



PATIENT PRESENTING CLINICAL SIGNS

Brae Marceron

Presented for lethargy and increased respirations. Metastatic lung pattern noted on rads. Abnormal PE/Chem/CBC/UA Results: PCV 36%, TP 5.0, Albumin 2.5 Rad Assessment: 1. Multiple pulmonary nodules. The most likely diagnosis is metastatic neoplasia. Fungal granulomas are also possible. 2. Mild sternal lymphadenopathy, reactive or neoplastic. 3. Normal abdomen. Comments/Recommendations: Ultrasound-guided fine needle aspirate of the pulmonary nodules and enlarged sternal lymph nodes could be considered for cytological evaluation. Abdominal ultrasound could be considered for additional staging.

SPECIES

Canine

BREED

Golden Retriever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Spayed Female

The **urinary bladder** is well distended with anechoic contents. The wall is thickened at 1.8 mm, yet smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

AGE

8 Years

Kidneys

WEIGHT

76.3 Pounds

The **left** kidney measures 6.83 cm. The capsule is smooth. A mild loss of the normal definition of the cortico-medullary junction is noted. Occasional mineralizations of the diverticulae and pelvis are present. There are no signs of nephroliths or pyelectasia. Blood flow is within normal limits. The surrounding mesentery is not hyperechoic.

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

The **right** kidney measures 7.46 cm. The capsule is smooth. A mild loss of the normal definition of the cortico-medullary junction is noted. Occasional mineralizations of the diverticulae and pelvis are present. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

Aortic bifurcation/trifurcation No abnormalities observed.

IMAGING PERFORMED BY

Jenna Walsh, CVT

Adrenal Glands

HOSPITAL NAME

West Hills AH

The **left** adrenal gland measures 0.68 cm at the cranial pole, 0.81 cm at the caudal pole and 3.17 cm in length. The coddle pole is mildly enlarged however a discreet nodule or mass is not visualized. No abnormalities are noted with the gland's echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

REFERRING VET

Dr. Cole

The **right** adrenal gland measures 0.81 cm at the cranial pole, 0.77 cm at the caudal pole and 3.42 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

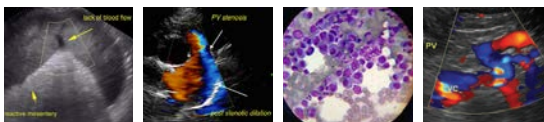
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The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. A hypoechoic nodule is noted subcapsularly at the head. It does not disrupt the integrity of the capsule and is not vascularized when evaluated with colour Doppler. It measures 1.21 cm x 1.92 cm. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

DATE

7/28/22



PATIENT *Liver*

Brae Marceron

SPECIES

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Golden Retriever

SEX

Spayed Female

AGE

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WEIGHT

76.3 Pounds

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IMAGING PERFORMED BY

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HOSPITAL NAME

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There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver is mildly hyperechoic, i.e., it is almost isoechoic to the spleen, and has a very mild granular or coarse echotexture. The liver is within normal limits in echogenicity. Focal lesions are not observed. The walls of the portal veins are mildly hyperechoic and more prominent than usual. No other abnormalities are noted with the hepatic vessels.

The **gallbladder** (GB) is mildly dilated (consistent with a fasted individual). A very small amount of free floating and gravity-dependent echogenic material (sludge) is observed. The GB wall is within normal limits in thickness, however, the wall of the cystic duct along its trajectory and the surrounding parenchyma become hyperechoic. The cystic duct is dilated at 0.5 cm, however, there are no obvious signs of tortuosity of an obstruction. The common bile duct is not visualized due to gas and the surrounding gastrointestinal tract.

Gastrointestinal

Gas is present within the lumen of the stomach. The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.

The small intestinal wall thickness is within normal limits and the definition of the wall layers is preserved. Abnormally dilated loops of bowel are not observed.

The colonic wall is not thickened and mural detail is considered normal.

There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction in the gastrointestinal tract.

Pancreas

The pancreas has a mildly coarse echotexture, which is considered secondary to age related changes, however, previous episodes of pancreatitis cannot be excluded. There are no signs of active pancreatitis or neoplasia.

Other

Lymph nodes No abnormalities are observed

Abdominal effusion is not visualized.

Lung pathology is noted (rocket signs) via the abdomen while evaluating the liver.

Heart

A trivial amount of pericardial effusion

An echogenic mass lesion with irregular borders, measuring 4.83 cm in diameter x 7.89 cm in length is visualized within the lumen of the right ventricle (RV). It appears to be arising from the myocardium of the RV. The mass is not cavitory, but is mildly heterogeneous.

ULTRASONOGRAPHIC FINDINGS

- **Liver:** Vacuolar and reactive hepatopathies are suspected, in addition to age-related nodular hyperplasia. There are no obvious signs of neoplasia.



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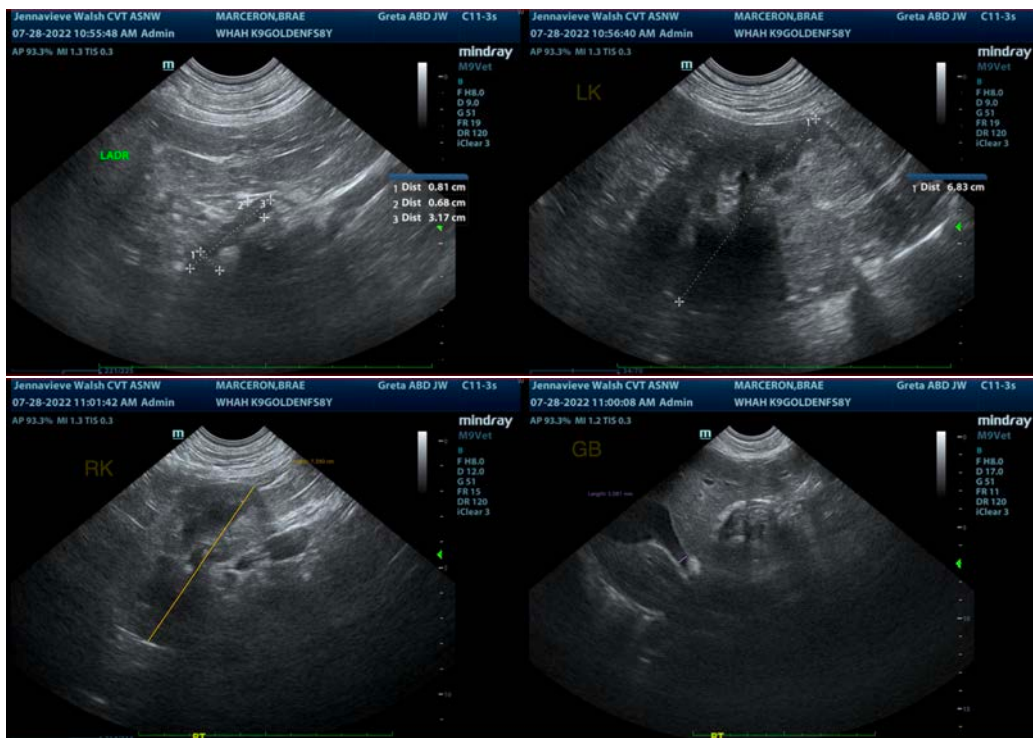
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- **Gallbladder:** Very small amount of gallbladder (GB) sludge. Subclinical cholecystitis cannot be excluded based on findings with cystic duct.
- **Spleen:** Extramedullary hematopoiesis, nodular or lymphoid hyperplasia remain the most likely differential diagnoses. An emerging metastasis cannot be excluded.
- **Kidneys:** Age related degenerative changes are observed.
- **Urinary bladder:** The significance of the thickened wall of the urinary bladder is unknown; subclinical bacteriuria is possible.
- **Heart:** Intracardiac mass: Possible carcinoma, e.g. thyroid carcinoma with alveolar infiltrates (consistent with metastases based on radiographic findings).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Palliative therapy with drugs, such as, Palladia and/or a nonsteroidal anti-inflammatory with anti-neoplastic effects (meloxicam, deracoxib), may improve Brae's quality of life. Survival time is unknown.

I am sorry I could not provide you with happier news for Brae.





PATIENT

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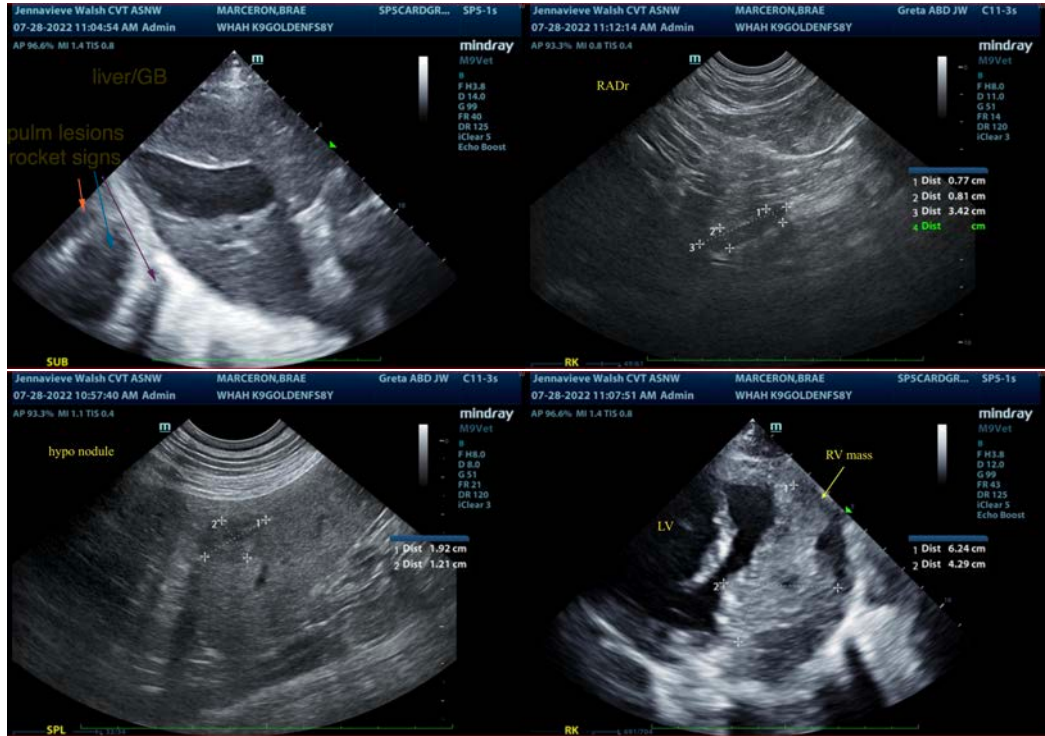
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

Lisa.Carioto@sonopath.com

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