



PATIENT

Snoopy Das

SPECIES

Canine

BREED

Mixed Breed Canine

SEX

Neutered Male

AGE

16 Years

WEIGHT

16.2 Lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. Vivian Ngo

INVOICE

12863

DATE

12/8/21

PRESENTING CLINICAL SIGNS

History: Chronic cough. No meds.
Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is mildly thickened (up to 0.38 cm) with a relatively smooth mucosal surface. Luminal contents are mostly anechoic. There is no evidence of cystic calculi. The region of the trigone is normal.

The prostate is normal in size (1.09 cm in length x 0.83 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (4.00 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. Mild pyelectasia is present (0.28 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (2.95 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. Mild to moderate pyelectasia is present (0.40 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.48 cm at cranial pole) (0.49 cm at caudal pole) (1.84 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 (0.36 cm at cranial pole) (0.40 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.

Spleen

The spleen is normal in size (1.18 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 enlarged with irregular peripheral contours. A 3.56 cm x 2.32 cm hypoechoic to heterogeneous vascular mass is observed in the left lateral lobe. The mass causes capsular expansion. It contains ill-defined hyperechoic areas. The remainder of the liver is slightly heterogeneous in appearance. Hepatic vasculature 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. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.



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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not 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.

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. The abdominal lymph nodes are normal/not visible.

Other

A 1.82 cm x 1.30 cm irregular echogenic structure is observed in the region of the left ventral body wall.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Left hepatic mass. Neoplasia (i.e., adenoma, adenocarcinoma) is considered likely. However, benign pathology (i.e., area of regenerative nodular hyperplasia) cannot be completely excluded. The diffuse hepatic parenchymal changes are non-specific and could be secondary to age-related changes, inflammation, metastatic disease, other hepatopathy. Correlation with clinical findings is recommended.
- The echogenic nodule observed in the region of the left ventral body wall may represent a tumor (i.e., lipoma, liposarcoma, other sarcoma), granuloma, inflammatory focus, other.

Secondary Findings

- Bilateral age-related renal changes with pyelectasia.
- The urinary bladder wall changes may be artifactual due to lack of full repletion. Alternatively, cystitis may be present. Correlation with the patients' urinalysis findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases (if not already performed).
- Fine needle aspirates of the liver and body wall mass can be considered if clotting status is appropriate. If cytology results are inconclusive, consider referral to a board-certified surgeon for hepatic mass removal as well as removal of the mass in the region of the body wall. All masses should be submitted for histopathology.



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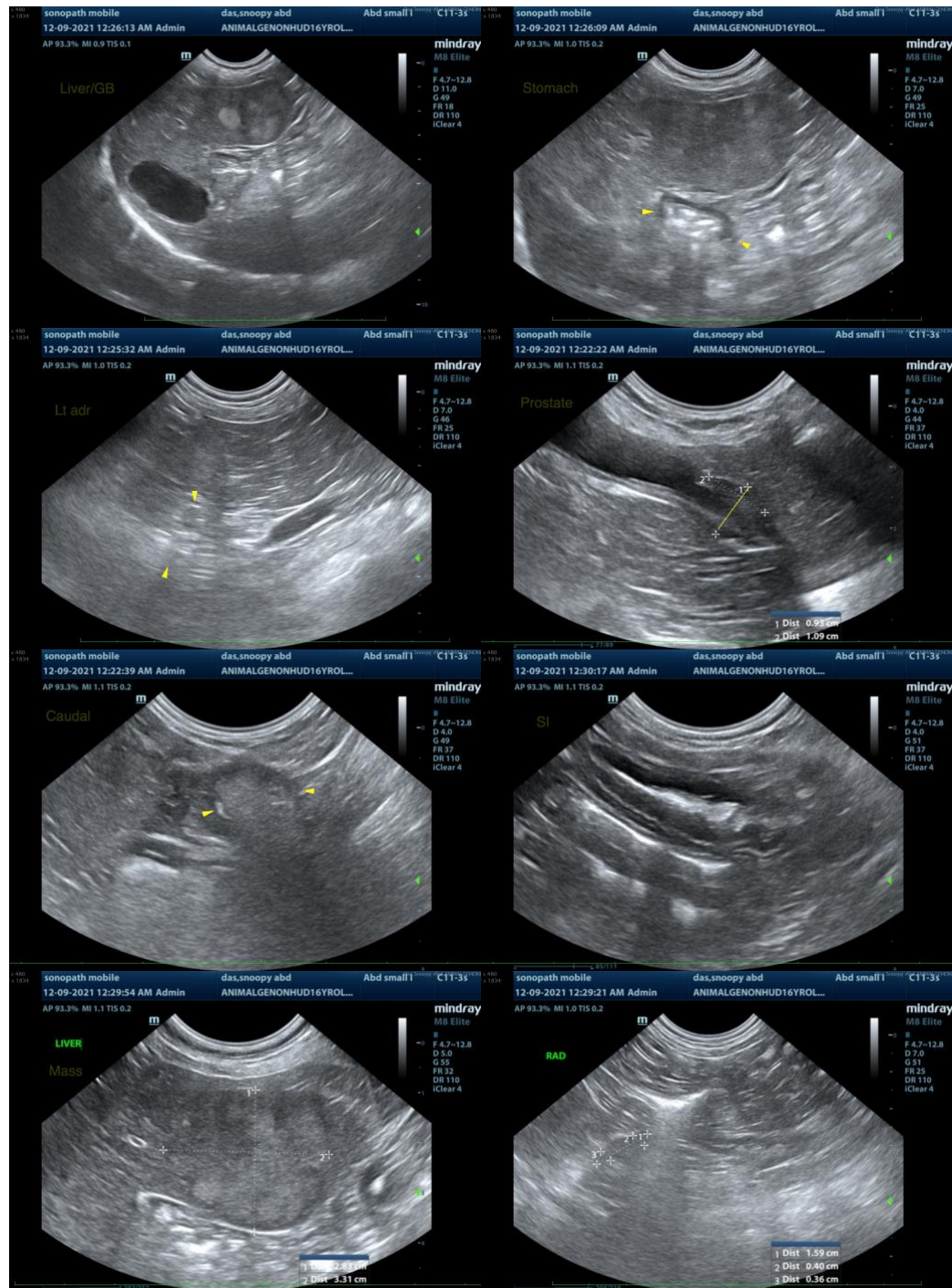
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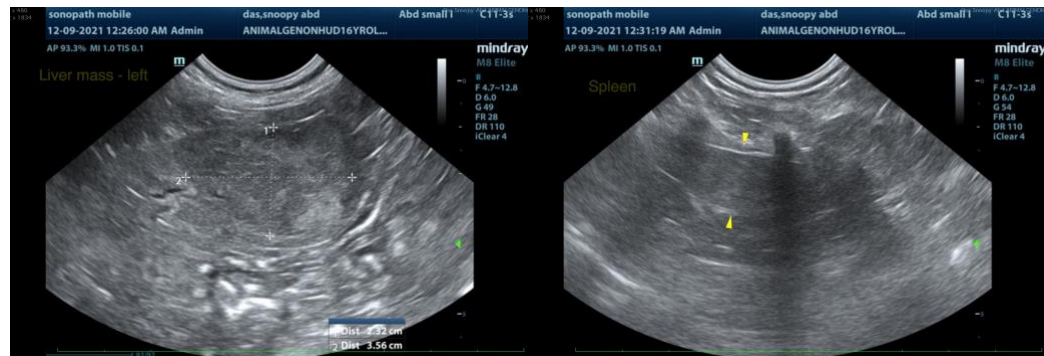
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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