



**PATIENT PRESENTING CLINICAL SIGNS**

Phineas Foley History: Weight loss, diarrhea. \*Sedated with Torb/Alfaxalone.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**Urinary System**

**BREED**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

Portuguese Water Dog

**SEX**

The prostate is normal in size (1.05 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

Neutered Male

**AGE**

The left kidney is normal to prominent in size (4.34 cm in length) with an irregular shape. At the cranial pole, there is a questionable 4.30 cm swelling/mass effect. The normal renal architecture in this region is somewhat disrupted. In the remainder of the kidney, there is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Mild pyelectasia is present (0.20 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydronephrosis.

6 years

**WEIGHT**

The right kidney is normal to prominent in size (3.82 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

55.6 lbs

**INTERPRETED BY**

Andrea Nicastro, DVM,  
Diplomate ACVIM (Small  
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**Adrenal Glands**

The left adrenal gland is normal in size (0.50 cm at cranial pole) (0.53 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.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDSCS

The right adrenal gland is in normal size (0.71 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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**Spleen**

The spleen is overall normal in size (1.79 cm in width at the level of the hilus) . There is appropriate echogenicity and echotexture. A 1.87 x 1.68 cm isoechoic-to-heterogenous nodule/mass is observed at the cranial aspect. The lesion causes mild capsular expansion and is slightly cavitated in appearance. In addition, a 1.19 x 0.69 cm hypoechoic nodule is visualized. Splenic vasculature is normal.

**REFERRING VET**

Aurora Richards, DVM

**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.

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**DATE**

The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is suspended within the lumen. The cystic and common bile ducts are /not seen.

7.20.23

**Gastrointestinal**

The gastric lumen is mildly distended with fluid and gas. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. A >7.00 cm heterogenous mass with mineralized foci appears to be arising from the jejunal wall. The mesentery effacing the serosal surface of the mass is hyperechoic. The remaining small intestinal wall is normal in thickness with a



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normal layering pattern and appropriate mural detail. The colonic wall is normal. There is no evidence of an obstructive pattern. (

**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**

There is no obvious evidence of free fluid. A few prominent mesenteric lymph nodes are visualized. One of the larger nodes measures 2.40 x 0.86 cm.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Large cranial-to-midabdominal mas, suspected to be of jejunal origin. Neoplasia (i.e., round cell tumor, carcinoma, sarcoma) is suspected, with a lower possibility of a benign process (i.e., inflammatory). Adjacent peritonitis is present.
- Splenic nodule/mass with a smaller nodule. Differentials include metastatic disease versus a non-neoplastic process (i.e., foci of lymphoid hyperplasia or similar). A neoplastic process is favored, particularly with regard to the larger lesion.
- Suspected left renal mass. Metastatic disease is suspected, with a lower possibility of an inflammatory process or other non-neoplastic process disease. Bilateral chronic renal changes are present.

**Secondary Findings**

- The prominent mesenteric lymph nodes may represent infiltrative neoplasia or reactive change.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

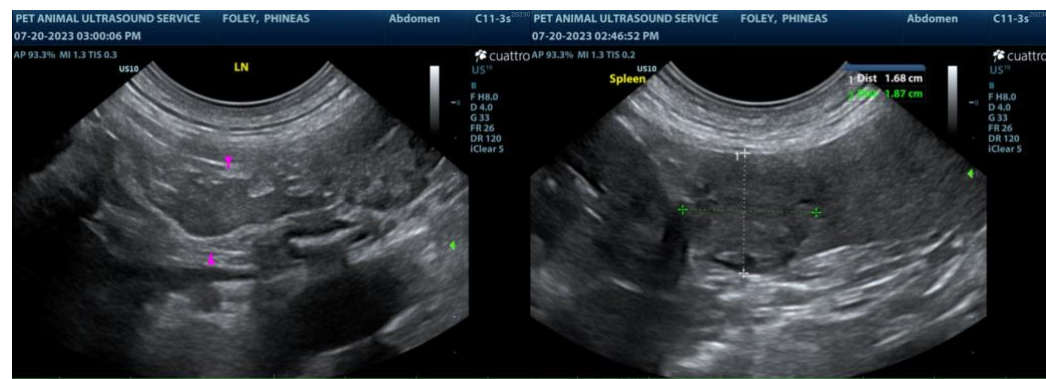
- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine-needle aspirates of the jejunal mass, larger splenic nodule/mass, +/- the left renal swelling/mass (if clotting status is appropriate). Twenty-five gauge-needles should be used. Depending on the results, consultation with a board-certified oncologist may be warranted.

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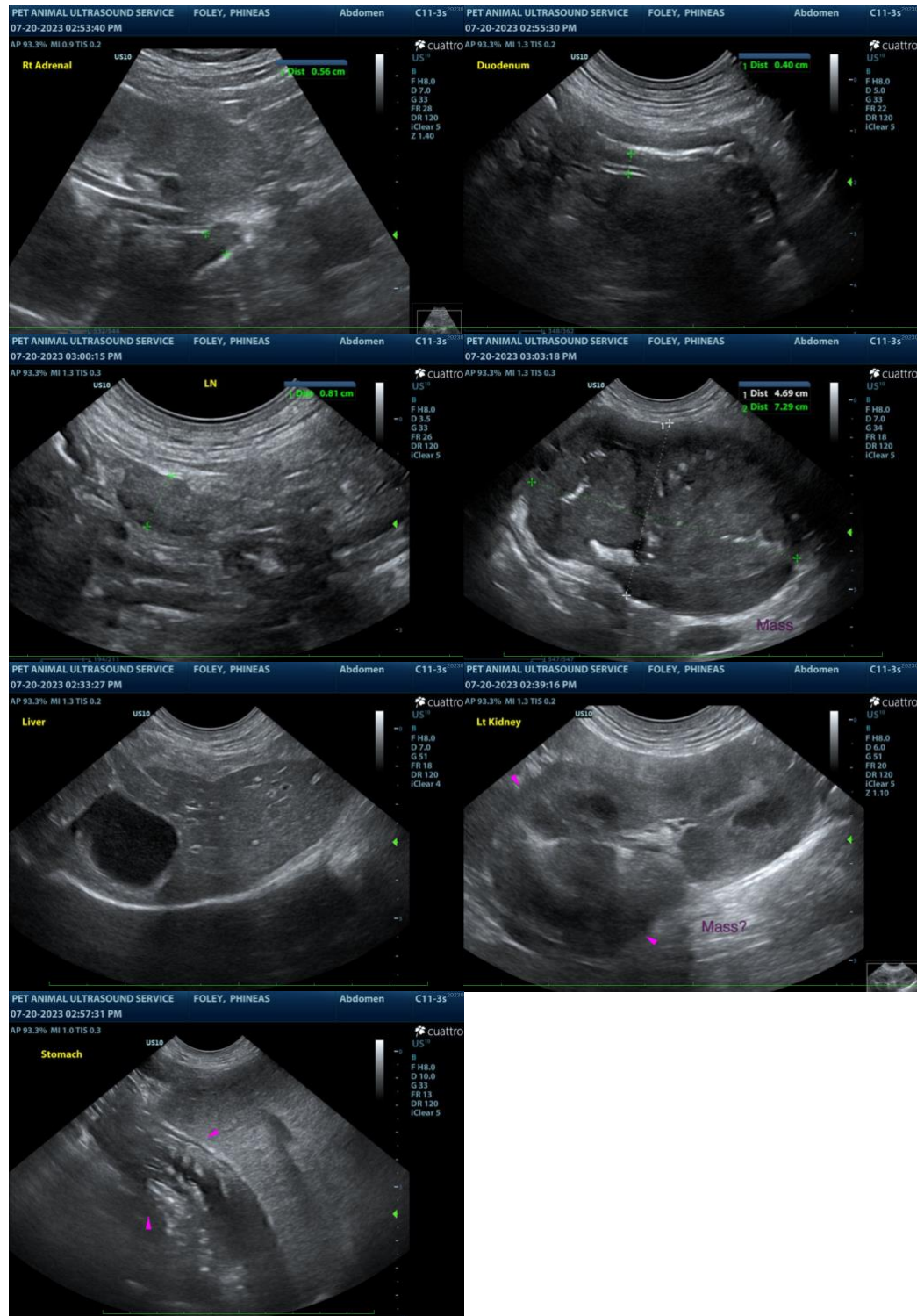
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



**PATIENT**

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