



PATIENT

Tobie Borngesser

PRESENTING CLINICAL SIGNS

History: Chronic history Vomiting/Anorexia; PU/PD; & Weight Loss.
Current Meds: Amoxi../Metronidazole/ Denamarin

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: WBC = 22.6; Neutros = 20,114; Monos = 1585; SGPT = 243 ;
Alk Phos = 7074 ; GGTP = 26
Abnormal UA = Prot. = 1+ ; Fine Granular Casts
Urine Specific Gravity= 1.005

BREED

Labrador Retr

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered Male

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The prostate is normal in size (0.89 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

8 years

The left kidney is normal in size (9.40 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. The cortex is isoechoic relative to the spleen. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few small, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

94.5 lbs

The right kidney is normal in size (9.52 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. The cortex is isoechoic relative to the spleen. A small cortical cyst is seen. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

In the region of the left adrenal gland, an approximately 4.80 cm heterogenous, cavitated mass is visualized. A 0.83 cm mineralized focus is observed within the mass effect. There is complete loss of glandular detail. There is no obvious evidence of vascular invasion.

IMAGING PERFORMED BY

Dr. Maria Cruz

In the region of the right adrenal gland, a 3.18 x 2.07 cm irregular mass effect is visualized. There is no obvious evidence of vascular invasion.

HOSPITAL NAME

Byram AH

Spleen

The spleen is subjectively normal in size (1.87 cm in width at the level of the hilus) with slightly irregular margins at the cranial aspect. There is appropriate echogenicity and echotexture. Pinpoint to small linear hyperechoic foci are observed throughout the organ. Splenic vasculature is normal.

REFERRING VET

Dr. Carlos Abdul-Chani

Liver

The liver is subjectively enlarged with irregular peripheral contours. Numerous, varying-sized hypoechoic-to-heterogenous masses/nodules are observed throughout the organ (the largest measuring 5.00 cm in diameter on the left side). At least one of the nodules contains focus of mineralization. The remaining parenchyma is isoechoic relative to the spleen. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

INVOICE

12737

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of echogenic debris is observed within the lumen (most of which is either gravity-dependent or adhered to the luminal surface). The cystic and common bile ducts are normal/not seen.

DATE

4.10.23



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Gastrointestinal

The lumen is mildly to moderate distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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. There is no evidence of an obstructive pattern.

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

Trace free fluid is observed. A 2.15 cm medial iliac lymph node is visualized.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Left adrenal mass effect. Neoplasia (i.e., hemangiosarcoma, adenocarcinoma, pheochromocytoma) is suspected with a lower possibility of a non-malignant process. There is a mass effect in the region of the right adrenal gland. It is unclear whether this represents a mass in the right adrenal gland or if this is an extension of the mass in the left adrenal gland.
- The diffuse hepatic masses/nodules are more concerning for metastatic disease with a lower possibility of a non-malignant process (i.e., multifocal inflammatory disease, other).
- Trace ascites, likely secondary to hepatic and/or left adrenal pathology

Secondary Findings

- Splenic dystrophic mineralization. This is typically a benign incidental finding often seen with endocrinopathies.
- Bilateral chronic age-related renal changes with nonobstructive nephrocalcinosis
- The prominent medial iliac lymph node is likely reactive, with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine-needle aspiration of the hepatic lesions can be considered (if clotting status is appropriate). Twenty-five gauge-needles should be used. Due to the risk of iatrogenic hemorrhage with the procedure, the patient should be monitored sonographically for at least 5-10 minutes post-aspiration to assess for bleeding.
- Given the likelihood of metastatic neoplasia in this patient, the prognosis is considered guarded and palliative care should be considered in lieu of aggressive diagnostics and treatments.



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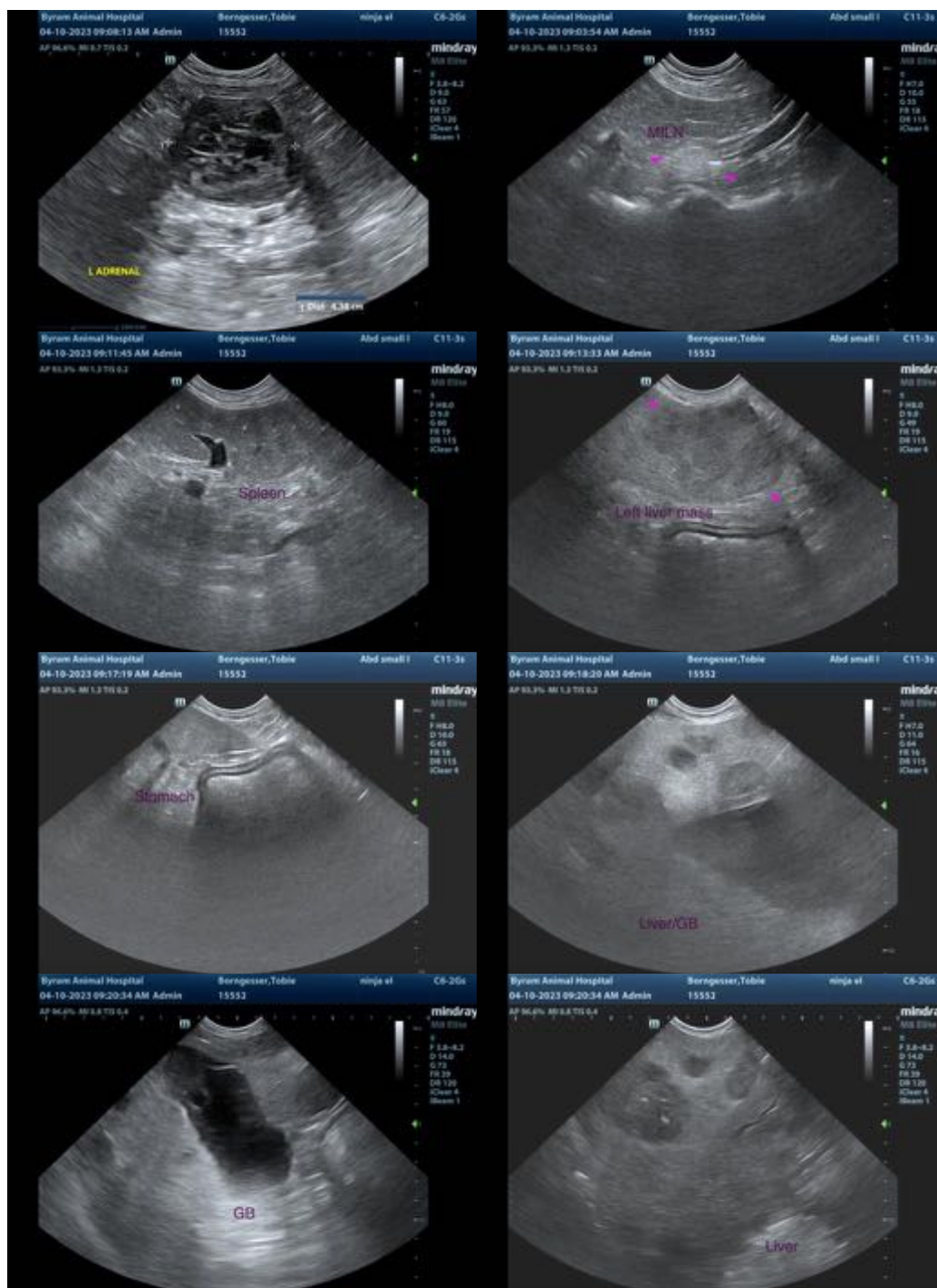
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com