



PATIENT PRESENTING CLINICAL SIGNS

Stanley Honda

History: Anorexia, wt loss. On medical treatment for several multifocal DJD. Progressive degenerative myelopathy x 2 years. meds: PreGabalín, CBD, Metacam (discontinued 4 days ago)

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: PCV 33, Urea: 20.1, Creat 288, SDMA 18 rads: Rads done Jan 24 - chest and abd - nsf

BREED

Doodle

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are 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.

SEX

Neutered Male

The prostate is normal in size (1.51 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

14 years

The left kidney is enlarged (8.09 cm in length); with an irregular shape. A 4.98 cm hyperechoic to heterogenous mass is observed at the caudal pole. A 4.43 cm. mass is observed at the cranial pole. Both masses cause distortion of the normal renal architecture. In the remainder of the kidney, there is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Moderate pyelectasia (0.66 cm in the longitudinal plane), is present along with caliectasis. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of hydroureter. Renal vasculature is normal. The mesentery surrounding the kidney is hyperechoic. (See "Other" category.)

WEIGHT

40 kg

INTERPRETED BY

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

The right kidney is normal size (6.55 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.

IMAGING PERFORMED BY

Kelly Reschy

Adrenal Glands

The left adrenal is not definitively visualized due to severe pathology in this region.

HOSPITAL NAME

Southside Pet Hospital

The right adrenal gland is normal size (1.76 cm at cranial pole) (0.69 cm at caudal pole) (2.23 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

Not provided

Spleen

The spleen is subjectively normal in size overall (2.57 cm in width at the level of the hilus) with swollen peripheral contours at the cranial aspect. A 4.31 x 3.85 cm hypoechoic to heterogenous mass is observed at the cranial aspect. The mass causes capsular expansion. The mass contains hyperechoic to mineralized foci. In the remainder of the spleen, the parenchyma is slightly mottled in appearance. Splenic vasculature is normal with no evidence of thrombosis.

INVOICE

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Liver

The liver is not visualized in its entirety due to diffuse abdominal pathology. In the visualized portions, the size appears normal with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is not definitively visualized.

Gastrointestinal

The stomach is difficult to visualize due to abdominal pathology. In the visualized portions, the wall is normal in thickness. The lumen is not distended. The remainder of the small intestinal tract is normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The pancreas is obscured by the abdominal pathology. In the visualized portion, no obvious abnormalities are seen.

Free Abdomen

A moderate amount of free fluid is present. The mesentery throughout the abdomen is hyperechoic. Several enlarged irregular sublumbar lymph nodes are visualized, the largest measuring 3.88 cm in length.

Other

A 5.50 cm irregular heterogenous mass is observed in the midabdominal cavity. It appears to be an extension of the left renal mass. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The left renal masses, severe sublumbar lymphadenopathy and splenic mass are most consistent with infiltrative/metastatic neoplasia. Top differentials include lymphoma and adenocarcinoma. A severe, multifocal inflammatory process cannot be completely excluded but is considered less likely.
- Diffuse peritonitis is present, likely secondary to neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs can be considered to assess for pulmonary metastatic disease.
- Due to the likelihood of diffuse metastatic disease in the abdomen, the prognosis is considered guarded and palliative care is recommended.



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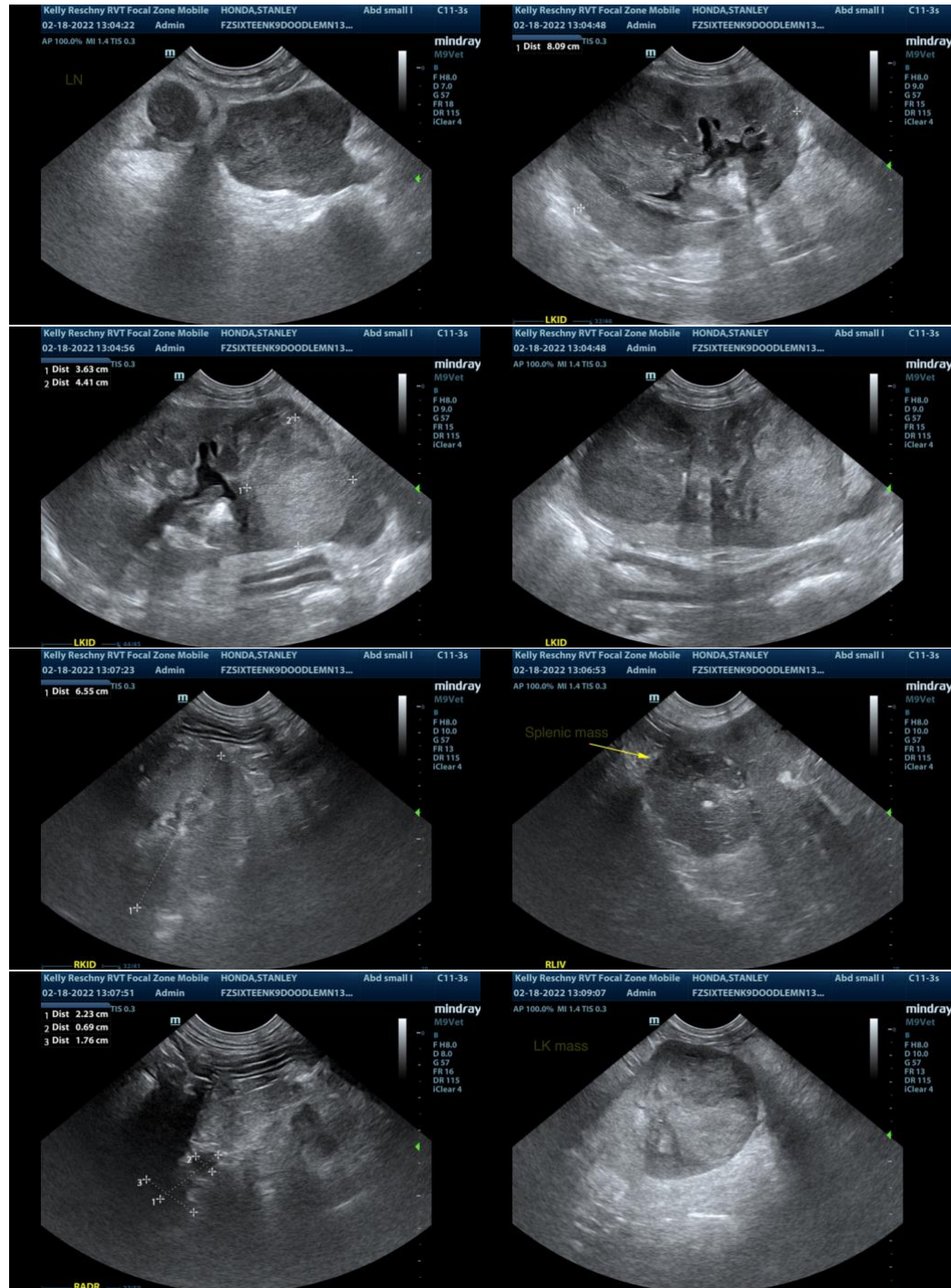
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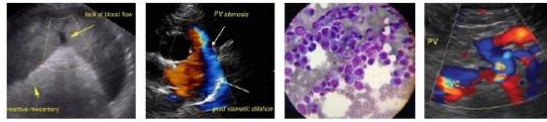
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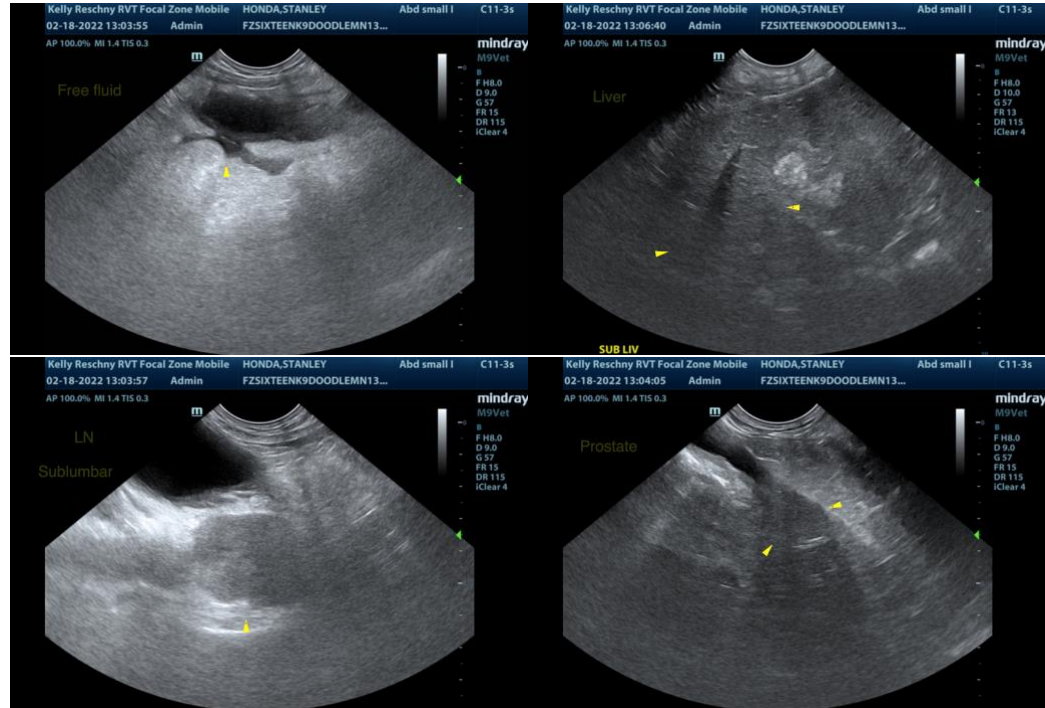
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com