



PATIENT

Toby Aleissa

SPECIES

Canine

BREED

Hound X

SEX

Neutered Male

AGE

12 Years 1 Month

WEIGHT

50 Lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Robin Lantz

HOSPITAL NAME

Eastgate VC

REFERRING VET

Dr. Robin Lantz

INVOICE

13987

DATE

2/18/22

PRESENTING CLINICAL SIGNS

History: Chronic intermittent vomiting, bloody/mucus diarrhea, intermittent limping, intermittent lethargy; seizures (on KBr from previous DVM); no clinical signs of urinary issues. Mild conjunctivitis and otitis on exam today. Previously elevated cPL (not on last lab work in 11/2021), intermittent cPL elevations over last few years. On Cerenia as needed, rotates between Dasequan and SynoviG4, Denamarin since 11/2021 lab work. On RC Ultamino rx food.

Abnormal PE/Chem/CBC/UA Results: Labwork in 11/21 - U/A wnl pH 7.5 Sp. Gr. 1.024 ALP 1128 IU/L ALT 62 IU/L Chol 346 mg/dL Trig 753 mg/dL T4 wnl Hwt neg Lyme/Ehrlichia/Anaplasma neg Fecal float neg PrecisionPSL 139U/L Rest of senior labwork (cbc, chems) wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

An approximately 3.0 cm, irregular, heterogeneous mass is arising from the dorsal wall, just cranial to the trigone. Foci of mineralization are observed within the mass. The remaining wall is normal in thickness with a smooth mucosal surface. Luminal contents are anechoic. No cystic calculi are observed. The trigone is visibly normal. The visible portion of the proximal urethra is also normal.

The prostate is normal in size (0.94 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 (6.00 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 hydronephrosis. Renal vasculature is normal.

The right kidney presented normal size (6.45 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 hydronephrosis.

Adrenal Glands

The left adrenal gland is normal size (0.47 cm at cranial pole) (0.43 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 region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (1.97 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely mottled in appearance with numerous varying sized ill-defined hypoechoic nodules, the largest measuring 1.79 cm in length. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.



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The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate to large amount of aggregated, echogenic to mineralized, mostly gravity dependent sludge is observed within the lumen. 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.

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Pancreas

The base and left limb of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic 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

Primary Findings

- Urinary bladder mass. Neoplasia (i.e., transitional cell carcinoma) is suspected with a lower possibility of a severe inflammatory process.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered unlikely.
- Gallbladder sludge, non-mucocele

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Secondary Findings

- Minor age-related pancreatic remodeling +/- fibrosis. Concurrent low-grade inflammation may also be present, particularly if the patient exhibits pain on abdominal palpation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- To further evaluate for lower urinary tract neoplasia, considered a urine BRAF test or traumatic urethral catheterization with submission of the bladder tumor cells for cytology.
- Regarding the hepatic changes, a fine needle aspirate can be considered to rule out round cell tumor if clotting status is appropriate.
- Regarding the GI signs, consider the following:

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1. Fecal evaluation for ova and Giardia



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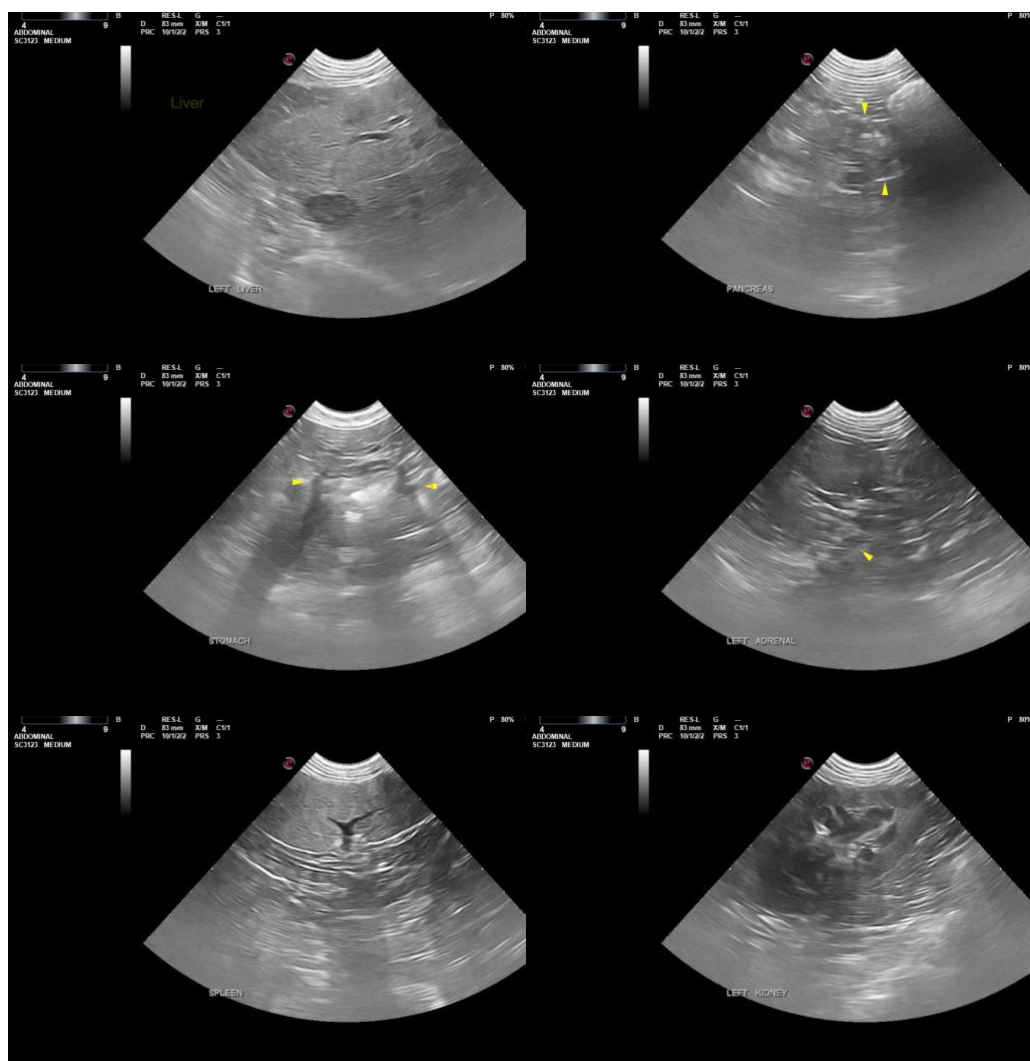
2. ACTH stimulation test

3. Hypoallergenic diet trial

4. Pre- and postprandial serum bile acids to assess for occult hepatic dysfunction

5. GI panel (send to Texas A & M)

6. +/- Endoscopic or surgical gastrointestinal biopsies





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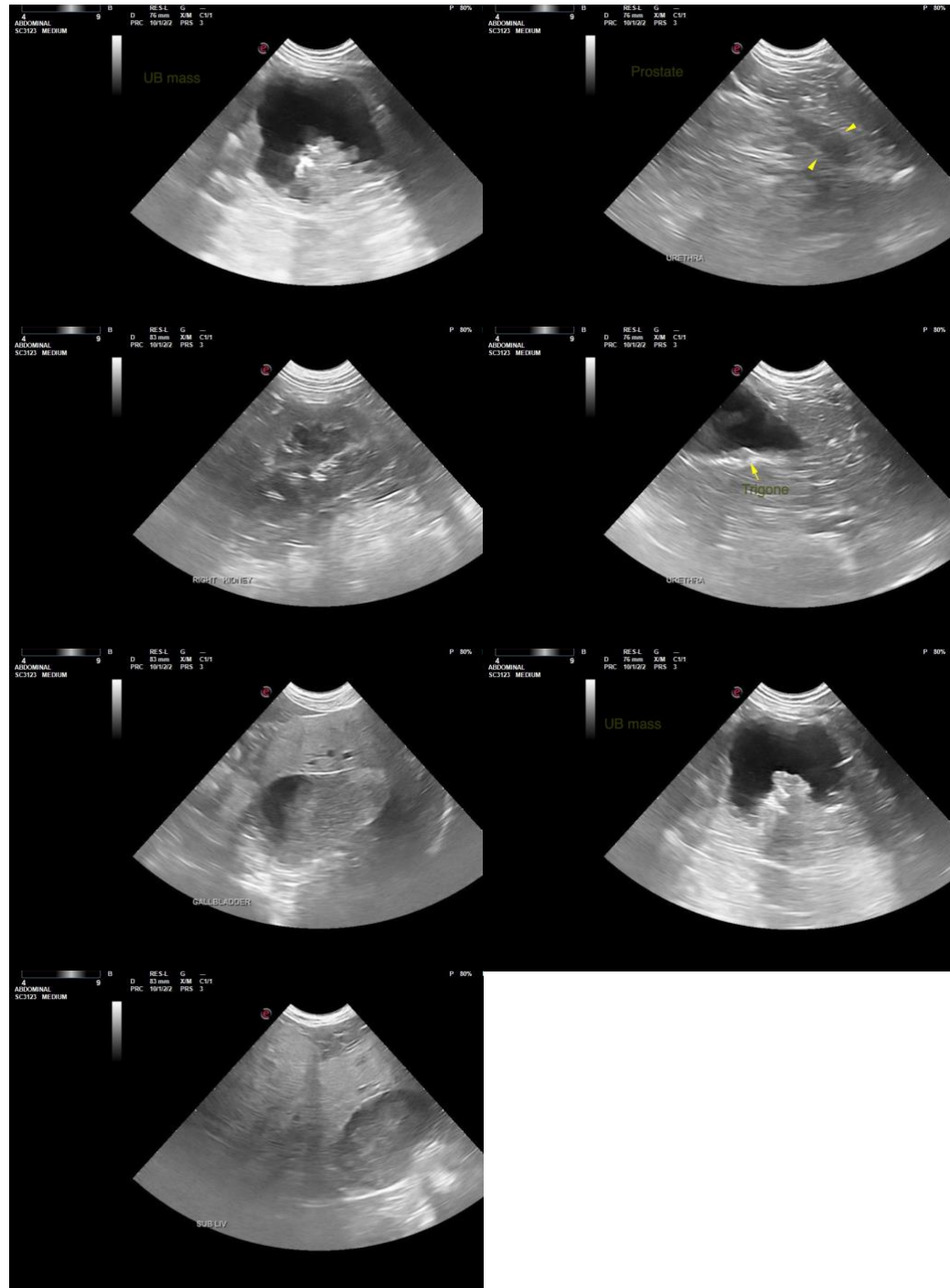
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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info@SonoPath.com

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