



PATIENT

Elienai Rios Rivera

SPECIES

Canine

BREED

Pit Bull

SEX

Female, spayed

AGE

10 Yrs.

WEIGHT

40.8 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Ferrer

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Negron

INVOICE

14186

DATE

11/8/22

PRESENTING CLINICAL SIGNS

History: Presented as a referral for an abdominal ultrasound to evaluate a possible mass in the abdomen. Pt presented to rDVM with a history of decreased activity and weight loss. Upon physical exam and rectal exam a caudal firm mass was palpated. Ultrasound-guided FNA of the mass was done and it is pending we are waiting for cytological evaluation.

Abnormal PE/Chem/CBC/UA Results: PE: Firm mass on caudal abdomen Radiographs: Mass effect on caudal abdomen BW: CBC: HCT:29.3%, CHEM: NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is variably thickened (up to 0.32 cm) with an irregular mucosal surface. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal. The proximal urethral wall is also mildly thickened and irregular.

The left kidney is normal size (5.73 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.

The right kidney is normal size (5.17 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.

Adrenal Glands

The left adrenal gland is normal size (0.54 cm at cranial pole) (0.54 cm at caudal pole) (2.52 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 normal size (0.77 cm at cranial pole) (0.46 cm at caudal pole); 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 (1.69 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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal



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The gastric lumen is mildly to moderately fluid distended and appears hypomotile. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears 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 ileocecolic junction and colonic wall are normal. No obstructive disease is noted.

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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.

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Free Abdomen

A small amount of free fluid is observed in the caudal abdomen, adjacent to the masses.

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Lymph Nodes

A few prominent lymph nodes are observed adjacent to the ileocecolic junction. See also *Other*.

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Other

Several varying-sized, heterogeneous, slightly cavitated masses, the largest measuring approximately 5.5 cm in diameter, are visualized in the caudal abdomen. One of the cavitations contains echogenic material. Surrounding mesentery is hyperechoic.

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An approximately 2-3 cm irregular, heterogeneous mass is observed in the left mid-abdomen adjacent to the left kidney.

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Medicine*)

ULTRASONOGRAPHIC FINDINGS

- The caudal abdominal masses are suspected to be enlarged lymph nodes. Differentials include neoplasia (i.e., round cell) vs severe lymphadenitis (i.e., pyogranulomatous), other. Adjacent peritonitis is present. The mass in the left mid-abdomen is also thought to represent an enlarged lymph node. However, a different origin is also possible.
- Mild gastric ileus.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Three-view thoracic radiographs are recommended to assess for pulmonary metastatic disease.
- If cytology results from the caudal abdominal masses is inconclusive, surgical biopsies or other advanced testing may be necessary to get a definitive diagnosis.

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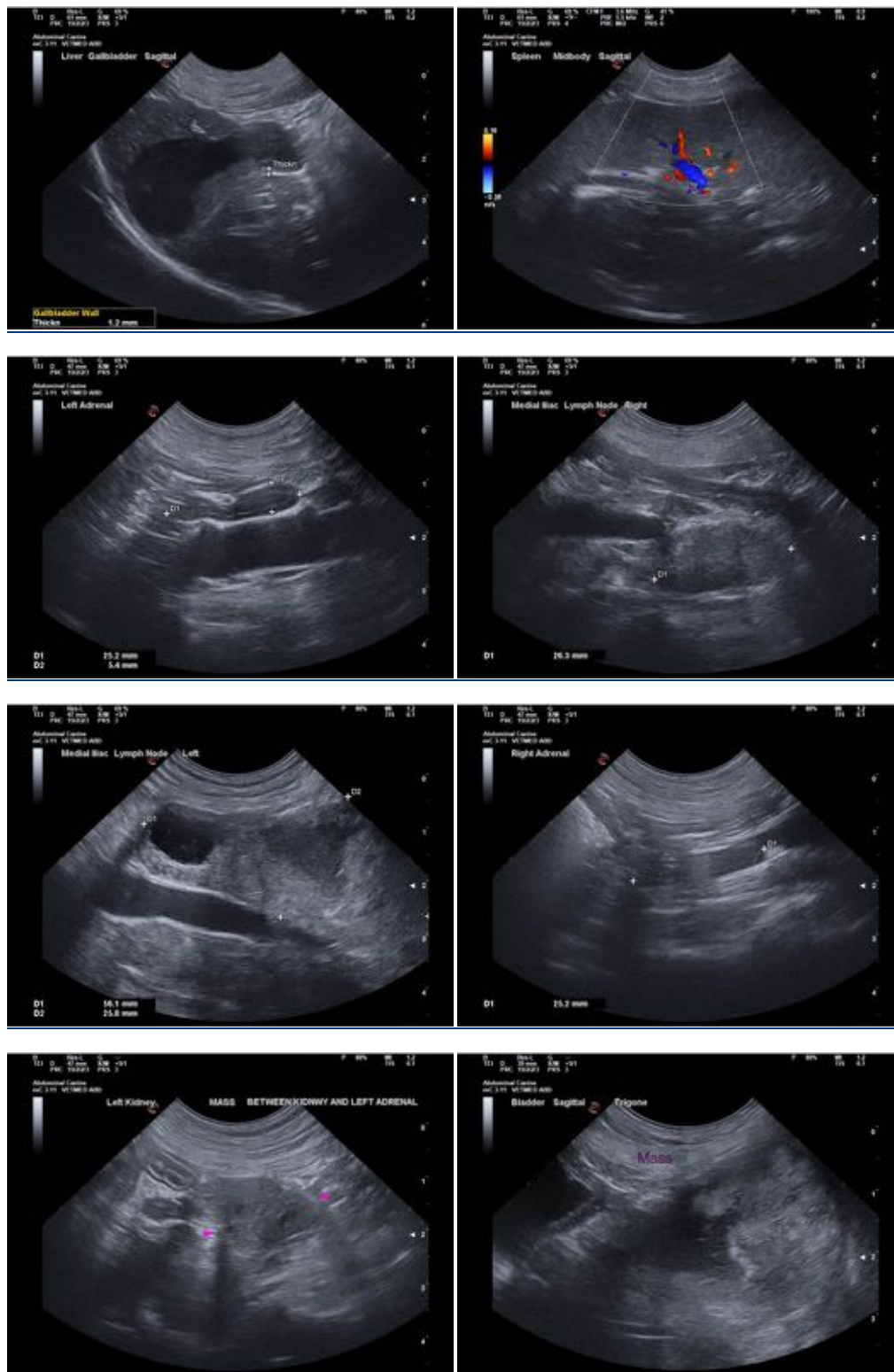
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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