

**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Percy Cranch  
History: Percy" Amy and Bryce Cranch DOB=2014-2016 Bulldog Male, neutered 37.01kg Owner has noticed small and gradual decline over past 8 months. Was seen in October reduced mobility, appetite and weight reduction. Less stamina on walks and overall less energy. No emesis. Normal feces. Probably a change in water intake but occasionally urinates indoors. Sometimes arches his back.

**SPECIES** Canine  
No proprioception or neuro deficits. Radiographs of the spine show spondylosis at t1-12 and IV disc narrowing there and at t-13 and l-1. Bloodwork showed NAF. Dr. Kelly prescribed in October omeprazole and meloxicam as well as digestive care hills prescription diet

**BREED**

Bulldog

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

**Urinary System**

Neutered Male

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

**AGE**

8 Years

The prostate is prominent in size (1.74 cm in width) with a normal shape and smooth peripheral contours. A 0.55 x 0.43 cm hyperechoic nodule/area is observed within the parenchyma. The remaining parenchyma is subtly heterogeneous in appearance. The prostatic urethra is not overtly dilated.

**WEIGHT**

37 kg

**INTERPRETED BY**

The left kidney is normal size (6.17 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

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

The right kidney is normal size (6.37 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

**Adrenal Glands**

Roundhill AH

The left adrenal gland is normal size (0.70 cm at cranial pole) (0.72 cm at caudal pole) (2.98 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.

**REFERRING VET**

Dr. Carl Kelly

The right adrenal gland is upper limits of normal size (0.86 cm at caudal pole) (2.97 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.

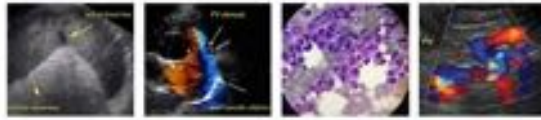
**INVOICE**

12904

**Spleen**

**DATE**

1/24/22



**PATIENT**

Percy Cranch

The spleen is normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**Liver**

**SPECIES**

Canine

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

**BREED**

Bulldog

**Gastrointestinal**

**SEX**

Neutered Male

The gastric lumen is not distended. The gastric wall is normal in thickness (0.44 cm) with a normal layering pattern. Submucosal layer is subjectively thickened. 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 ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

**AGE**

8 Years

**Pancreas**

**WEIGHT**

37 kg

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**

**INTERPRETED BY**

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Diplomate ACVIM  
(Small Animal Internal)

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

**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

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- The prostate changes could be consistent with late in life neutering, normal variation for this patient, or emerging neoplasia (i.e., adenocarcinoma, transitional cell carcinoma).
- The thickened submucosal layer of the gastric wall may represent mild inflammatory process or again may be a normal variant for this patient. Correlation with clinical findings is recommended.

**HOSPITAL NAME**

Roundhill AH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Dr. Carl Kelly

- Given the prostate changes, consider a urine BRAF test to further evaluate for lower urinary tract neoplasia.
- Also consider a urine culture and sensitivity to assess for occult pyelonephritis, which can cause abdominal/back pain.
- Three-view thoracic radiographs are recommended to assess for occult disease in the chest, including bony/rib lesions that may be causing pain.

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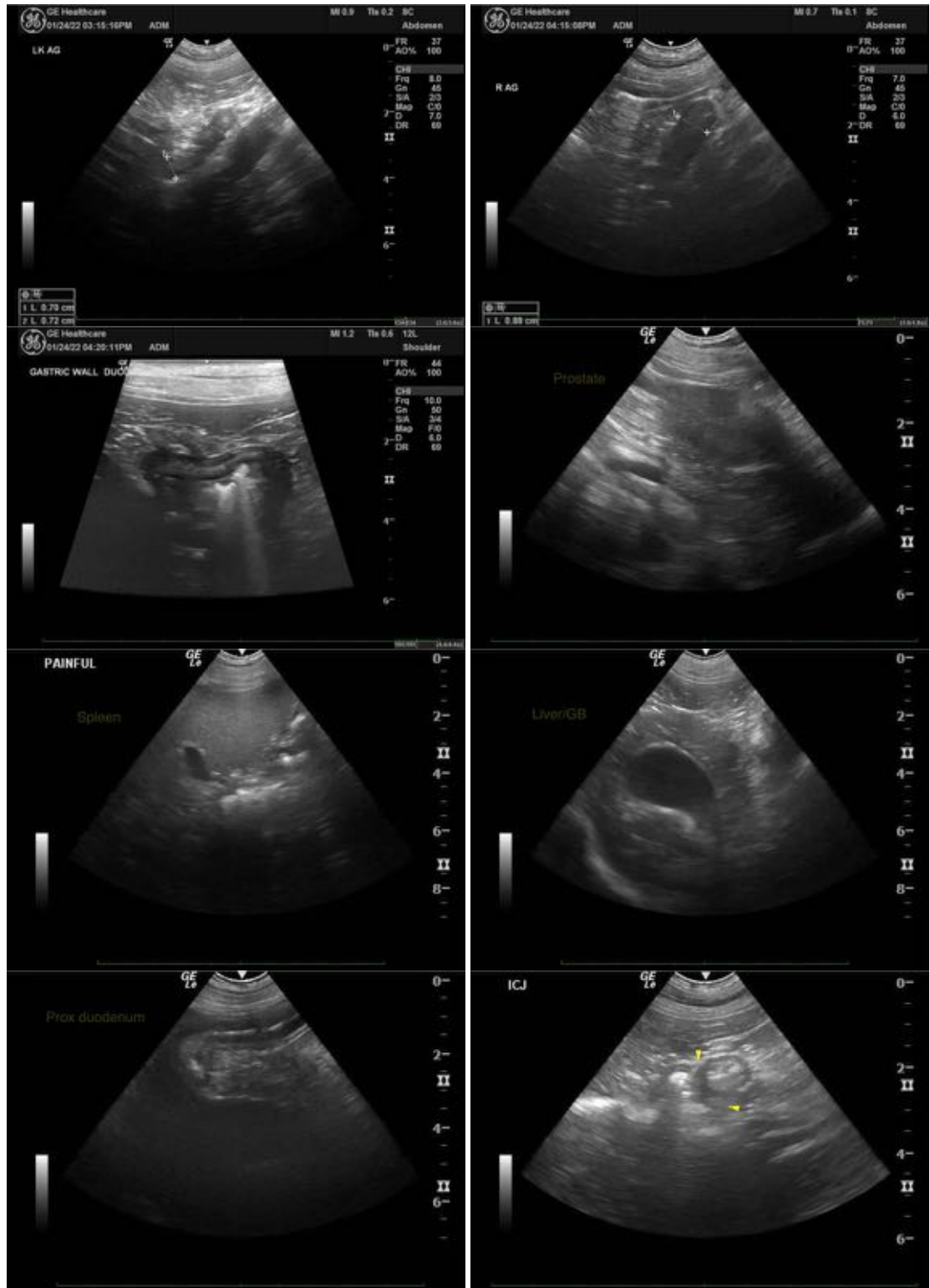
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**PATIENT**

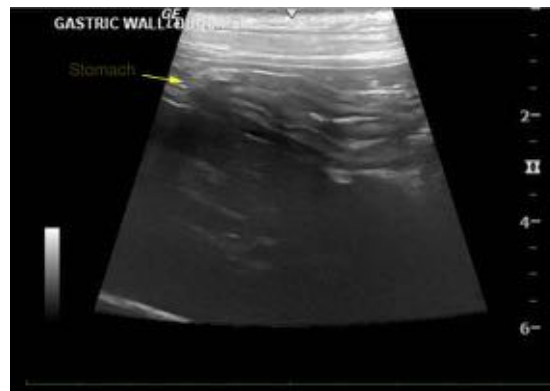
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Neutered Male

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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.

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

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