

**DATE**

11/22/22

PRESENTING CLINICAL SIGNS

Presented on 11/14/22 for first PE, had never been to vet before, noted mass on left thorax, no other concerns. PE overall unremarkable aside from raised 2in cutaneous mass left lateral thorax, FNA of mass sent to pathologist consistent with carcinoma.

PATIENT

Scruffy Wheatley

Current Medications: None listed.

Lab Results: Chem 10/CBC- WNL. Cytology Consistent with carcinoma possible The degree of atypia warrants a cytologic diagnosis of malignancy. The cells have features of squamous differentiation and also features commonly seen in urothelium.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Terrier mix

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Male, intact

Urinary System

The urinary bladder is minimally distended with anechoic urine. The wall is mildly thickened (up to 0.36 cm) and irregular. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

AGE

11/7/2015

The prostate is enlarged (2.35 cm width) with smooth peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and subtly heterogeneous in appearance. No distinct focal lesions are observed. The prostatic urethra is not overt dilated.

WEIGHT

14.5 lbs.

The left kidney is normal size (3.95 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.

INTERPRETED BY

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(Small Animal Internal
Medicine)

The right kidney is normal size (3.66 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. Renal vasculature is normal.

HOSPITAL NAME

Perry Hall AH

Adrenal Glands

The left adrenal gland is normal size (0.42 cm at cranial pole) (0.47 cm at caudal pole) (1.59 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. Baer

The right adrenal gland is normal size (0.66 cm at cranial pole) (0.43 cm at caudal pole) (1.60 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

14260

Spleen

The spleen is normal in size (0.75 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 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.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is 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 ileocecolic junction and colonic wall are normal. No obstructive disease is noted.

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.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 1.98 x 0.73 cm sublumbar lymph node is visualized.

Other

The testicles are subjectively normal in size (left 2.47 x 1.52 cm; right 2.39 x 1.55 cm) with normal shape and homogeneous parenchyma.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

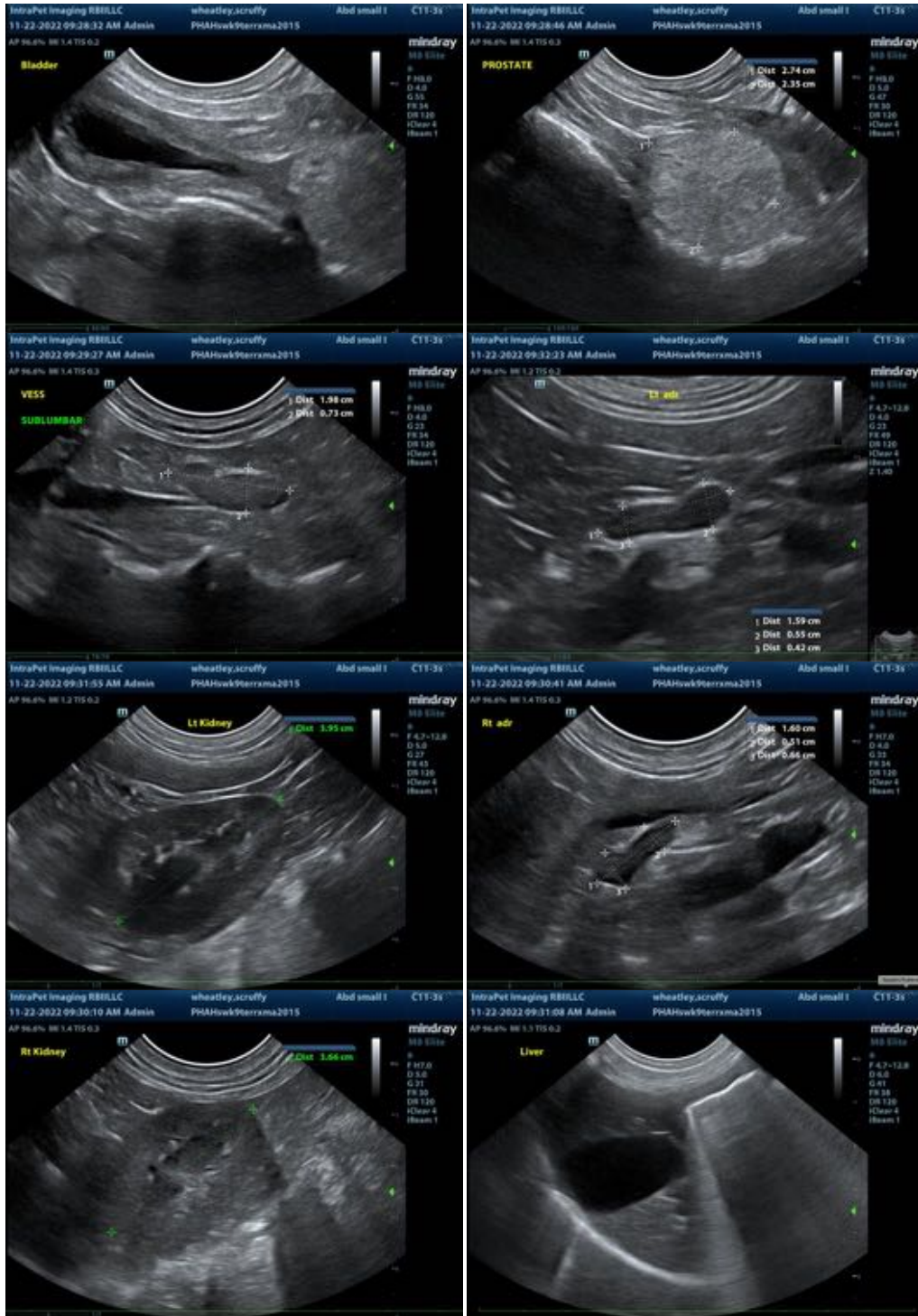
- The urinary bladder wall changes are most likely artifactual due to lack of full repletion. However, an inflammatory process or emerging neoplasia cannot be completely excluded.

Secondary Findings:

- Minor, bilateral age-related renal changes.
- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.
- The prominent sublumbar lymph node is most likely reactive with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history, consider a urine BRAF test to further evaluate for lower urinary tract neoplasia.
- Three-view thoracic radiographs are also recommended to assess for pulmonary metastatic disease, if not already performed.



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.

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