

PATIENT PRESENTING CLINICAL SIGNS

Boo Hauber History: Starting to pee in the house. CBC/Chem WNL. Scanned UB in house and WNL - scanned near UB and noted a mass. Chest RADS clear today.

SPECIES Abnormal PE/Chem/CBC/UA Results:

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Mixed The urinary bladder is moderately distended with anechoic urine. The wall in the region of the apex is slightly thickened with an irregular mucosal surface. The remaining bladder wall is normal in thickness with a normal layering pattern. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

SEX

Neutered Male

The prostate is normal in size (0.93 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

15 Years

The left kidney presented normal size (xxx cm in length); normal shape and architecture with smooth peripheral margins. A thin hyperechoic medullary band is observed next to the corticomedullary junction. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. A few small cortical cysts are seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

NA

The right kidney presented normal size (6.00 cm in length); normal shape and architecture with smooth peripheral margins. A thin hyperechoic medullary band is observed next to the corticomedullary junction. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. A few small cortical cysts are seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

Andrea Nicastro, DVM,
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(Small Animal Internal

Adrenal Glands

IMAGING PERFORMED

BY

Loetitia Saint-Jacques, RVT

The left adrenal gland is mildly enlarged (0.66cm at cranial pole) (0.74 cm at caudal pole) (2.22 cm in length); with a normal shape. A 0.52 cm x 0.40 cm irregular hyperechoic nodule is observed at the caudal pole. The remaining glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Grass Valley VH

The right adrenal gland is normal size (0.92 cm at cranial pole) (0.60 cm at caudal pole) (2.37 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. Kristi Cortright

Spleen

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A >7.0 cm cavitated heterogeneous mass is arising from the parenchyma. The mesentery effacing the serosal surface in this region is mildly hyperechoic. In the remainder of the spleen, the contours are curvilinear, and the parenchyma is homogeneous. Splenic vasculature appears normal with no evidence of thrombosis.

DATE

10/21/21



PATIENT *Liver*

Boo Hauber The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly heterogeneous in appearance. A 1.01 cm hyperechoic nodule is observed deep left to mid liver. In addition, a 0.74 cm cyst is observed on the left side.

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

15 Years

WEIGHT

NA

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated echogenic debris is observed within the lumen some of which is partially dependent and some of which is suspended.

Gastrointestinal

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 small intestinal lumen is not dilated. The small intestinal wall thickness is normal (xxx cm) with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas

Portions of the pancreas are obscured by the large splenic mass. In the region of the right limb, the parenchyma is isoechoic relative to surrounding omental fat and mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. See also other category.

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Free Abdomen

There is no obvious evidence of free fluid. A 1.13 cm right medial iliac lymph node is visualized.

Other

A 2.94 cm x 2.25 cm fluid filled structure/mass is observed at the caudal aspect of the liver, adjacent to the splenic mass. In addition, a 3.29 cm x 1.79 cm hypoechoic to cavitated mass is also observed in this region. Surrounding mesentery is hyperechoic.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

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

HOSPITAL NAME

Grass Valley VH

Lymph node

See other category

REFERRING VET

Dr. Kristi Cortright

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large splenic mass. Neoplasia (i.e., hemangiosarcoma, hemangioma) is considered likely with a lower possibility of benign pathology (i.e., hematoma).

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PATIENT

Boo Hauber

- The origin of the nodule at the caudal aspect of the liver is unclear. The nodules may be arising from pancreas, liver, mesentery, lymph node, other. The larger nodule is more likely to be arising from pancreas.

SPECIES

Canine

Secondary Findings

BREED

Mixed

- The diffuse pancreatic changes are consistent with age-related remodeling/fibrosis
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory disease is considered unlikely. Infiltrative neoplasia is possible. However, histopathology would be necessary to determine this. The cystic lesion on the left side may represent an early metastatic lesion or benign cyst.

SEX

Neutered Male

- The medullary band seen in both kidneys may represent a benign incidental finding. Alternatively, subclinical renal disease may be present. Correlation with clinical findings is recommended.

AGE

15 Years

- The left adrenal nodule trends toward the benign (i.e., a focus of nodular hyperplasia) with a lower possibility of emerging neoplasia.

WEIGHT

NA

- The bladder wall changes are suggestive of cystitis but may be somewhat artifactual due to lack of full repletion.
- Gallbladder debris- incidental

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

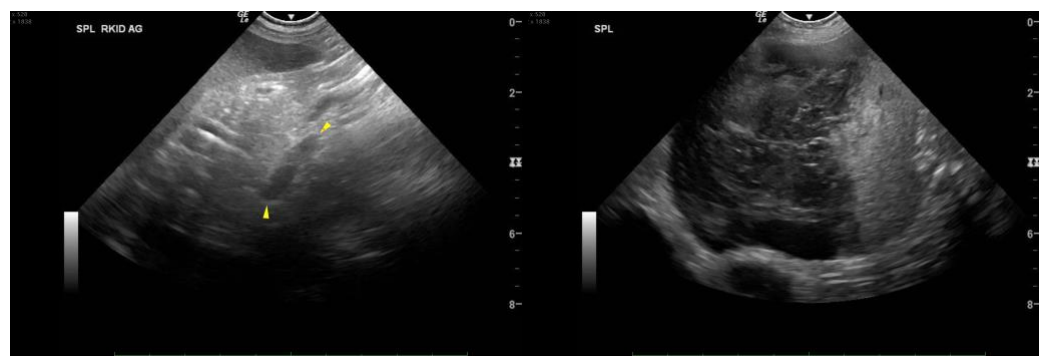
- Three-view thoracic radiographs are recommended to assess for pulmonary metastases. If there is no evidence of pulmonary metastatic disease and an aggressive approach is desired, consider an abdominal exploratory with splenectomy and removal of the cranial abdominal nodules with submission for histopathology. An abdominal CT scan would be useful in presurgical planning. The client should be advised that metastatic disease may be present.

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AGE

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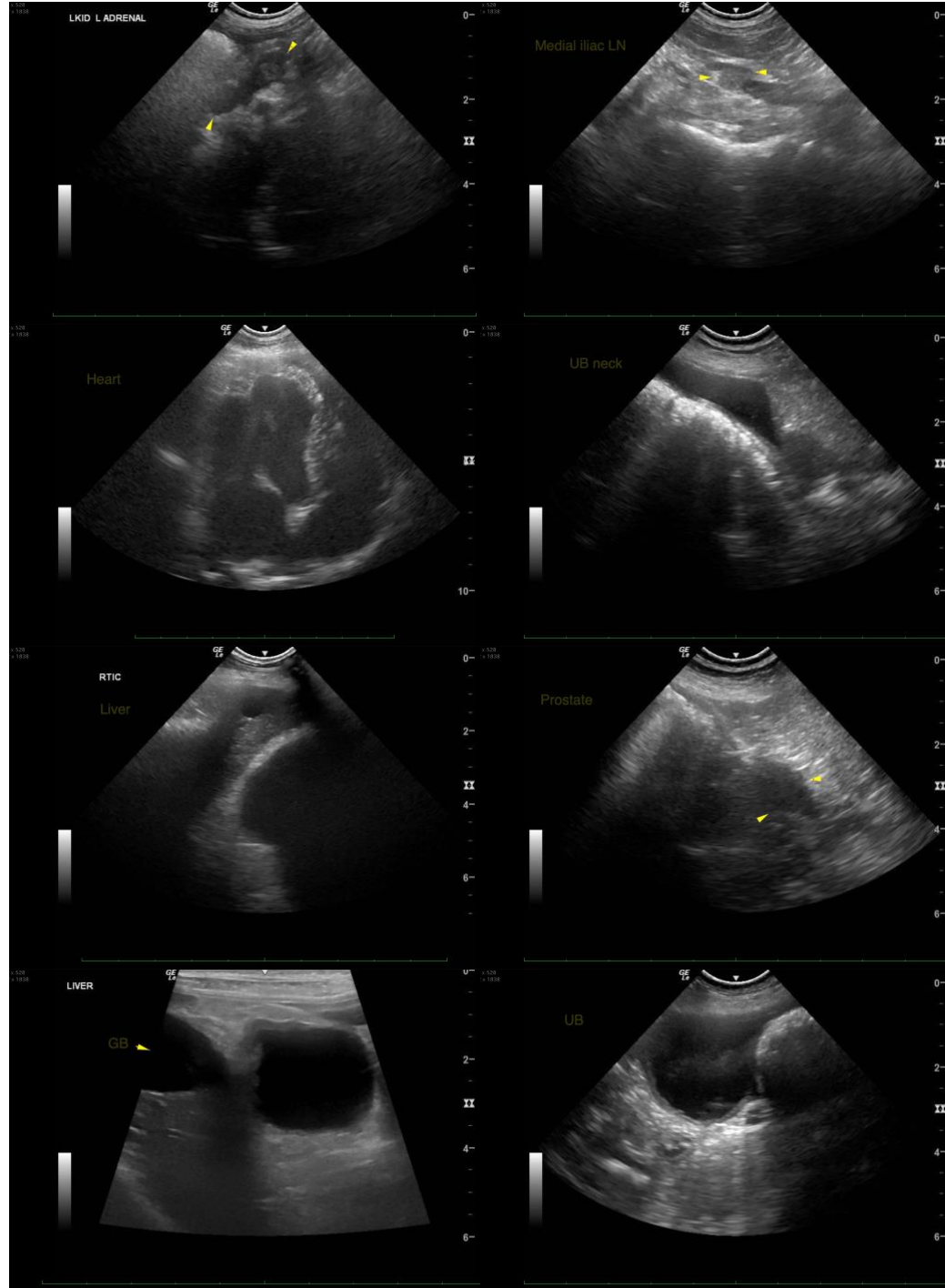
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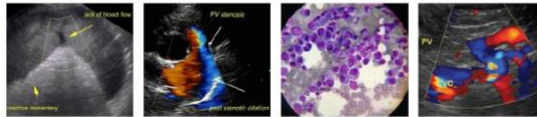


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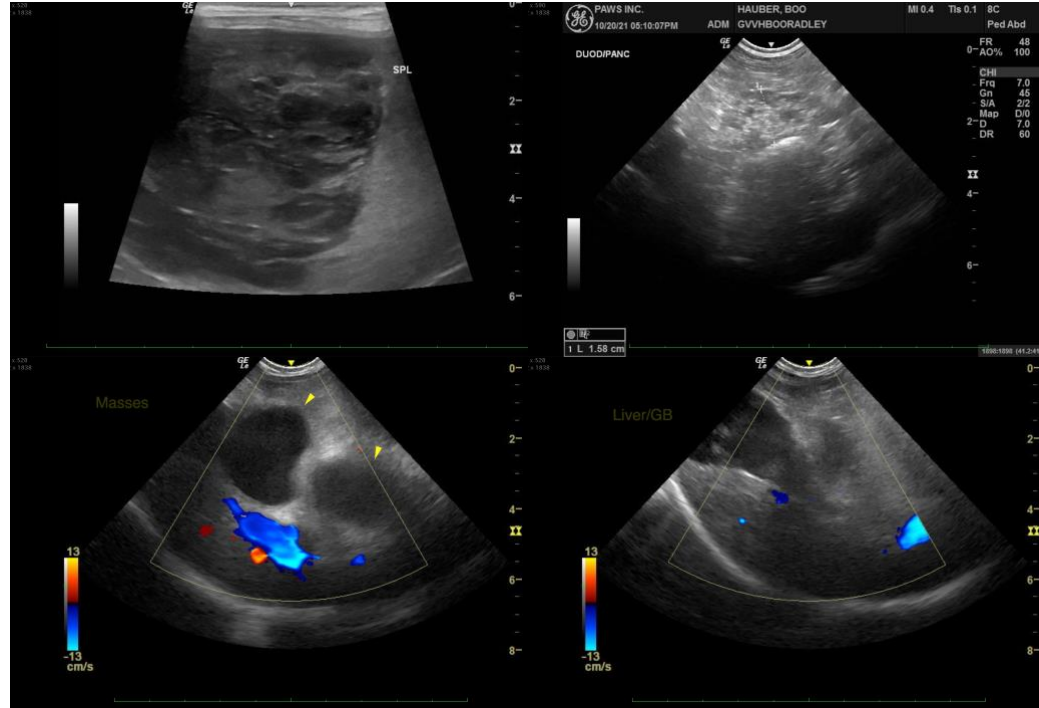
Neutered Male

AGE

15 Years

WEIGHT

NA



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.

INTERPRETED BY

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(Small Animal Internal

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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