



PATIENT

Chase Tonneson

SPECIES

Canine

BREED

Lab mix

SEX

Male, neutered

AGE

11 Yrs.

WEIGHT

63 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Velasco

HOSPITAL NAME

Bethany Family Pet
Clinic

REFERRING VET

Dr. Velasco

INVOICE

14882

DATE

PRESENTING CLINICAL SIGNS

History: Pt diagnosed with hypertension - systolic 220. was excessive panting. put on amlodipine - BP now normalized. Still waking at night in a panic, digging incessantly at bed, panting.
Abnormal PE/Chem/CBC/UA Results: CBC/Chem/UA/T4/HW/4DX are all WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (1.13 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (7.62 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (7.75 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.84 cm at cranial pole) (0.94 cm at caudal pole) with a relatively normal shape. The parenchyma is mildly heterogeneous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (1.26 cm at cranial pole) (0.85 cm at caudal pole); 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.

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. A 2.1 cm mildly hypoechoic to heterogeneous, ill-defined nodule/mass is observed near the lateral aspect. In addition, 1-2 small hyperechoic nodules are seen.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature 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. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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.

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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.

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 2.52 cm left medial iliac lymph node is visualized. A few small, ill-defined, cavitated areas are observed within the node. 1-2 mesenteric lymph nodes are visible, the largest measuring 1.28 cm in length.

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ULTRASONOGRAPHIC FINDINGS

- Bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis.
- Mild bilateral adrenomegaly.
- Splenic nodule/mass. Neoplasia is of primary concern. However, a focal benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis or similar) cannot be excluded. The hyperechoic splenic nodules are most consistent with a benign process (i.e., myelolipomas) with a lower possibility of emerging neoplasia.
- 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.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the splenic lesion, a fine needle aspirate is recommended (if clotting status is appropriate). A 25 gauge needle should be used. If cytology results are inconclusive, consider splenectomy with submission of the spleen for histopathology. Three-view thoracic radiographs should be performed prior to any anesthetic event.
- Regarding the systemic hypertension, consider the following:
 1. Further testing for Cushing's disease if clinical signs are present
 2. UPC, if proteinuria is present on urine dipstick
 3. +/- cardiac evaluation

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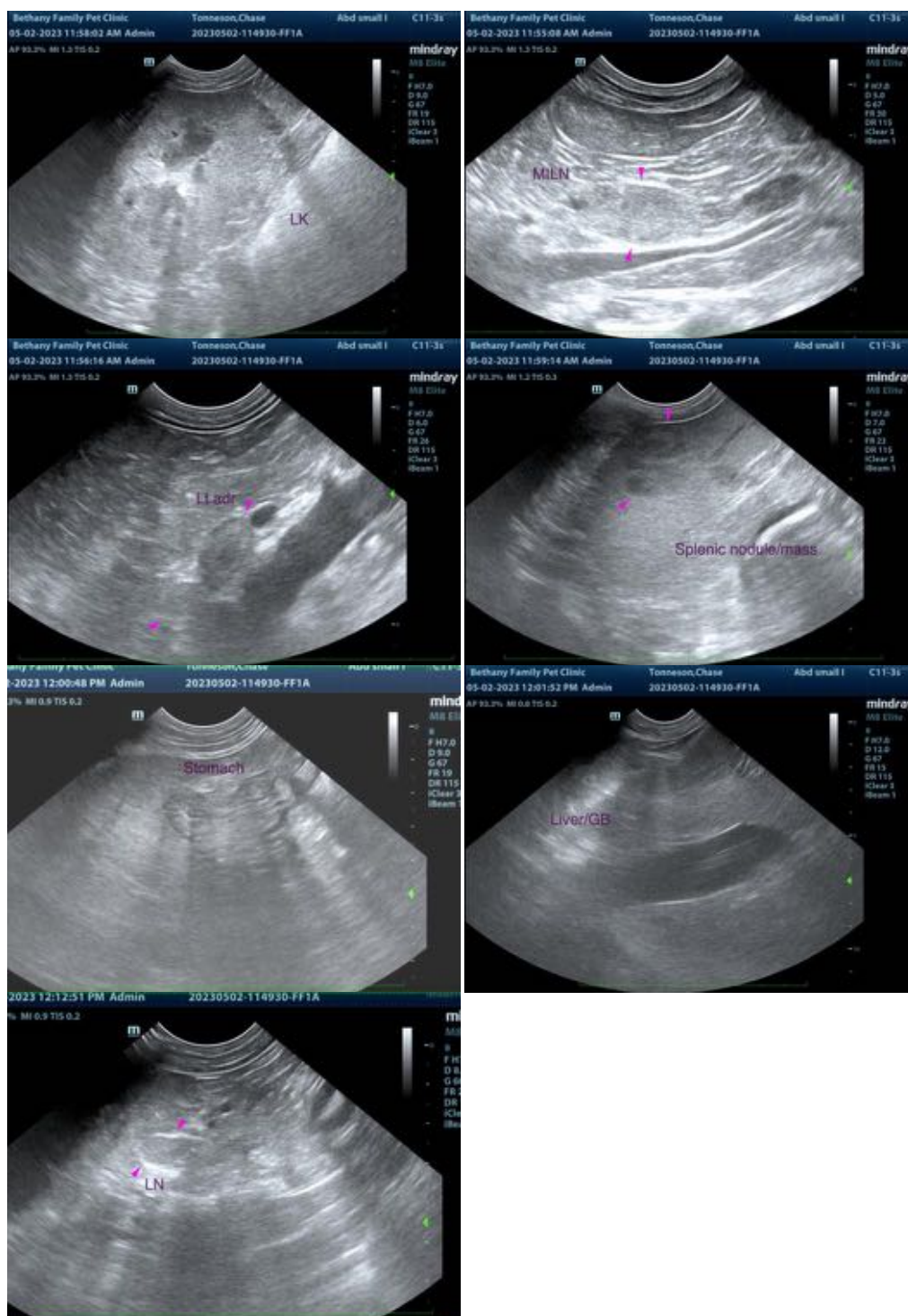
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

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