



PATIENT

Buster Ba

SPECIES

Canine

BREED

Corgi

SEX

Neuterd

AGE

8/6/2012

WEIGHT

17.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Blue Pearl/
Vet. Med. Care

REFERRING VET

Dr. Michelle Wall

INVOICE

10589

DATE

3/21/22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings:

Buster is a 9 y/o MN Corgi that presented for evaluation of metastatic seminoma in December 2021. Palliative radiation therapy (5 Gy x 5fx) finished (3/4/2022).

PE: 3/18/22. Temp (°F): 100.10. H.R.: 112. R.R.: 30

Ears: No Abnormal Findings. Eyes: No Abnormal Findings

Oro-Nasal: pm mm, CRT 2 sec, no PO masses noted, no oc/nasal d/c present

Heart: Strong, synchronous pulses; No murmur or arrhythmia present

Lungs: clear. Abdomen: Benign, non-painful, no obvious masses palp

Urogenital: M/C, normal mam gl palp, rectal – WNL. Orthopedic: No significant finding, amb X 4

Musculoskeletal System: No significant findings, BCS 3/5, no mus atrophy noted, normal neuro

Dermatologic: No significant findings

Lymph Nodes: no peripheral enlargement noted

Abnormal Labwork Values

Ca-8.6. Mg-1.3. Reticulocytes-1.7%. MCV-80fL. Neutrophils-78%

Current Medications : none

Radiographic Findings: The cardiovascular structures are normal. In the VD view, there is an impression of right atrial enlargement; this is a common finding with chondrodystrophic morphology.

There is no evidence of pulmonary metastatic disease. The mediastinum, pleural space and thoracic wall appear normal. The cranial abdomen appears normal. Shoulder osteoarthritis is present bilaterally, more severe on the right. There is an impression of arthritis in one elbow.

Conclusion: No evidence of pulmonary metastatic disease or thoracic lymphomegaly.

Normal cardiovascular structures. Normal cranial abdomen. Shoulder osteoarthritis.

Fine Needle Aspirates: Client did not approve sedation nor FNA

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 mildly 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.

The prostate is mildly enlarged (2.58 x 1.86 cm), with a slightly irregular shape. The parenchyma is heterogenous with ill-defined hyperechoic areas. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (5.56 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (7.00 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.



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Adrenal Glands

The left adrenal gland is normal size (0.53 cm at cranial pole) (0.53 cm at caudal pole) (2.54 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 (1.06 cm at cranial pole) (0.55 cm at caudal pole) (1.62 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 (1.40 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 normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature 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 moderate amount of aggregated, echogenic, gravity dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

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

There is no evidence of free fluid. Two to three severely enlarged, irregular, hypoechoic to heterogenous lymph nodes are observed at the aortic trifurcation. The two largest nodes measure 6.08 x 4.35 and 0.57 x 3.95cm.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.



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ULTRASONOGRAPHIC FINDINGS

Primary Findings

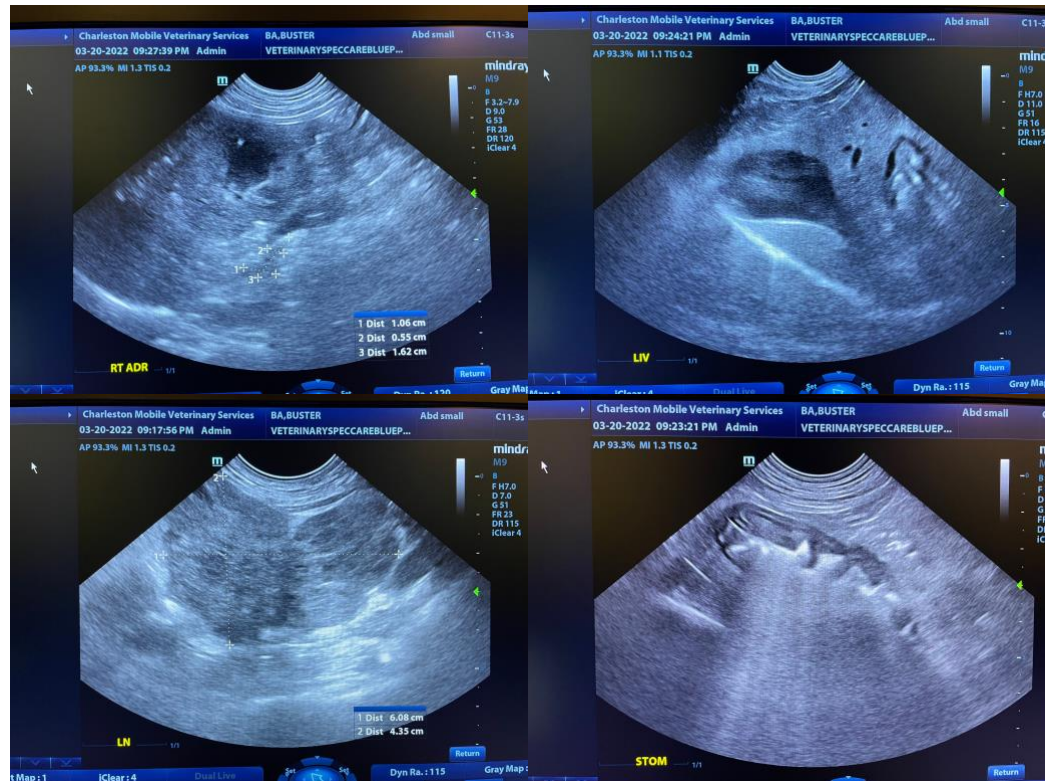
- Severe caudal lymphadenopathy. Metastatic disease (i.e., seminoma) is likely.

Secondary Findings

- Minor age-related hepatic and renal changes.
- The prostate changes are consistent with hyperplasia in a recently neutered adult male dog.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Follow-up treatment should be based on the oncologist's recommendations.





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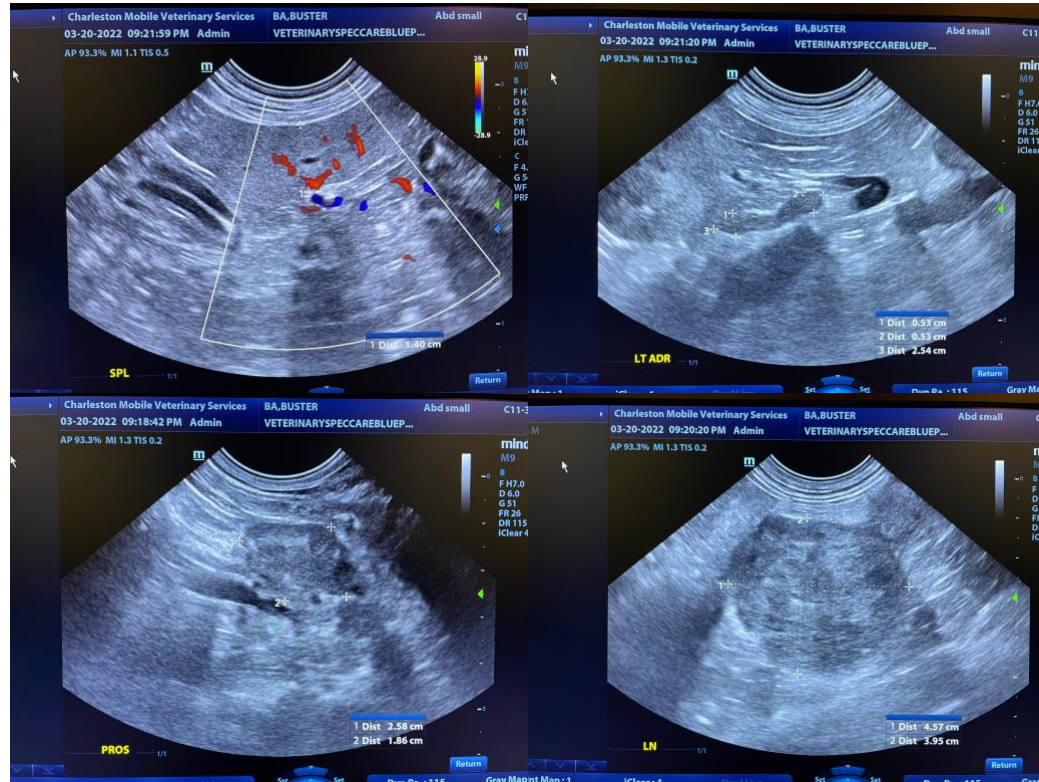
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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