bilateral, age-related renal changes with dystrophic mineralization.
- The gastric luminal contents are consistent with ingesta and/or foreign material (i.e., grass). Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Given the right adrenal changes, further testing (i.e., a low-dose dexamethasone suppression test and urine/blood catecholamine levels (Marshfield Lab)) is recommended as well as three-view thoracic radiographs to assess for pulmonary metastatic disease and a baseline blood pressure measurement to evaluate for systemic hypertension.
2. A cystotomy with stone removal, analysis and culture is recommended. If a cystotomy is pursued, consider a liver biopsy at the time of surgery. Alternatively, medical dissolution of the stones can be considered with a prescription renal diet and broad-spectrum antibiotic therapy. If there is no improvement in stone size after 4 weeks of therapy, a cystotomy should



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be reconsidered. If the stone size is reduced, continue therapy until complete dissolution has been achieved.

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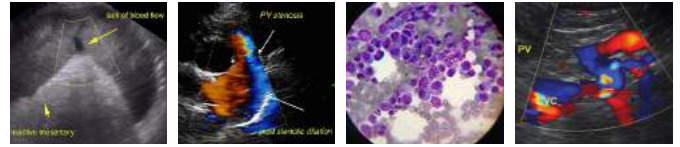
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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