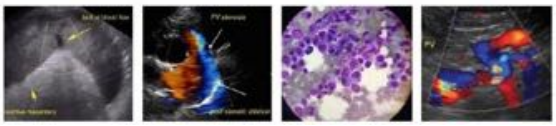


PATIENT

Dexter Gadi

SPECIES

Canine

BREED

Poodle X

SEX

Neutered Male

AGE

13 years

WEIGHT

30 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Snelgrove VS

REFERRING VET

Gunsinger

INVOICE

13407

DATE

6.19.23

PRESENTING CLINICAL SIGNS

History: abdominal masses present
Abnormal PE/Chem/CBC/UA Results: Non-regenerative anemia agglutination test neg (as of yesterday)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended with mostly anechoic urine. The wall is diffusely thickened (up to 1.41 cm) and irregular. No cystic calculi are observed. The region of the trigone appears normal.

The prostate is prominent to enlarged (2.07 cm in width) with a normal shape. The parenchyma is homogenous. No focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (6.76 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

One still image is available for interpretation. The right kidney is normal in size (7.12 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

One still image is available for interpretation. The left adrenal gland is normal in size (0.56 cm at cranial pole) (0.58 cm at caudal pole) (3.16 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 appears normal.

The right adrenal gland is in normal size (2.14 cm at cranial pole) (0.78 cm at caudal pole) (2.95 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 appears normal.

Spleen

The spleen is subjectively normal in size (1.77 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is subjectively hypoechoic and slightly mottled in appearance. No distinct focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

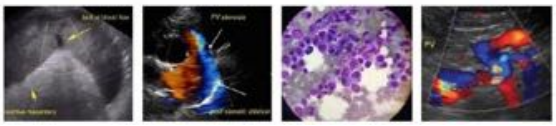
Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is of appropriate echogenicity and echotexture, and appears homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.
(See also “Other” category).

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

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



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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 region of the left limb is largely isoechoic relative to surrounding omental fat. No distinct focal lesions are observed. (See also "Other" category).

Free Abdomen
A small-to-moderate amount of anechoic free fluid is present. The mesentery in the cranial abdomen is hyperechoic.

lymph Nodes
(See also "Other" category).

Other
A 5.40 x 4.80 cm irregular, hypoechoic, cavitated mass is observed in the right cranial quadrant. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

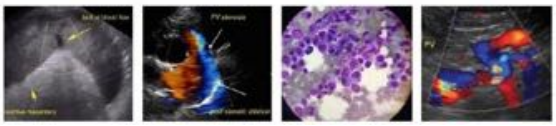
- The origin of the mass in the right cranial quadrant is unclear. It may be arising from liver, pancreas, mesentery, lymph node, other. Neoplasia (i.e., hemangiosarcoma, carcinoma, round cell tumor) is suspected with a lower possibility of a focal inflammatory process. Adjacent peritonitis is present.
- The urinary bladder wall changes could be consistent with cystitis, infiltrative neoplasia, or may be artifactual due to lack of full distention. Correlation with the patient's clinical history and urinalysis findings is recommended.
- The mild prostatomegaly may be secondary to emerging neoplasia (i.e., transitional cell carcinoma, prostatic adenocarcinoma), late-in-life neutering (if applicable), prostatitis, other. C

Secondary Findings

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Mild bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine-needle aspirate of the abdominal fluid with submission for cytologic evaluation. Alternatively, consider an abdominal exploratory with excisional biopsy of the mass with submission for histopathology. An abdominal CT scan would be useful in presurgical planning.
- Regarding the urinary bladder and prostate changes, consider a urine culture and sensitivity and a urine BRAF test (to further assess for lower urinary tract neoplasia).



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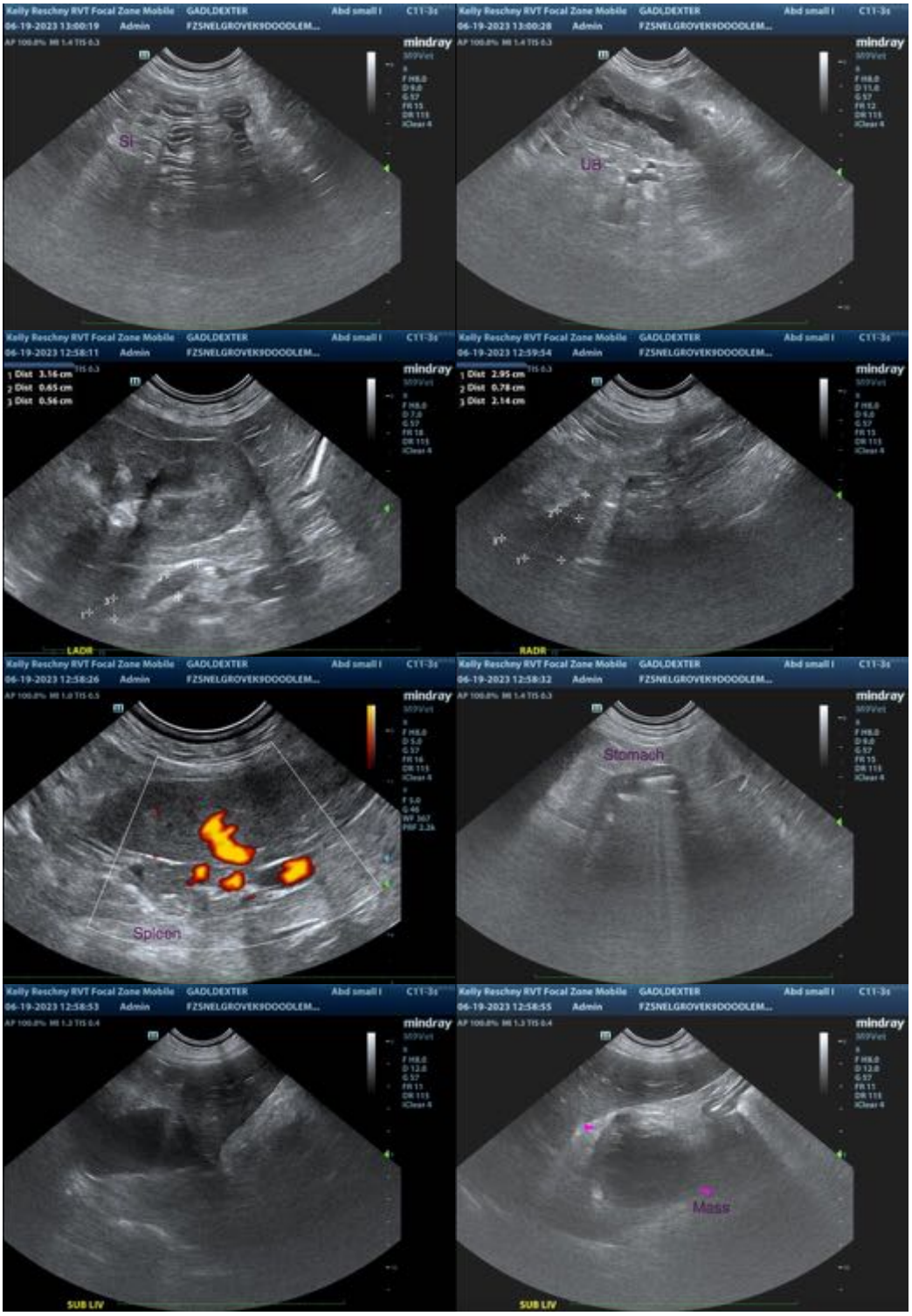

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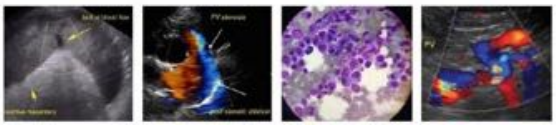

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com