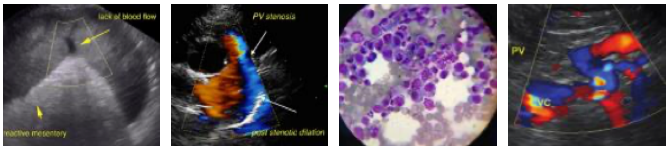

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Ozzy Scrutton

SPECIES
Canine

BREED
Boston Terrier

SEX
Male

AGE
7 Yrs. 11 months

WEIGHT
11.4 kg.

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

IMAGING PERFORMED BY
Dr. Brian Barnes

HOSPITAL NAME
Westview VH

REFERRING VET
Dr. Brian Barnes

INVOICE
13271

DATE
4/26/22

PRESENTING CLINICAL SIGNS

History: Diarrhea and vomiting for about 1 week, not eating much restless
Abnormal PE/Chem/CBC/UA Results: Has a large cranial to mid abdominal mass. Pending CBC/Chem Xrays No obvious metastatic disease in the lungs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is mostly anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is enlarged (2.40 cm length x 2.45 cm width) with slightly irregular peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and slightly heterogeneous in appearance. A few small, ill-defined cystic areas are observed within the parenchyma. the prostatic urethra is not overtly dilated.

The left kidney is normal in size (5.97 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild to moderate pyelectasia is present (0.45 cm in the transverse plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.69 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.76 cm at cranial pole) (0.58 cm at caudal pole) (2.89 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 (1.24 cm at cranial pole) (0.50 cm at caudal pole) (2.44 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 (1.07 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 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 suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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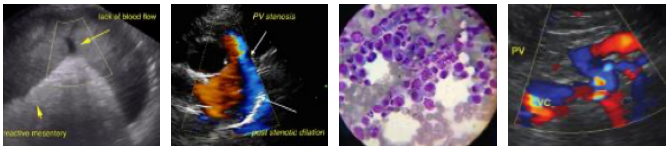

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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The left limb of the pancreas is prominent with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. See also *Other.*

Free Abdomen

Trace free fluid is observed.

Lymph Nodes

See *Other.*

Other

A >9 cm irregular heterogeneous, slightly cavitated, vascular mass is observed in the cranial to mid abdomen. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Cranial to mid-abdominal mass, the origin of which is unclear. It may be arising from lymph node, pancreas, mesentery, bowel, other. Neoplasia (i.e., sarcoma, round cell tumor, carcinoma) is suspected with a lower possibility of benign pathology. Adjacent peritonitis is present.

Secondary Findings:

- Bilateral, age-related renal changes with dystrophic mineralization and left pyelectasia.
- Suspected benign diffuse hepatopathy. Top differentials include vacuolar hepatopathy and regenerative nodular hyperplasia. Inflammatory disease, infiltrative neoplasia or other hepatopathies cannot be completely excluded. Correlation with the patient's liver values is recommended.
- The pancreatic changes in the left limb are suggestive of chronic pancreatitis.
- Prostate changes consistent with benign prostatic hyperplasia with small parenchymal cysts. Bacterial prostatitis cannot be completely excluded. However, this is considered less likely in the absence of lower urinary tract signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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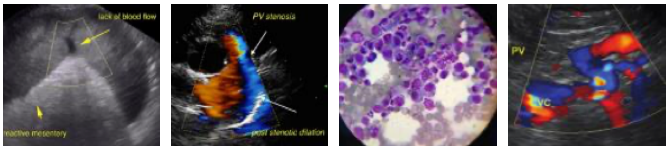

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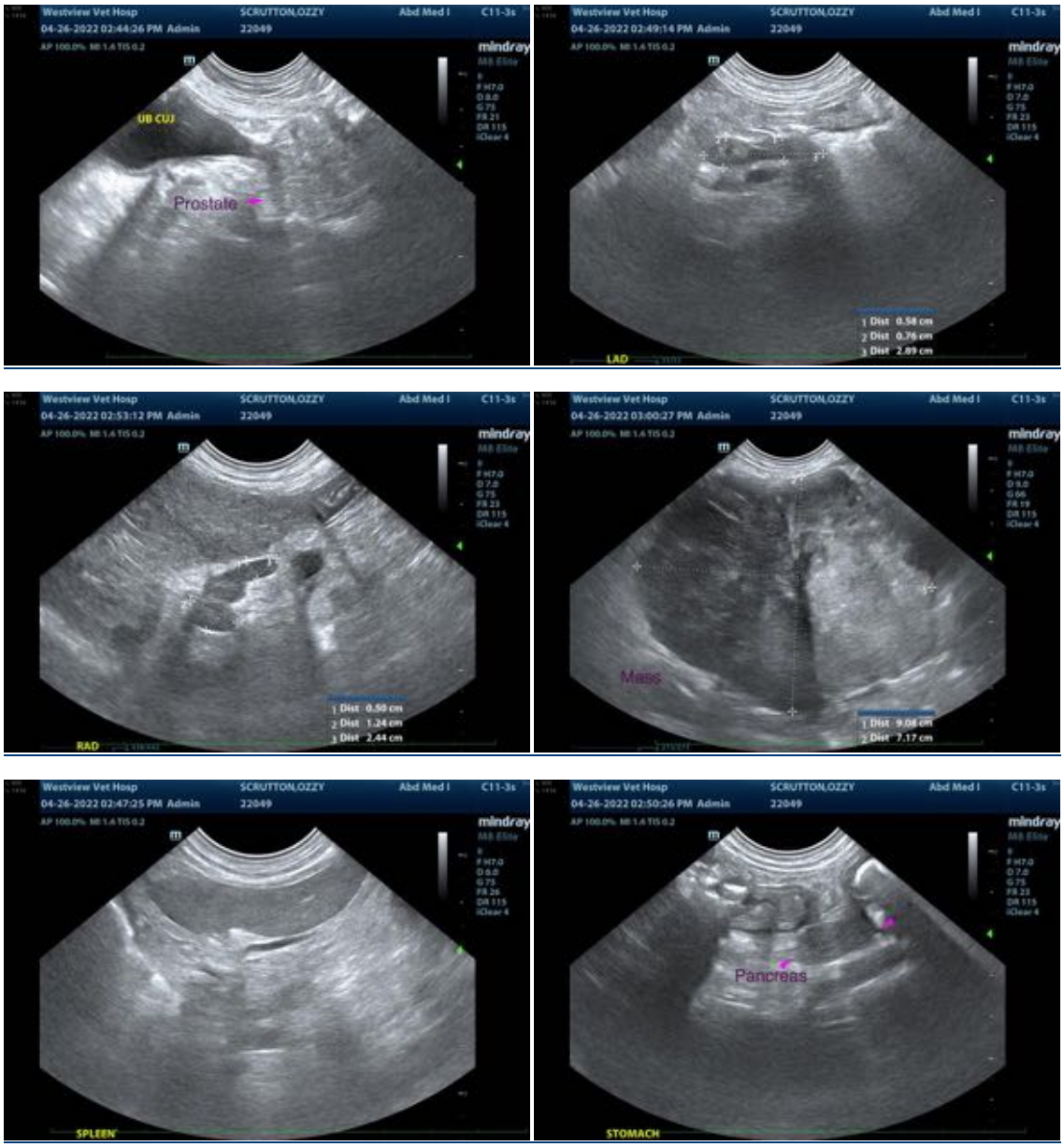
- A fine needle aspirate of the cranial to mid-abdominal mass could be considered if clotting status is appropriate. Care should be taken to avoid vascular and cavitated areas. The patient should be monitored sonographically for at least 5-10 min post aspiration to assess for iatrogenic hemorrhage. If cytology results are inconclusive or not pursued, consider an abdominal exploratory with mass removal and submission for histopathology. An abdominal CT scan would be useful in pre-surgical planning. Consider referral to a board-certified surgeon if surgery is pursued due to the potential for perioperative complications. Castration can also be considered at the time of surgery, if the patient is stable.
- Given the left pyelectasia, consider a urinalysis +/- urine culture and sensitivity.



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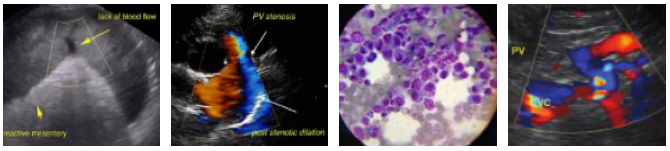

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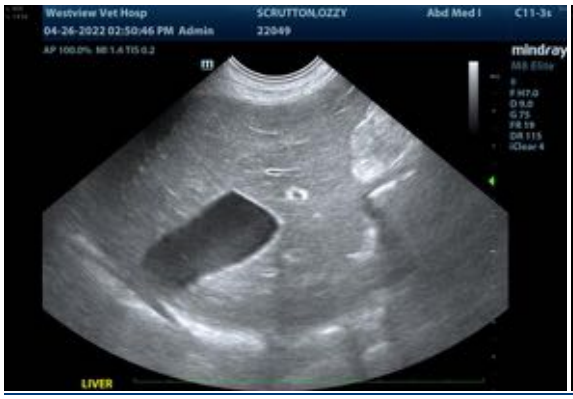

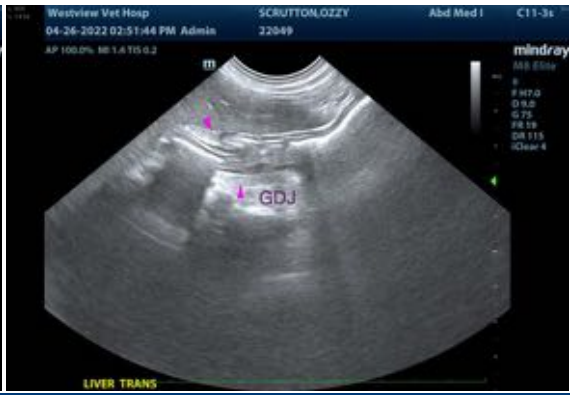

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com