

**PATIENT**

Loki Greene

**SPECIES**

Canine

**BREED**

Pitbull mix

**SEX**

Male

**AGE**

8 Yrs.

**WEIGHT**

28 kg.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Calihan

**HOSPITAL NAME**

Animal Emergency  
Care

**REFERRING VET**

Dr. Bailey

**INVOICE**

14640

**DATE**

2/27/23

**PRESENTING CLINICAL SIGNS**

Recent weight loss, lethargy; Patient presented tonight on ER for 4 days acting off, lethargic. Worse Friday and diarrhea started Saturday. Diarrhea persisting in spite of bland diet and more lethargic today. Stomach seem swollen and groans when stomach touched. History of: Negative exploratory last summer for suspected FB; allergies. History of mass in right inguinal area that had been previously diagnosed as a cyst and has been drained multiple times. No known medical issues or sensitivities Medications: Off chronic Prednisone; Diet = recently changed from R.C. HP to joint diet

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder is mildly distended with mostly anechoic urine. The wall is of appropriate thickness for the level of repletion. The wall in the region of the cystourethral junction is irregular. The mucosal surface in the region of the apex is also slightly irregular. No cystic calculi are observed.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (7.23 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (7.48 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

*Adrenal Glands*

One still image of the left adrenal gland is available for interpretation. The left adrenal gland is normal size (0.57 cm at cranial pole) (0.57 cm at caudal pole) with a normal shape. 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 prominent in size (2.02 cm in width at the level of the hilus) with mildly swollen peripheral contours. The parenchyma is diffusely mottled. No focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

*Liver*

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic 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. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of mostly gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

*Gastrointestinal*



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The gastric lumen is not distended. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. In the region of the pyloric antrum, the muscularis layer is prominent. 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. The colonic wall is normal. No obstructive disease is noted.

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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**

A moderate amount of echogenic free fluid is present. At the aortic trifurcation, several severely enlarged (up to 7.26 cm) rounded heterogeneous lymph nodes are visualized. Surrounding mesentery is hyperechoic.

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**Other**

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A 5.51 x 3.75 cm subcutaneous right inguinal mass is visualized.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- The severe caudal abdominal lymphadenopathy is concerning for infiltrative neoplasia (i.e., metastatic mast cell disease) with a lower possibility of a severe lymphadenitis or reactive change.
- The splenic parenchymal changes are also concerning for infiltrative neoplasia (i.e., metastatic mast cell disease) with a lower possibility of a benign process (i.e., lymphoid hyperplasia or similar).
- The hepatic changes could be consistent with infiltrative neoplasia, vacuolar hepatopathy, inflammatory disease or other hepatopathy.
- Ascites.
- Right subcutaneous inguinal mass.

**Secondary Findings:**

- Mild bilateral, chronic renal changes.
- The thickened muscularis layer of the pyloric antrum may be a normal variant for this patient or may be secondary to hypertrophy, inflammation or emerging neoplasia.
- The irregular bladder mucosa in the region of the cysto urethral junction may be secondary to inflammatory disease, artifact resulting from lack of full repletion, emerging neoplasia, other.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.



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- Given the sonographic changes and the patient's clinical history of mast cell disease, consider consultation with a board-certified oncologist for further diagnostic and treatment recommendations.

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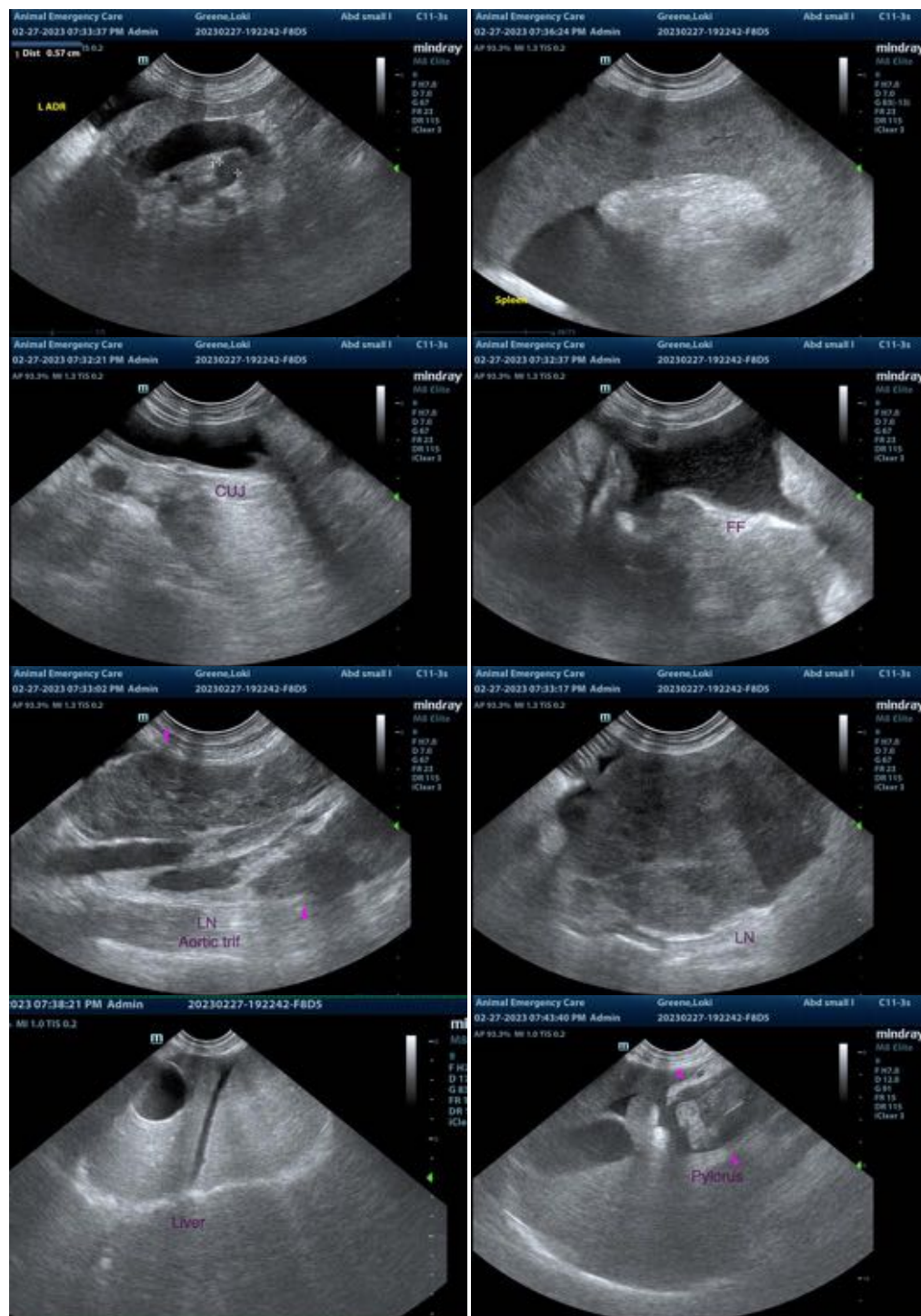
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)

[info@SonoPath.com](mailto:info@SonoPath.com)

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