



PATIENT

Dashe Harker

PRESENTING CLINICAL SIGNS

History: Dashe has increasing incontinence/IAU. Urinalysis has mild blood present. Culture is pending. Unresponsive to abx. He is currently on Rimadyl and Senilife, Anylipryl.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Saluki

The urinary bladder is mildly to moderately distended with anechoic urine. The wall in the region of the apex is mildly thickened with an irregular mucosal surface. The wall tapers to a normal thickness as it extends toward the cysto urethral junction. In the region of the trigone/cystourethral junction, a >2 cm irregular mass effect is visualized. The lesion has finger like projections into the bladder lumen. The mass effect appears to extend into the proximal urethra (proximal urethral width is up to 1.07 cm in diameter). Foci of mineralization are observed in the proximal urethral portion of the mass effect. No cystic calculi are observed.

SEX

Male, neutered

The prostate is difficult to discern from the thickened proximal urethra.

AGE

14 Yrs.

No labeled images of the left kidney are provided.

WEIGHT

49 lbs.

The right kidney is normal size (6.26 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.52 cm at cranial pole) (0.54 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.

The right adrenal gland is normal size (1.41 cm at cranial pole) (0.72 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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Velasco

Spleen

The spleen is subjectively normal in size with a normal capsular contour. The parenchyma is mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

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Liver

The liver is subjectively enlarged with irregular peripheral contours. The parenchyma is isoechoic relative to the spleen. At the caudal aspect on the left side, an approximately 7 cm heterogeneous, cavitated mass is visualized and is suspected to be arising from the hepatic parenchyma. In addition, a 2.62 cm anechoic cyst is observed on the right side, adjacent to the diaphragm. Vascular 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. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

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The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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. The colonic lumen contains shadowing fecal material. 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

Saluki

Free Abdomen

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

SEX

Male, neutered

AGE

14 Yrs.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Suspected urinary bladder/proximal urethral mass. Neoplasia (i.e., transitional cell carcinoma, prostatic adenocarcinoma) is suspected with a lower possibility of a severe inflammatory process.
- Large cranial abdominal mass, suspected to be originating from the left liver. Again, neoplasia (i.e., adenocarcinoma, adenoma, hemangiosarcoma, round cell tumor) is suspected with a lower possibility of a benign process (i.e., inflammatory focus). The diffuse hepatic parenchymal changes are non-specific and could be associated with a benign process (i.e., vacuolar hepatopathy), inflammatory disease, infiltrative neoplasia, other. The right hepatic cyst likely represents a benign incidental finding.

Secondary Findings:

- Right chronic renal changes.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- To further evaluate the urinary bladder mass, a urine BRAF test can be considered. It should be noted that a negative BRAF test does not rule out the possibility of neoplasia. Therefore, if a negative result is obtained, consider additional testing (i.e., traumatic urethral catheterization or biopsy).
- Regarding the liver mass, a fine needle aspirate or biopsies can be considered, if clotting status is appropriate.

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- Given the likelihood of neoplasia in more than one organ (liver, urinary bladder), palliative care should be considered in lieu of invasive diagnostics.

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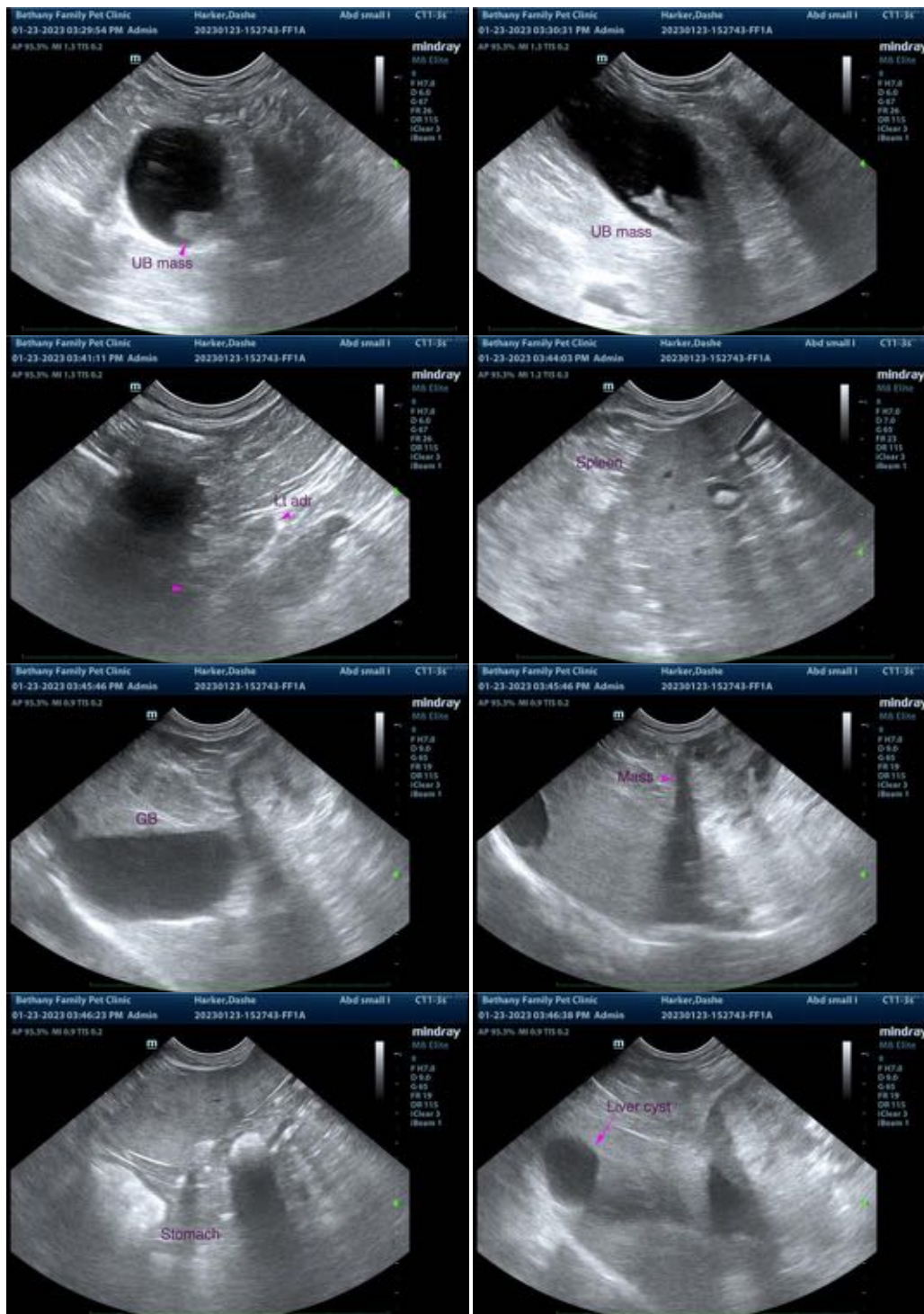
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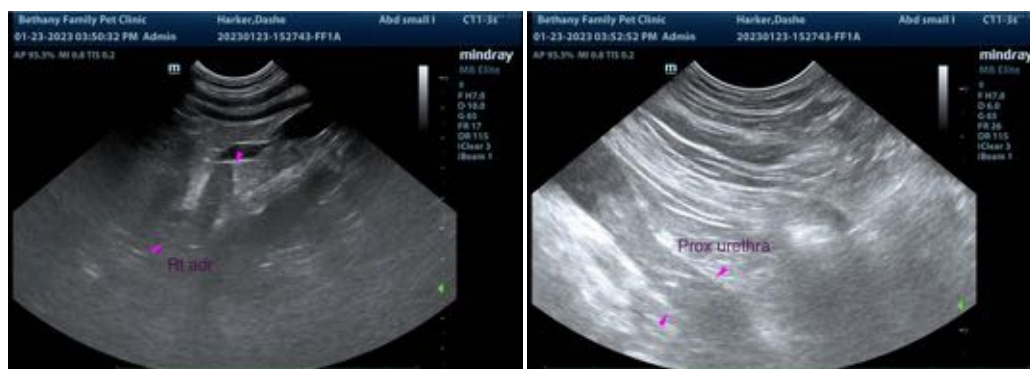
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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