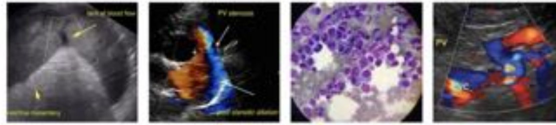
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT
Groot Torrez

SPECIES
Canine

BREED
Dogo Argentino

SEX
Intact Male

AGE
3 years, 1 mo

WEIGHT
83 lbs

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

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

HOSPITAL NAME
Flowertown AH

REFERRING VET
Dr. McLaughlin

INVOICE
13677

DATE
7.14.23

PRESENTING CLINICAL SIGNS

History: recent watery diarrhea. One episode of vomiting. Also has had some hematuria.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. The wall, particularly in the region of the apex, is thickened (up to 0.69 cm) and irregular. The wall tapers to a normal thickness as it extends towards the cystourethral junction. Numerous cystic calculi are observed. A small to moderate amount of suspended echogenic debris is also seen. The region of the trigone and visible portion of the proximal urethra are normal.

The prostate is enlarged (8.21 x 4.05 cm) with a slightly irregular shape. Parenchyma is diffusely heterogenous, with numerous, varying-sized cystic areas throughout the gland. The prostatic urethra is nto overtly dilated.

The left kidney is normal to mildly enlarged (8.33 cm in length) with slightly swollen peripheral contours. The cortex is thickened. There is mild to moderate loss of normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.89 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 small in size (0.38 cm at cranial pole) (0.30 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 in normal size (0.94 cm at cranial pole) (0.55 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.

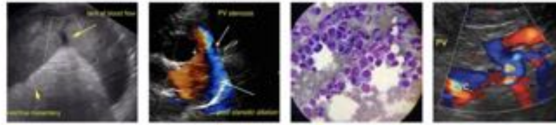
Spleen

The spleen is subjectively normal in size (2.23 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is subtly mottled in appearance and has a coarse echotexture. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The portal vein to caudal vena cava ratio is approximately 1: 1.

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.



PATIENT
Groot Torrez

SPECIES
Canine

BREED
Dogo Argentino

SEX
Intact Male

AGE
3 years, 1 mo

WEIGHT
83 lbs

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

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

HOSPITAL NAME
Flowertown AH

REFERRING VET
Dr. McLaughlin

INVOICE
13677

DATE
7.14.23

Gastrointestinal
The gastric lumen is moderately distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is segmentally distended with chyme. The duodenal and jejunal walls are normal in thickness with a normal layering pattern. An approximately 8.00 cm segment of ileum is severely thickened (up to 1.47 cm). The wall is hypoechoic with loss of the normal layering pattern. The mesentery surrounding this segment is hyperechoic and appears adhered to the bowel. The colonic wall, distal to the mass effect is normal.

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
A small amount of free fluid is present. Enlarged, rounded, hypoechoic lymph nodes are observed in the midabdominal cavity (the largest measuring >4.00 cm). A few of them have cystic areas. Surrounding mesentery is hyperechoic.

Other
The testicles are subjectively normal in size (left testicle: 4.28 x 2.60) (right testicle: 4.36 x 2.31) and symmetrical with homogenous parenchyma.

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

*Fine-needle aspirates of the enlarged abdominal lymph nodes were performed at the end of this study without incident.

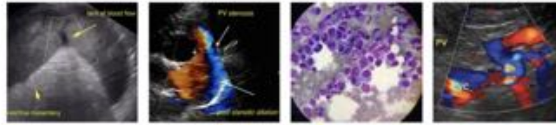
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mass effect in the distal ileum. Neoplasia (i.e., lymphoma, adenocarcinoma) is suspected. However, a severe inflammatory process (i.e., pyogranulomatous (i.e., secondary to pythiosis or other fungal disease)), is also a possibility. Adjacent peritonitis is present.
- The severe abdominal lymphadenopathy could be consistent with infiltrative neoplasia or severe lymphadenitis (i.e., pyogranulomatous)
- Ascites

Secondary Findings

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation or infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Questionable left adrenomegaly with mild chronic renal changes in both kidneys.
- Cystic calculi with bladder wall changes consistent with cystitis
- The prostatic changes are most consistent with cystic benign prostatic hyperplasia. Concurrent bacterial prostatitis is also possible. Correlation with the patient’s urinalysis findings is recommended.



PATIENT

Groot Torrez

SPECIES

Canine

BREED

Dogo Argentino

SEX

Intact Male

AGE

3 years, 1 mo

WEIGHT

83 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Flowertown AH

REFERRING VET

Dr. McLaughlin

INVOICE

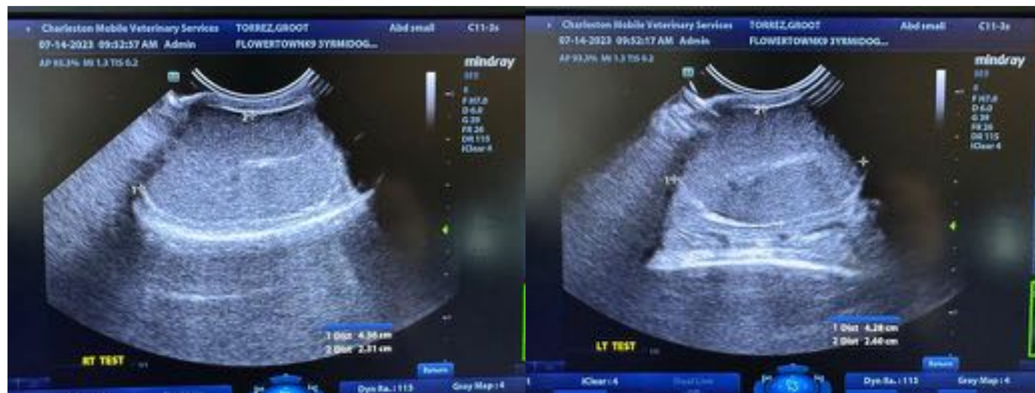
13677

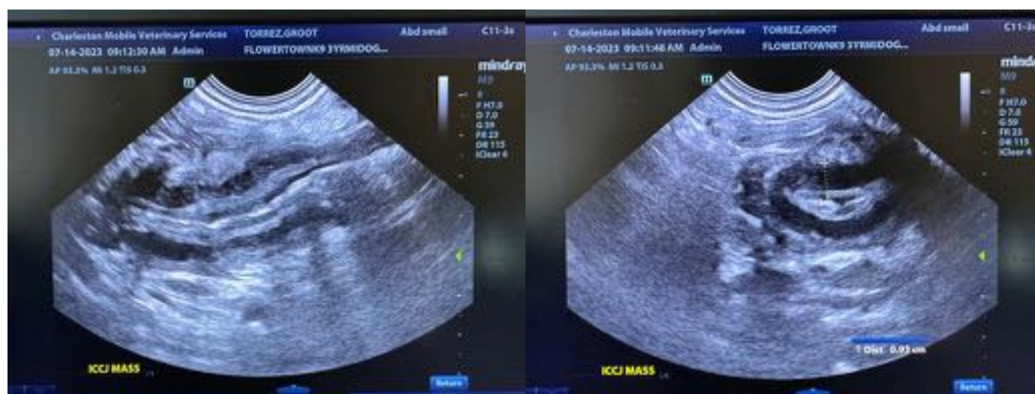
DATE

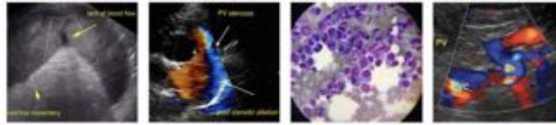
7.14.23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Depending on abdominal lymph node cytology notes, consultation with a board-certified oncologist may be warranted.
- If the patient's bowel and lymph node issues can be treated, consider a cystotomy with stone removal, analysis and culture, along with castration. In the meantime, a urine culture and sensitivity should be considered to assess for infection.







PATIENT

Groot Torrez

SPECIES

Canine

BREED

Dogo Argentino

SEX

Intact Male

AGE

3 years, 1 mo

WEIGHT

83 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Flowertown AH

REFERRING VET

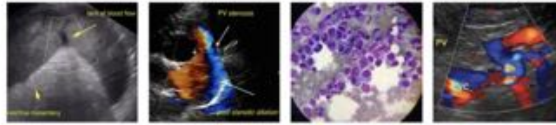
Dr. McLaughlin

INVOICE

13677

DATE

7.14.23



PATIENT

Groot Torrez

SPECIES

Canine

BREED

Dogo Argentino

SEX

Intact Male

AGE

3 years, 1 mo

WEIGHT

83 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Flowertown AH

REFERRING VET

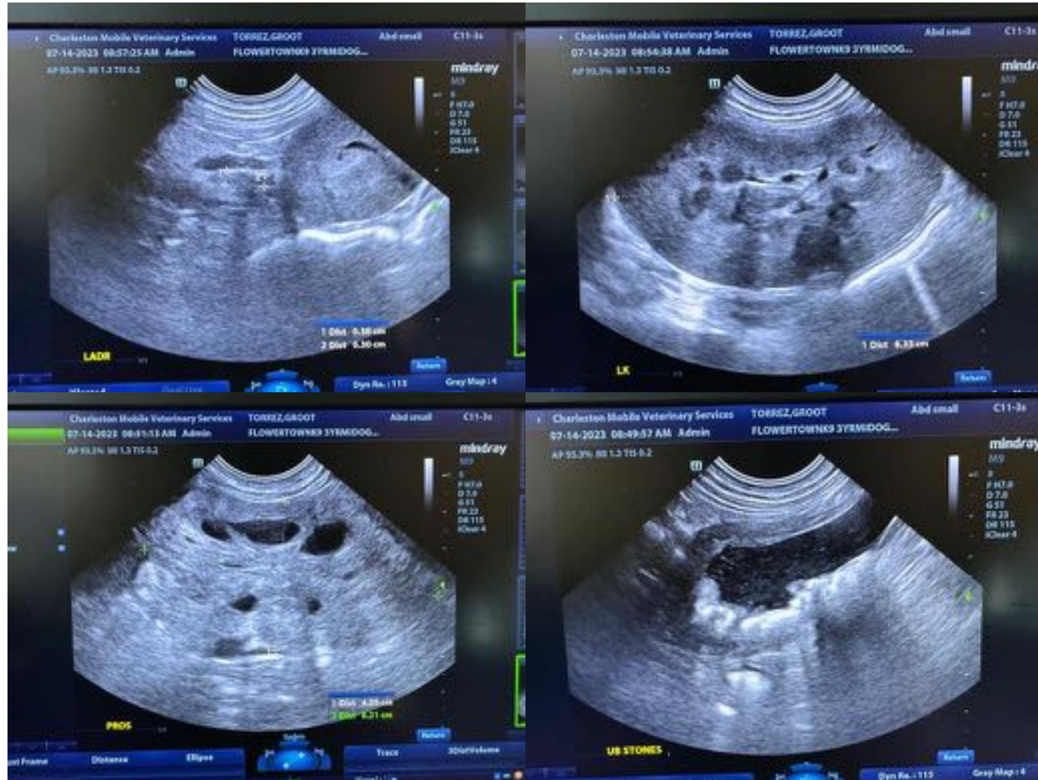
Dr. McLaughlin

INVOICE

13677

DATE

7.14.23



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