



PATIENT

Dash Alexander

SPECIES

Canine

BREED

Maltese

SEX

Neutered Male

AGE

15 Years

WEIGHT

12 Pounds

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

Willowbrook AC

REFERRING VET

Dr. Palescandolo

INVOICE

14050

DATE

10/29/21

PRESENTING CLINICAL SIGNS

History: Patient presents for suspect abdominal mass, hematuria. Current meds: Benazepril 5mgs, Spironolactone 15 mgs.

Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2.0 cm, are normal.

The prostate is normal in size (0.86 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

In the region of the left kidney, a >8.0 cm irregular, multilobulated, heterogeneous, cavitated mass is present. The surrounding mesentery is hyperechoic.

The right kidney is normal in size (5.00 cm in length); with a slightly irregular shape. The cortex is diffusely thickened, hyperechoic and heterogeneous with numerous varying sized cortical cysts. There is poor corticomedullary distinction. A 1.74 cm anechoic structure with echogenic debris is observed at the lateral aspect, the lesion causes capsular expansion. Trace pyelectasia is present. Hyperechoic shadowing diverticular foci are seen. There is no evidence infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland cannot be identified due to the presence of the large left renal mass.

The right adrenal gland is normal size (1.11 cm at cranial pole) (0.50 cm at caudal pole) (1.90 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.

Spleen

The spleen is normal in size (1.01 cm at the level of the hilus) with a normal capsular contour. A light micronodular pattern is present throughout the parenchyma. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely mottled in appearance. No distinct focal lesions are observed. Hepatic vascular and intrahepatic 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 moderate amount of aggregated echogenic mostly gravity dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal



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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally fluid 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 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.

SPECIES

Canine

Pancreas

The left and right limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

AGE

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Primary Findings

- Large left mid abdominal mass, suspected to be of left renal and/or adrenal origin, neoplasia (i.e., adenocarcinoma, hemangiosarcoma, round cell tumor) is suspected with a low possibility of benign pathology (i.e., severe inflammatory process with abscessation). Regional peritonitis is present.
- The large right renal cortical lesion may represent a cyst with echogenic material. Alternatively, metastatic disease from the left kidney cannot be completely excluded. Age-related right renal pathology is also present.
- The hepatic parenchyma changes could be consistent with benign age-related pathology. Alternatively, metastatic or inflammatory disease is possible.

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Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- 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, referral to a board-certified veterinary surgeon for mass removal can be considered. AN abdominal CT scan would be useful in presurgical planning. Given the size of the mass and possible adrenal involvement, the prognosis for this patient is considered guarded.

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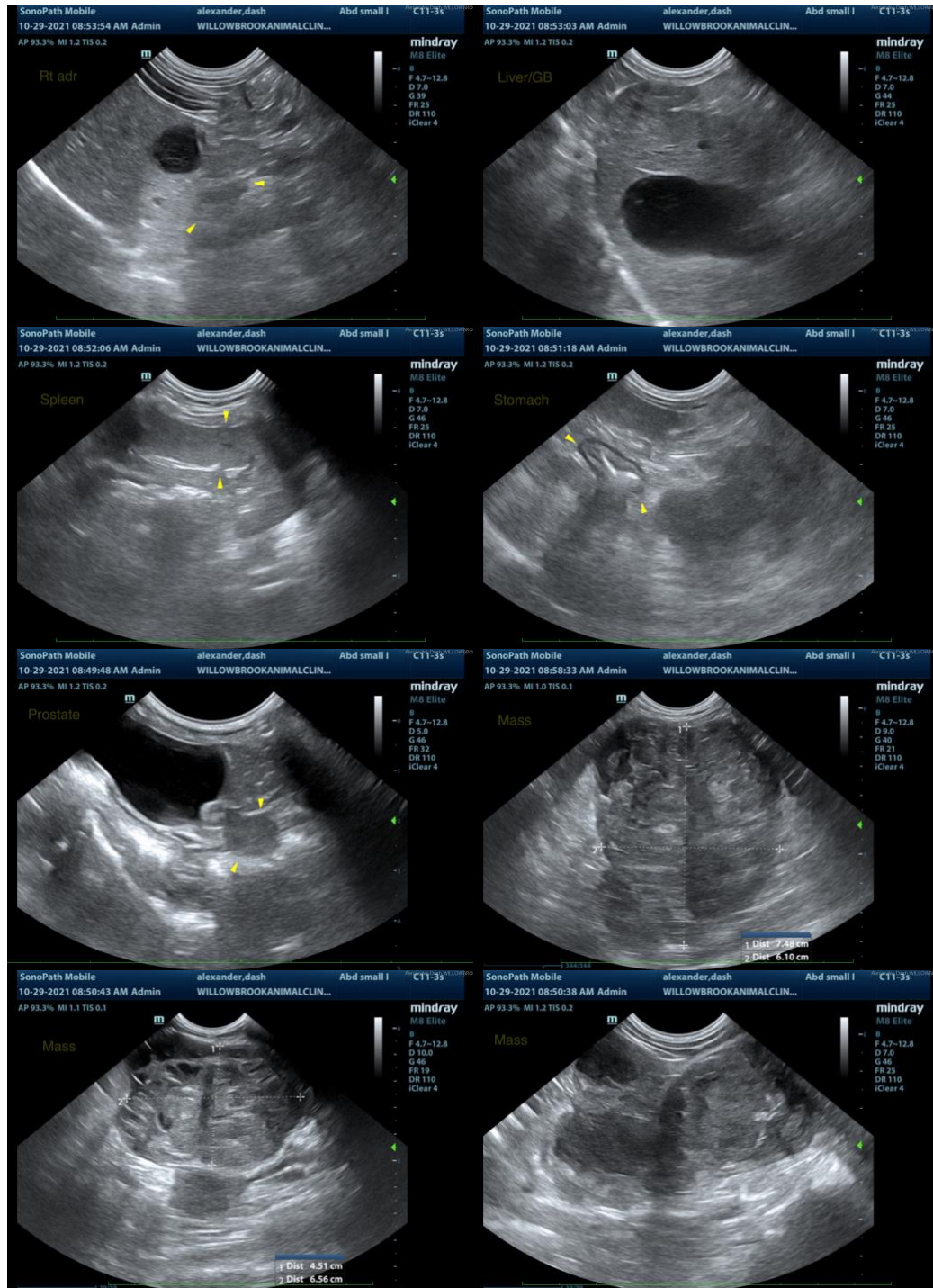
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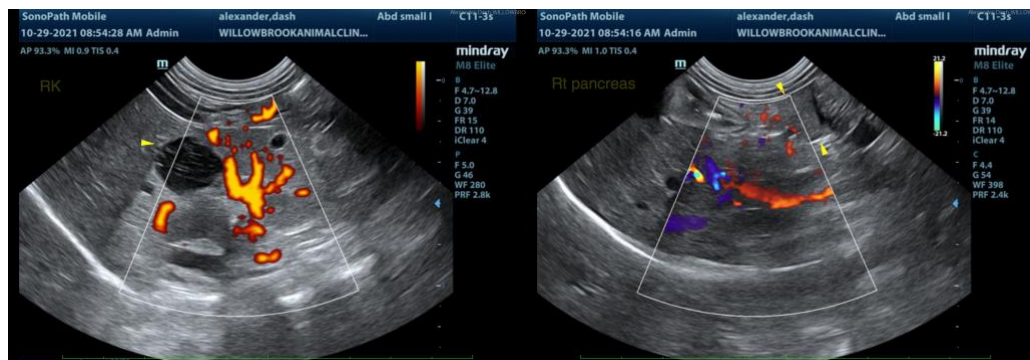
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 DACVIM (Small Animal Internal Medicine)
info@SonoPath.com