



PATIENT PRESENTING CLINICAL SIGNS

Jupiter Lischy
SPECIES History: Little vomiting, abdominal mass on palpation, elevated renal parameters, mild anemia r/o splenic mass, renal mass, neoplasia, hydronephrosis, gastrointestinal obstruction, dietary indiscretion, gastroenteritis, acute kidney injury, chronic kidney dz, renal neoplasia, chronic dz, blood loss, renal dz

Canine
BREED Abnormal PE/Chem/CBC/UA Results: U/A - isosthenuria, upc - 2.0, plus 2 blood cbc/chem rbc(lo) - 5.48, hematocrit - 29.3(lo) hemoglobin - 11.3(lo) , mcv - 53.5 (LO) MCH - 20.7 (LO) , MCHC - 2.24 (LO) , CREAT - 4.6(HI) BUN - 90 (HI) OHOS- 10.0 (HI), ALP - 876(HI) CHOL - 412(HI)

Hound Mix ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX *Urinary System*

Neutered Male
 The urinary bladder is moderately distended with mostly anechoic urine. The wall in the region of the apex is mildly-thickened (up to 0.33 cm) with a slightly irregular mucosal surface. The wall tapers to a normal thickness as it extends towards the cystourethral junction. No cystic calculi are observed. The region of the trigone is normal.

AGE

13 years 9 mos
 The region of the prostate is not visualized due to its pelvic location.

WEIGHT

35.4

In the region of the left kidney, a >15.0 cm irregular, heterogenous, slightly cavitated mass is visualized. A portion of the caudal pole is visualized and contains some more normal-appearing renal architecture. Surrounding mesentery is mildly hyperechoic.

INTERPRETED BY

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

The right kidney is normal in size (5.84 cm in length) with a slightly irregular shape. A 2.5 x 1.18 cm slightly expansile cortical cyst is observed at the lateral aspect. Some echogenic debris is observed within the cyst. 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.

IMAGING PERFORMED BY

Heather

Adrenal Glands

The region of the left adrenal gland is largely obscured by the large mass effect in the area of the left kidney.

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

HOSPITAL NAME

ACC of Flanders

Spleen

The spleen is normal in size (1.44 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.50 cm hyperechoic nodule is observed in the region of the hilus. Splenic vasculature is normal.

REFERRING VET

Casulli

Liver

The liver is normal to prominent-in-size with smooth peripheral contours. The parenchyma is isoechoic-to-slightly-hypoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

INVOICE

22569

The gallbladder lumen is moderately distended. The wall is thin and smooth. Several polypoid-like lesions are arising from the mucosal surface. A small-to-moderate amount of aggregated, echogenic-to-mineralized, partially dependent debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.

DATE

2-16-26

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering



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pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

SPECIES

Canine

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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Lymph Nodes

The abdominal lymph nodes are normal/not visible.

SEX

Neutered Male

Free Abdomen

Trace retroperitoneal fluid is observed.

AGE

13 years 9 mos

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mass effect in the region of the left kidney. A left renal origin is suspected. However, other origin (i.e., left adrenal gland) cannot be completely excluded. Neoplasia (i.e., adenocarcinoma, sarcoma, round cell tumor) is strongly suspected, with a low possibility of a non-neoplastic process. Adjacent to retroperitonitis is present.

WEIGHT

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Secondary Findings

- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy.
- The gallbladder changes could be consistent with cholestasis, fasting, or an emerging mucocele.
- The hyperechoic splenic nodule likely represents a benign myelolipoma, with a lower possibility of more insidious splenic pathology.
- The urinary bladder wall changes in the region of the apex could be consistent with cystitis or may be a normal variant for this patient.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine-needle aspiration of the mass effect in the region of the left kidney (assuming normal clotting status and blood pressure). A 25-gauge needle should be used. Depending on the cytology results, consultation with a board-certified oncologist and/or surgeon may be indicated.

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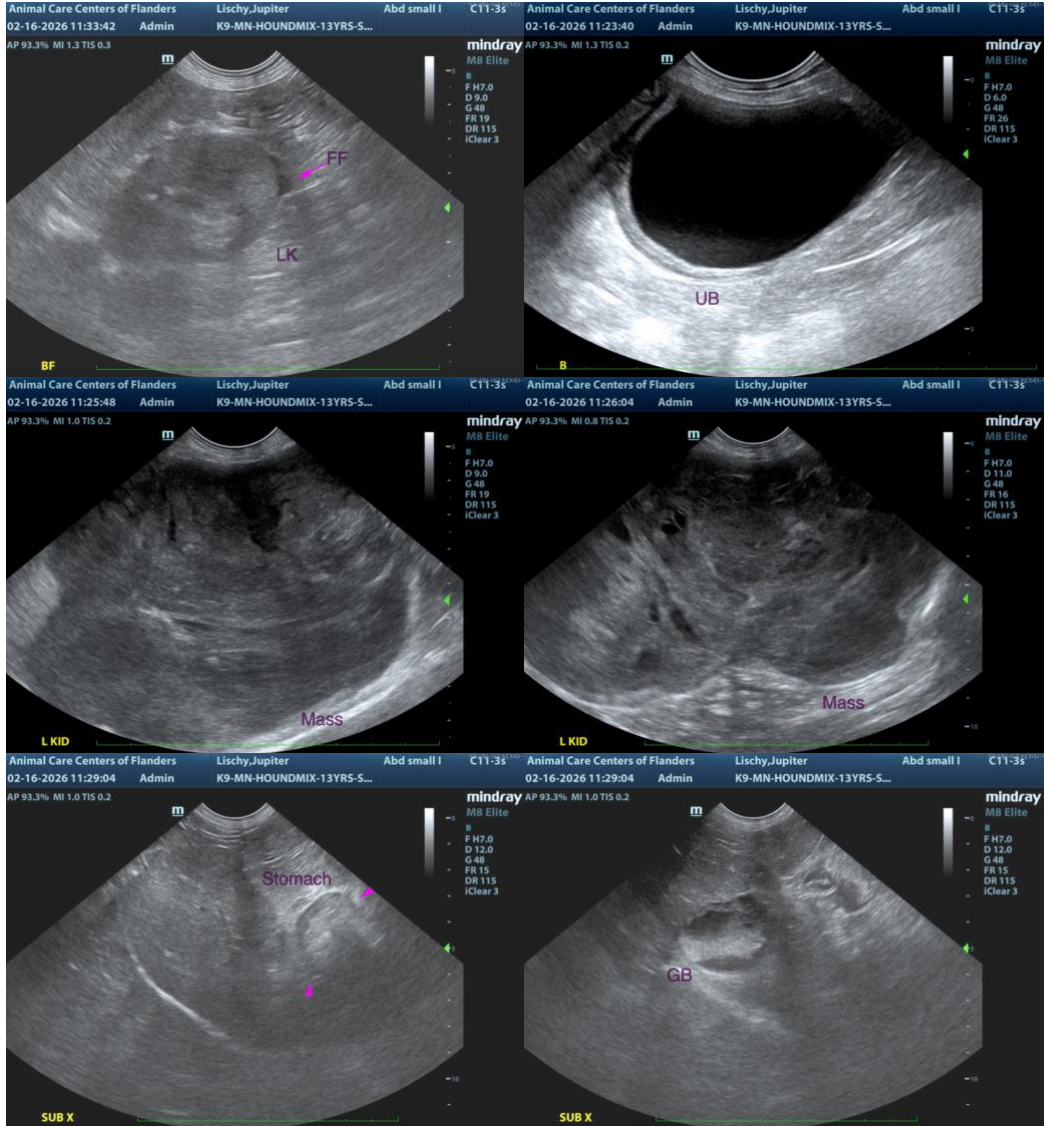
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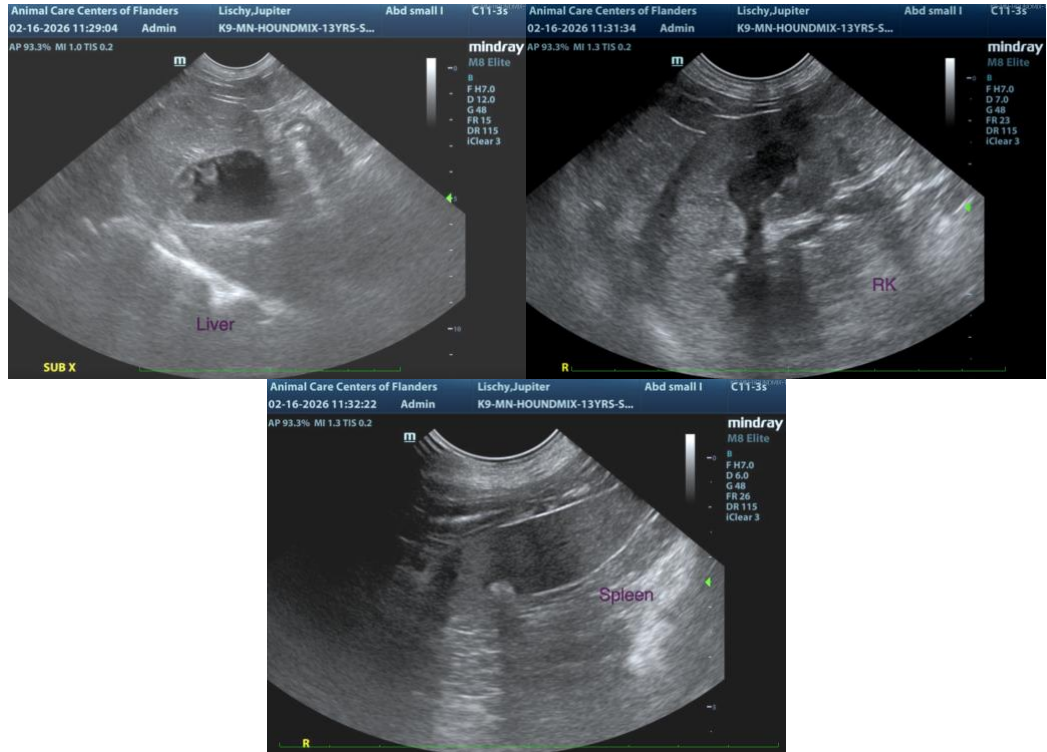
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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