

**PATIENT**

Iggy Sutherland

**SPECIES**

Canine

**BREED**

Bull Mastiff

**SEX**

Male Neutered

**AGE**

8 Years

**WEIGHT**

135 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Rodriguez

**HOSPITAL NAME**

Foxfield VS

**REFERRING VET**

Dr. Rodriguez

**INVOICE**

11990kk

**DATE**

10/9/21

**PRESENTING CLINICAL SIGNS**

History: Presented yesterday for vomiting and decreased appetite. Prev hx of Liver lobectomy.

Abnormal PE/Chem/CBC/UA Results: Current PCV 30 with hemoabdomen PCV 38.

**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 cm, are normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (7.65 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A 0.74 cm nephrolith is visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (9.00 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

*Adrenal Glands*

The left adrenal gland is normal size (0.73 cm at cranial pole) (0.60 cm at caudal pole) (2.80 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.

The right adrenal gland is not definitively visualized due to the pathology in the right cranial quadrant.

*Spleen*

The spleen is normal in size (2.07 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

*Liver*

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is subjectively hypoechoic and diffusely homogeneous in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is not definitively visualized.

*Gastrointestinal*

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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 colonic wall is normal. No obstructive disease is noted.



**PATIENT**

***Pancreas***

Iggy Sutherland

The pancreas is somewhat obscured by the pathology in the cranial abdomen. In the visualized portions, no obvious abnormalities are seen.

**SPECIES**

***Free Abdomen***

Canine

The mesentery throughout the abdomen is mildly hyperechoic. A small amount of free fluid is seen.

**BREED**

***Lymph Nodes***

Bull Mastiff

See "Other" category.

**SEX**

***Other***

Male Neutered

A brief echocardiogram reveals possible trace pericardial effusion.

**AGE**

A 6.26 x 3.77 cm ill-defined, heterogeneous, slightly cystic mass is observed in the mid to caudal abdomen. A smaller, similar-appearing coalescing mass-effect is observed adjacent to the larger mass in the right cranial quadrants. Several masses with a similar appearance are seen. The largest measures 5 cm in diameter.

8 Years

**WEIGHT**

**ULTRASONOGRAPHIC FINDINGS**

135 lbs.

**Primary Findings:**

- Multiple abdominal masses, the origin of which are unclear. These lesions may represent lymph nodes, masses within the mesentery, and other. Neoplasia (i.e., round cell tumor, sarcoma, carcinoma) is considered likely with a low possibility of multi-focal inflammatory disease. Peritonitis is present, likely secondary to the mass lesions.

**INTERPRETED BY**

**Secondary Findings:**

- Minor, bilateral, age-related renal changes with dystrophic mineralization and left non-obstructive nephrolithiasis.

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

**IMAGING  
PERFORMED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Dr. Rodriguez

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. If clotting status is appropriate, consider fine needle aspiration of the most accessible mass. A 25-gauge needle should be used. If cytology is inconclusive, surgical biopsy can be considered. However, given the diffuse abdominal pathology, the prognosis for this patient is considered guarded.

**HOSPITAL NAME**

Foxfield VS

**REFERRING VET**

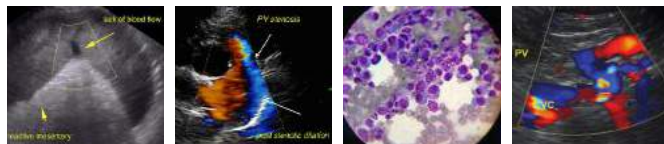
Dr. Rodriguez

**INVOICE**

11990kk

**DATE**

10/9/21



**PATIENT**

Iggy Sutherland

**SPECIES**

Canine

**BREED**

Bull Mastiff

**SEX**

Male Neutered

**AGE**

8 Years

**WEIGHT**

135 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Rodriguez

**HOSPITAL NAME**

Foxfield VS

**REFERRING VET**

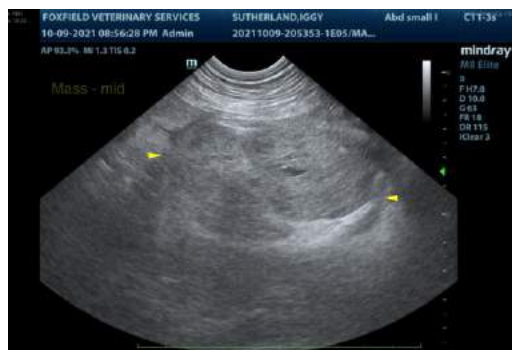
Dr. Rodriguez

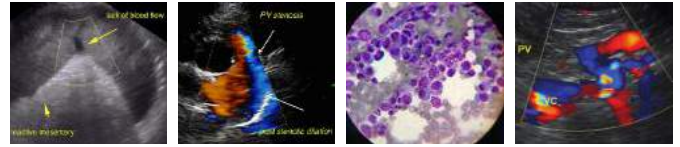
**INVOICE**

11990kk

**DATE**

10/9/21





**PATIENT**

Iggy Sutherland

**SPECIES**

Canine

**BREED**

Bull Mastiff

**SEX**

Male Neutered

**AGE**

8 Years

**WEIGHT**

135 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Rodriguez

**HOSPITAL NAME**

Foxfield VS

**REFERRING VET**

Dr. Rodriguez

**INVOICE**

11990kk

**DATE**

10/9/21



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 ACVIM (*Small Animal Internal Medicine*)  
Andrea.nicastro@sonopath.com