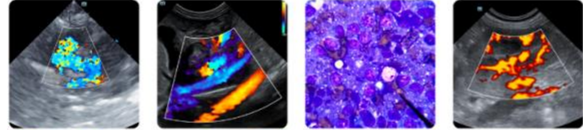
Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE
www.charlestonmobile.net
info@charlestonmobile.net
800.403.5408

PATIENT
Sutter Leach

SPECIES
Canine

BREED
Golden Retriever

SEX
Male Intact

AGE
07.05.2014

WEIGHT
48.6kg

INTERPRETED BY
Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY
Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME
Lowcountry VNS

REFERRING VET
Courtenay Freeman

INVOICE
22801

DATE
4-2-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings:
Mentation: bright, alert, responsive
Gait: normal
Postural reactions: normal
Reflexes: normal
Cranial nerves: normal
Sensory: nonpainful
Neuroanatomic localization: normal neurologic exam

Abnormal lab-work values:
CBC: WNL
Chemistry: BUN
T4: 1.3 N
UA: pending
Thoracic and abdominal radiographs: radiology report pending
Current Medications: Levetiracetam 750mg TID

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall in the region of the apex is mildly-thickened (up to 0.59 cm) with a slightly irregular mucosal surface. The wall tapers to a normal thickness as it extends towards the cystourethral junction. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 6 cm, are normal.

The prostate is enlarged (6.91 cm in width) with relatively smooth peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat, and heterogenous in appearance, with numerous, small, cystic areas throughout the organ. A larger cyst (measuring 1.7 cm in its longest dimension) is observed near the cystourethral junction. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (8.65 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.28 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.41 cm at cranial pole) (0.52 cm at caudal pole) 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 are normal.

The right adrenal gland is normal in size (1.03 cm at cranial pole) (0.64 cm at caudal pole) 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 are normal.

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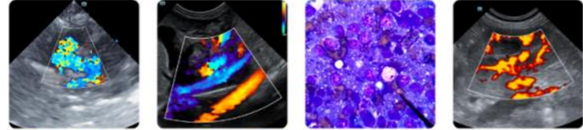

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Spleen

The spleen is normal in size (1.63 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. At the mid- to caudal aspect, a 2.9 x 1.1 cm hyperechoic- to heterogenous microcystic macronodule is visualized. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged, with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen, and mildly heterogenous in appearance. A 2.3 x 1.5 cm hypoechoic nodule is observed deep on the left side. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly fluid-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 ileocecocolic junction and colonic wall are 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 slightly hypoechoic 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.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

A small- to moderate amount of free fluid is present.

Other

The testicles are subjectively normal-in-size (left 4.59 x 2.70) (right 4.18 x 3.18). Within the left testicle, two hypoechoic nodules are visualized (one measuring 2.21 x 1.57 cm, the other measuring 0.92 x 0.81 cm). The right testicular parenchyma is mildly heterogenous in appearance.

The caudal vena cava is subjectively dilated.

A brief visualization of the cranial thorax reveals a 5.3 x 4.5 cm homogenous mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Cranial mediastinal mass. Neoplasia (i.e., lymphoma, thymoma) is suspected, with a lower possibility of a non-neoplastic process (i.e., granuloma/inflammatory lesion).

- The splenic nodule could be consistent with a benign lesion (i.e., lymphoid hyperplasia with cystic areas). Alternatively, an emerging tumor is possible.

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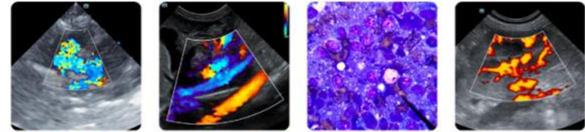

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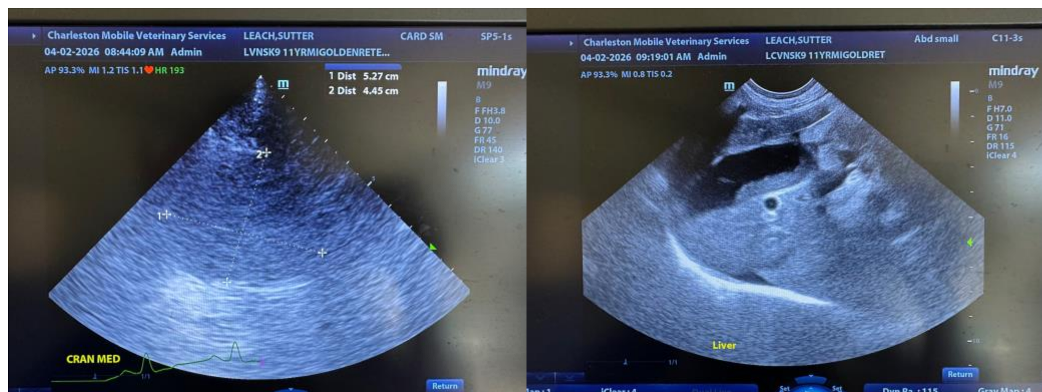
- The left hepatic nodule could be consistent with a benign lesion (i.e., regenerative nodule, inflammatory focus). Alternatively, an emerging tumor is a consideration. The diffuse hepatic parenchymal changes are nonspecific and could be secondary to regenerative nodular hyperplasia, vacuolar hepatopathy, age-related parenchymal remodeling, passive congestion, with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy.
- The ascites and dilated caudal vena cava are likely secondary to right-sided congestive heart failure

Secondary Findings

- Gallbladder debris, non-mucocele
- Bilateral nonspecific age-related renal changes
- The mild urinary bladder wall thickening in the region of the apex is suggestive of cystitis. Correlation with the patient's clinical history is recommended.
- The prostate changes are most consistent with cystic benign prostatic hyperplasia. Concurrent prostatitis is possible, particularly if lower urinary tract signs are present. Prostatic neoplasia is a consideration, but considered less likely.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Left testicular nodules. Neoplastic and benign lesions should be considered.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the liver and splenic nodules, consider a recheck ultrasound in 4-6 weeks to assess for growth.
- Regarding the cranial mediastinal mass, consider a thoracic CT scan +/- excisional biopsy for further evaluation if the patient's cardiac status can be stabilized.
- Further recommendations should be based on the echocardiogram report.



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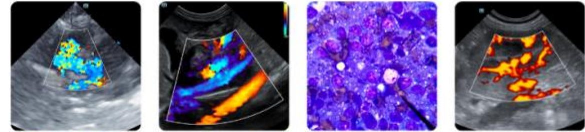

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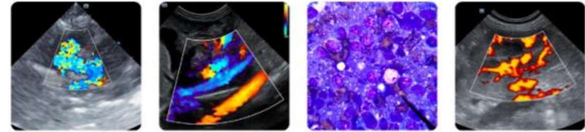

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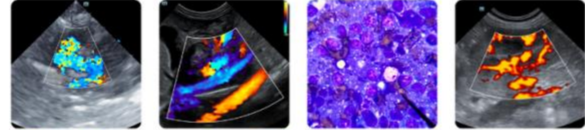

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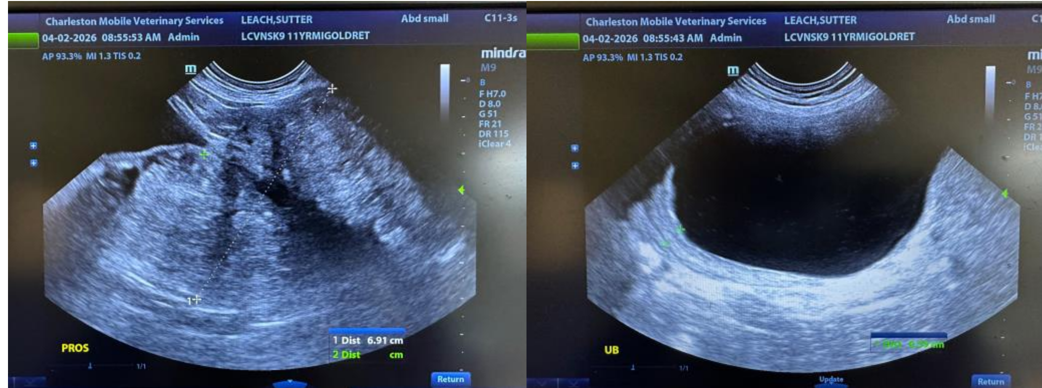

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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