


PATIENT PRESENTING CLINICAL SIGNS

Diesel Holt History: Not eating, ataxia noted, weight loss.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Elevated Globulins, BUN 30.6, Creatinine 442, SDMA 21.9, PHosphorous 1.97, Calcium 3.20, Low Sodium/pot ratio and Platelets high.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED

Pug X

Urinary System

The urinary bladder is mildly distended. The wall is of appropriate thickness for the level of repletion. The mucosal surface is irregular. A small to moderate amount of suspended gravity-dependent mineralized sand +/- tiny calculi are observed within the lumen. The region of the trigone and the proximal urethra, visible to a depth of 1-2 cm, are normal.

SEX

Neutered Male

The prostate is normal in size (0.92 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

13 years

The left kidney is normal in size (3.44 cm in length) with a slightly irregular shape. The cortex is variably thickened. There is moderate loss of corticomedullary distinction. There is a questionable mass effect (1.63 cm x 1.26 cm) in the cortex at the medial aspect. Several foci of mineralization are visualized. Mild pyelectasia is present (0.27 cm in the longitudinal plane). There is no evidence of hydronephrosis. A 0.37 cm cortical cyst is seen. A few smaller cortical cysts are seen. Renal vasculature is normal.

WEIGHT

22.6 lbs

The right kidney is difficult to visualize due to the presence of the splenic mass. In the visualized portion, it appears normal in size (4.62 cm in length) normal curvilinear peripheral contours. There appears to be loss of corticomedullary distinction, as well as a few nonobstructive nephroliths.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size (0.69 cm at cranial pole) (0.64 cm at caudal pole) (1.71 cm in length) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.

IMAGING PERFORMED BY

Crystal Hill

The region of the left adrenal gland is evaluated. The gland is not definitively visualized due to the presence of the splenic mass. However, no obvious pathology is observed in this region.

HOSPITAL NAME

The Maples AH

Spleen

The spleen is enlarged with irregular peripheral contours. An approximately 9.00 cm irregular, hypoechoic-to-heterogenous slightly cavitated mass is arising from the parenchyma. In the remainder of the spleen, the parenchyma is homogenous. Splenic vasculature appears normal with no evidence of thrombosis. The mesentery surrounding the spleen is hyperechoic.

REFERRING VET

Kazienko

Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

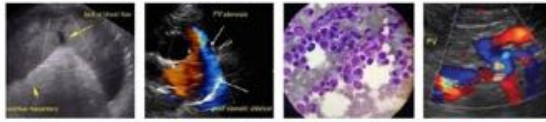
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12587

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of hyperechoic gravity-dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

DATE

3.30.23



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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 pyloric outflow tract is patent. 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.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic 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.

Free Abdomen

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large splenic mass. Neoplasia (i.e., sarcoma, round cell tumor) is suspected with a lower possibility of a benign process. Regional peritonitis is present.
- The hepatic parenchymal changes could be consistent with regenerative nodular hyperplasia, vacuolar hepatopathy, metastatic disease, inflammatory disease, other hepatopathy.
- Bilateral chronic renal changes. The mass effect in the left renal cortex may represent neoplasia or a severe inflammatory process. Bilateral nonobstructive nephrolithiasis is present.

Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Urinary bladder sand +/- tiny calculi.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A splenectomy with submission of the spleen for histopathology can be considered along with liver biopsies to assess for metastatic disease. An abdominal CT scan would be useful in in presurgical planning, particularly to help determine if the left renal lesion is of significance. This lesion can also be biopsies at the time of surgery.



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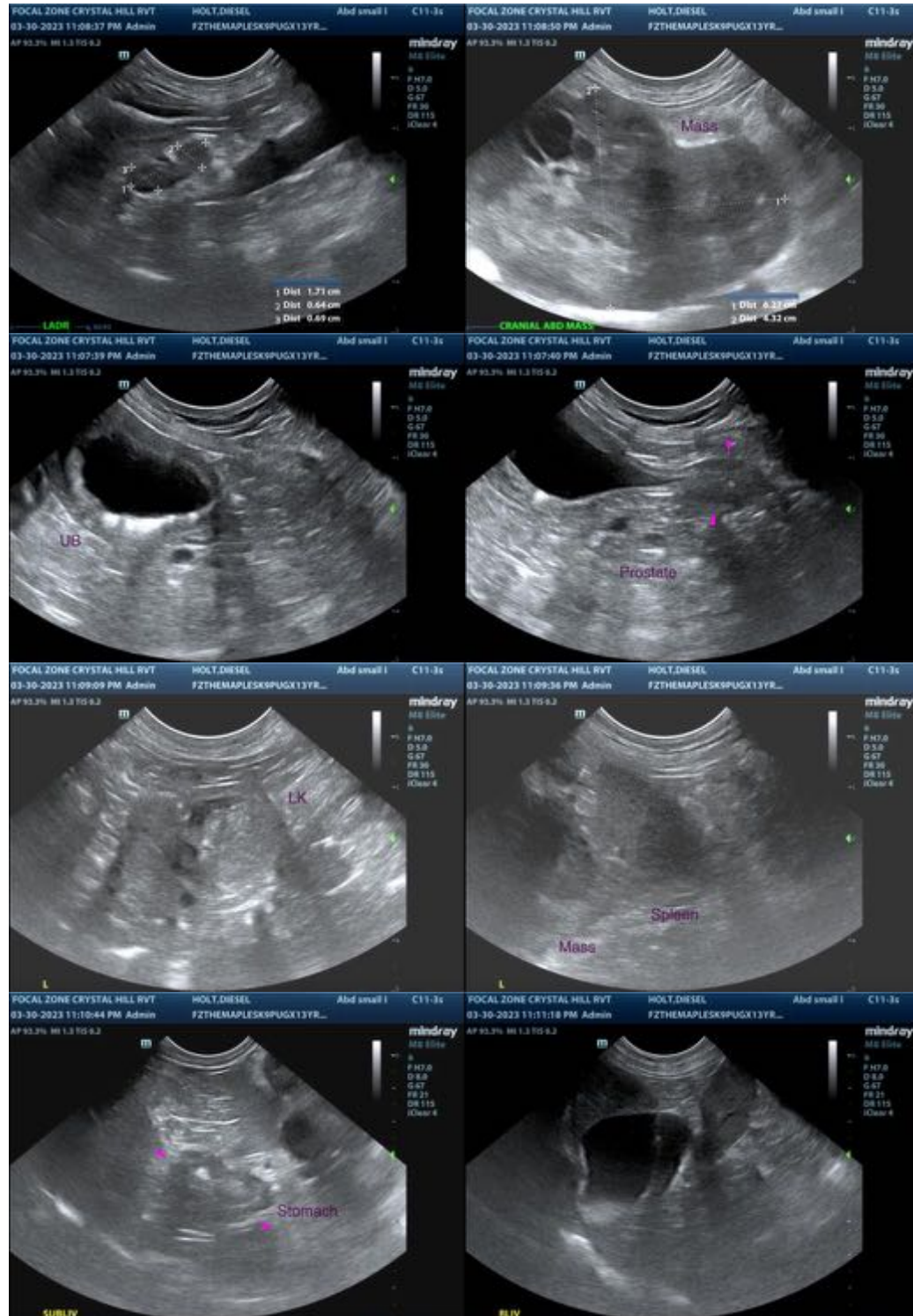
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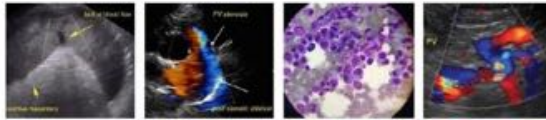
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



PATIENT

can be of any further assistance, please contact me.

Diesel Holt

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