



**PATIENT**

Rigor Thompson

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

12 Pounds

**INTERPRETED BY**

Andrea Nicastro, DMV,  
Diplomate DACVIM  
(Small Animal  
Internal Medicine)

**IMAGING  
PERFORMED BY**

Adrienne Waffle

**HOSPITAL NAME**

Torch Lake VC

**REFERRING VET**

Adrienne Waffle

**INVOICE**

14683

**DATE**

4/9/22

**PRESENTING CLINICAL SIGNS**

History: Was seen at ER for hematuria.

Abnormal PE/Chem/CBC/UA Results: ON PE, they noticed that he appeared bloated. Radiographs showed hepatomegaly with caudal deviation of gastric axis. Grade V/VI murmur. Severe dental disease. pendulous abdomen with thinning off skin. Darkly pigmented alopecic dermal nodule of L lateral abdomen. No UA was performed. WBC 19.13, neu 15.39, mono 1.5, plt - 748; phos 2.9, TP = 7.5 GLOB - 4.7; ALT - 673; ALP - unable to be measured; GGT - 381; Chol - 467.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A moderate amount of gravity dependent echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone appears normal. The proximal urethral wall is slightly thickened and irregular. The lumen is not overtly dilated.

The prostate is enlarged in size (1.73 cm in width) with an irregular shape. The parenchyma is heterogeneous in appearance with some anechoic/cavitated areas.

The left kidney presented normal size (4.25 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney presented normal size (5.27 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

**Adrenal Glands**

The left adrenal gland is mildly enlarged in size (0.69 cm at cranial pole) (0.69 cm at caudal pole); 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 (1.32 cm at cranial pole) (1.76 cm at caudal pole); 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 (0.89 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few ill-defined hyperechoic nodules/areas are observed throughout the organ. Splenic vasculature is normal.

**Liver**

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No focal distinct lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.



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The gall bladder is moderately distended. The wall is mildly thickened and hyperechoic. A small amount of echogenic debris is observed within the lumen, some of which is gravity dependent and some of which is adhered to the luminal surface. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

The gastric lumen is moderately distended with ingesta/soft shadowing material. 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 or overt infiltrative disease is noted.

**Pancreas**

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious pathology is seen.

**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The prostatomegaly may be resulting from infiltrative neoplasia (i.e., adenocarcinoma, transitional cell carcinoma). Alternatively, late in life neutering is also a possibility (if applicable). There is questionable extension into the proximal urethra.
- Urinary bladder debris

**Secondary Findings**

- The bilateral renal changes are consistent with chronic interstitial nephritis/nephrosis.
- Mild bilateral adrenomegaly
- The splenic nodules trend toward the benign (i.e., myelolipomas) with a low possibility of emerging neoplasia.
- Suspect benign hepatopathy. Top differentials include, vacuolar hepatopathy and/or regenerative nodular hyperplasia. Correlation with clinical findings is recommended.
- The gallbladder wall changes could be consistent with benign age-related hyperplasia or cholecystitis.
- The shadowing material within the gastric lumen may represent ingesta and/or foreign material (i.e., grass).



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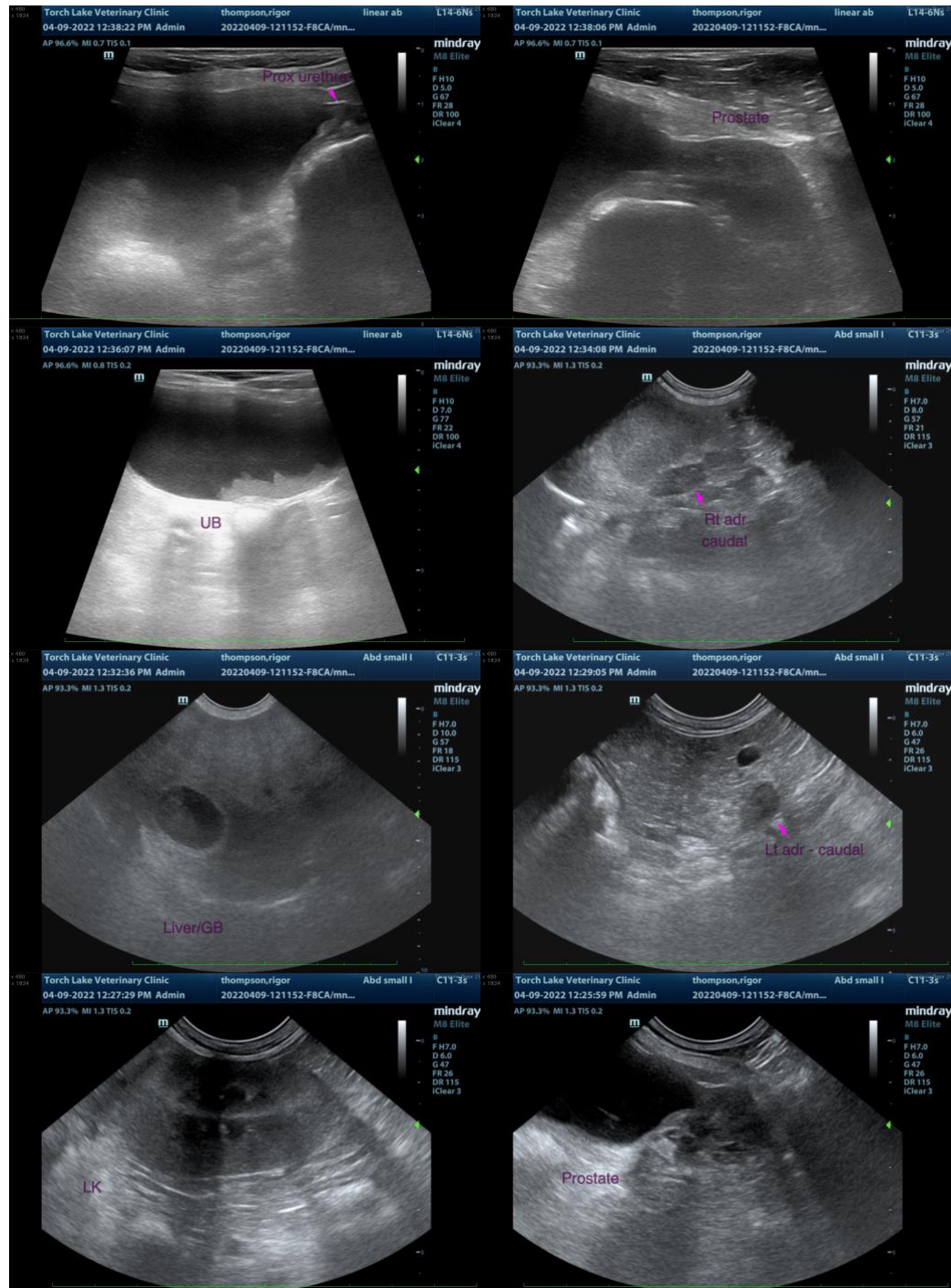
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the prostate changes, a urine BRAF test is recommended. If results are negative, neoplasia cannot be completely ruled out and further testing (i.e., traumatic urethral catheterization) may be warranted. Also consider three-view thoracic radiographs to assess for pulmonary metastatic disease, as well as A urine culture and sensitivity. Urine should be collected via catheterization or free catch, to avoid potential seeding of the abdomen with neoplastic cells.





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The information and recommendations provided are based on the images presented by the referring veterinarian. 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)  
info@SonoPath.com