

PATIENT

Cody Marley

SPECIES

Canine

BREED

Pitbull Terrier

SEX

Neutered Male

AGE

09/21/2009

WEIGHT

89 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Andrea Nicastro,
DVM, Diplomate
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Internal Medicine)

HOSPITAL NAME

Southside AH

REFERRING VET

Dr. Forcier

INVOICE

11934

DATE

12.1.22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: L cranial lung field mass on rads; recent cough

ULTRASONOGRAPHIC EXAMINATION OF THE THORAX

In the left hemithorax, a >11.00 cm irregular, heterogenous cavitated mass is visualized. The mass can also be visualized from the right side. A brief echocardiogram reveals no evidence of a heart-based mass or pericardial effusion. There is questionable pleural effusion in the cranial thorax.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with 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 normal in size (1.27 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (7.67 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (7.87 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (1.00 cm at cranial pole) (0.82 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.

The right adrenal gland is normal size (1.07 cm at cranial pole) (0.75 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 subjectively normal in size (1.86 cm in width at the level of the hilus) with normal curvilinear peripheral contours. A 1.20 cm hypoechoic nodule is observed at the caudomedial aspect. In addition, a 1.78 cm heterogenous nodule is also seen at the caudal aspect. The remaining parenchyma is subtly mottled in appearance. Splenic vasculature is normal with no evidence of thrombosis.

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.



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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.

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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally fluid-distended with ingesta. The gastric wall and pylorus are 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 wall of the descending colon is subjectively mildly thickened and slightly corrugated in appearance. There is no evidence of an obstructive pattern.

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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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS OF THE THORAX

- Left cranial thoracic mass. Neoplasia (i.e., pulmonary adenocarcinoma, mediastinal lymphoma, thymoma) is suspected with a lower possibility of a benign process.

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ULTRASONOGRAPHIC FINDINGS OF THE ABDOMEN

Primary Findings

- The splenic nodules could be consistent with neoplasia or a benign process (i.e., focus of mineralization, extramedullary hematopoiesis, or similar).

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Secondary Findings

- Minor bilateral age-related renal changes
- The mild colonic wall thickening may be a normal variant for this patient or may be inflammatory in nature. Neoplasia is possible but considered less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Regarding the thoracic mass, a fine-needle aspirate is recommended, if clotting status is appropriate. A 25-gauge needle should be used. Also consider a thoracic CT scan, particularly if surgical removal is to be considered.

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- Regarding the splenic nodules, fine-needle aspirates can be considered. Again, 25-gauge needles should be used.

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- Also consider consultation with a board-certified oncologist.



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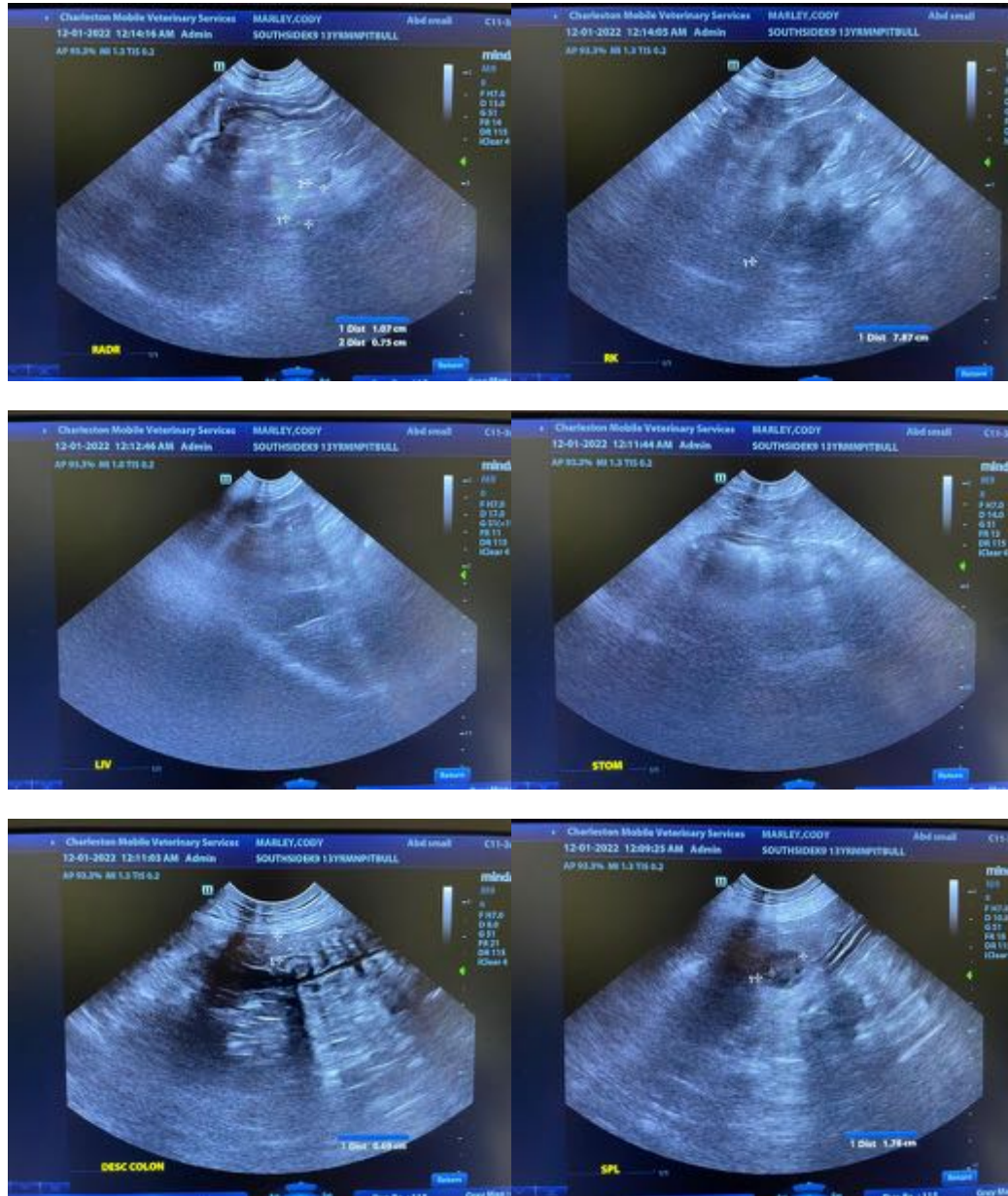
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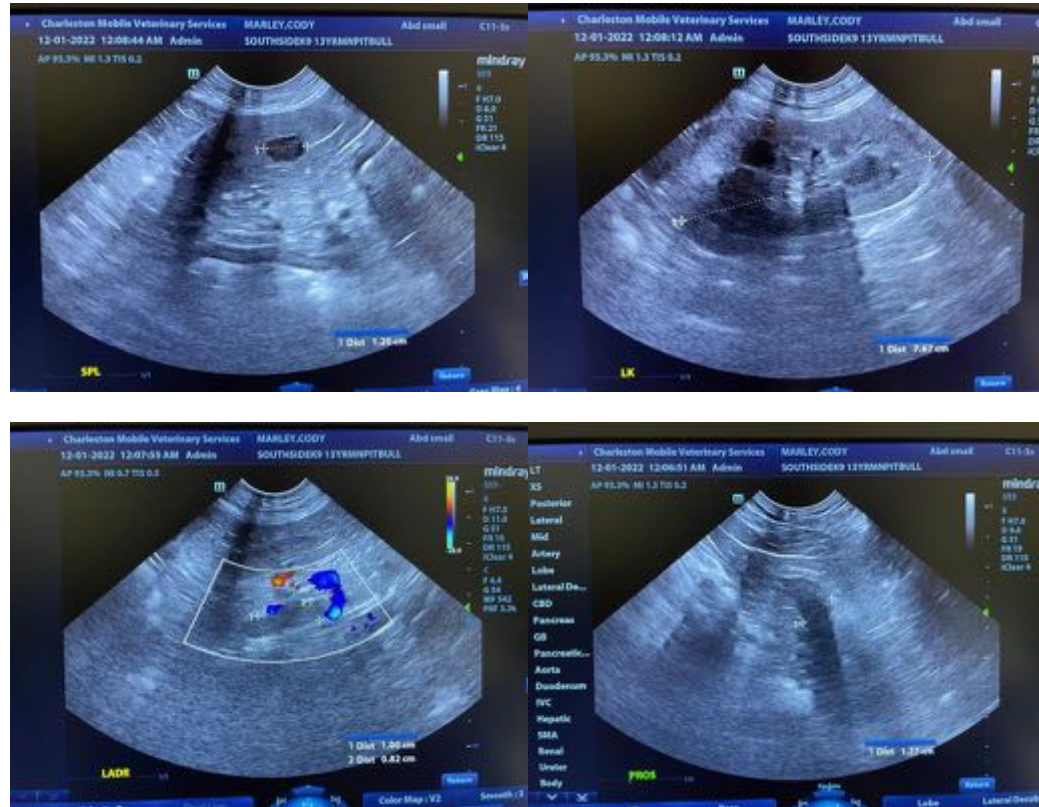
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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