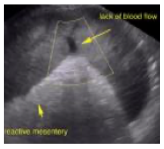
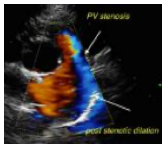
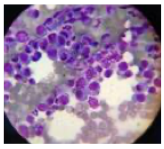
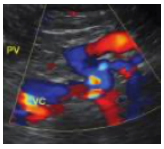
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Arrow Simms

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered Male

AGE

14 years

WEIGHT

28.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sarah Barthelemy

HOSPITAL NAME

Fen Vet

REFERRING VET

Fen Vet

INVOICE

13892

DATE

7.28.23

PRESENTING CLINICAL SIGNS

History: Initially presented for otitis. Was started on prednisone as part of treatment and became very shaky, hyporexia, staring into space.

Abnormal PE/Chem/CBC/UA Results: Hematuria on free catch urine sample. BCS is 3/9. A form relatively superficial mass was palpated on day of scan mid-pubis region just cranial to scrotal area.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. A 2.50-3.00 cm irregular vascular mass with mineralized foci is arising from the ventral wall. The remaining wall is generally thickened and slightly irregular. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal. There is a questionable mass effect in the cystourethral junction.

The region of the prostate is not visualized due to its pelvic location.

The left kidney is normal in size (6.85 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (8.15 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.81 cm at cranial pole) (0.69 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 region is obscured by the large midabdominal mass.

Spleen

The spleen is normal in size (2.18 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. (See also “Other” category).

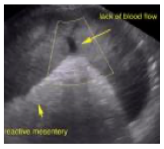
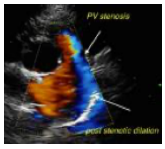
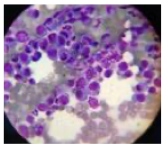
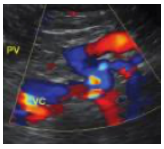
Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature 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 scant amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. 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 is normal in thickness with retention of the normal layering pattern of normal layering. There is mild thickening of the submucosal layer in some segments. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains

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

PATIENT

Arrow Simms

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered Male

AGE

14 years

WEIGHT

28.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sarah Barthelemy

HOSPITAL NAME

Fen Vet

REFERRING VET

Fen Vet

INVOICE

13892

DATE

7.28.23

some shadowing fecal material. There is no obvious 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
Trace free fluid is observed.

Lymph Nodes
(See "Other" category).

Other
In the midabdominal region, a >8.00 cm irregular heterogenous cavitated mass is observed. Surrounding mesentery is hyperechoic.

A 3.17 x 2.30 cm walled, cavitated, superficial inguinal mass is visualized.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

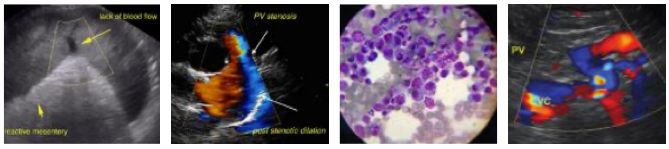
- Large midabdominal mass (the origin of which is unclear). It may be arising from spleen, mesentery, right adrenal gland, lymph node, pancreas, other. Neoplasia (i.e., sarcoma, round cell tumor, adenocarcinoma) is suspected with a lower possibility of a focal inflammatory process. Adjacent peritonitis is present.
- Urinary bladder mass along the ventral wall with questionable involvement of the cystourethral junction. Neoplasia (i.e., transitional cell carcinoma) is suspected with a lower possibility of a multifocal inflammatory process.
- Superficial cystic inguinal mass
- Trace ascites

Secondary Findings

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- The thickening of the submucosal layer of the small intestine may be secondary to inflammatory bowel disease or may be a normal variant for this patient. Correlation with the patient's clinical history is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine-needle aspiration of the large midabdominal mass (if clotting status is appropriate). Care should be taken to avoid cavitated regions. The patient should be monitored sonographically for at least 5-10 minutes post-aspiration to assess for iatrogenic hemorrhage.
- Also consider a urine BRAF test to further evaluate for lower urinary tract neoplasia. It should



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

PATIENT

Arrow Simms

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered Male

AGE

14 years

WEIGHT

28.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sarah Barthelemy

HOSPITAL NAME

Fen Vet

REFERRING VET

Fen Vet

INVOICE

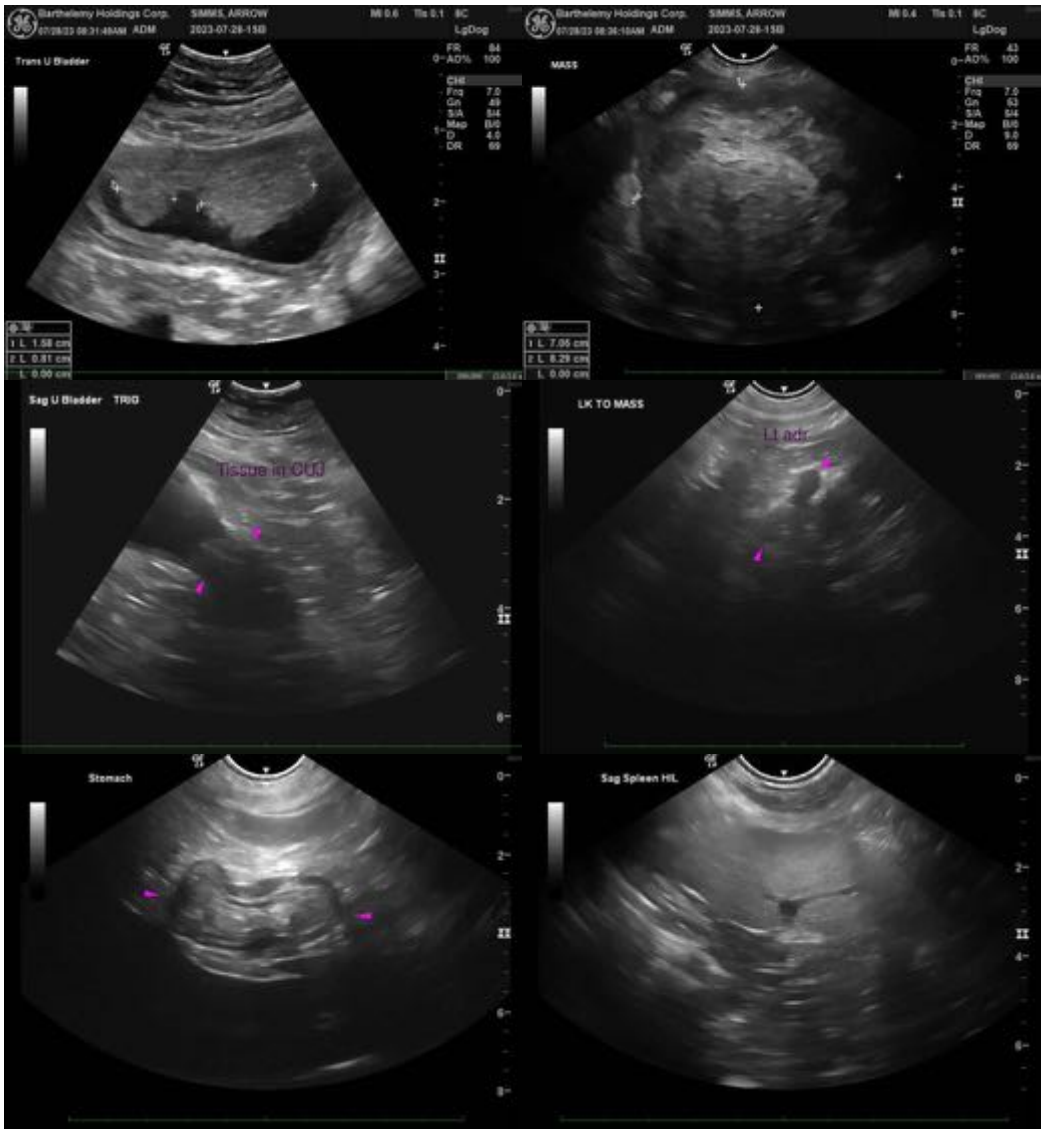
13892

DATE

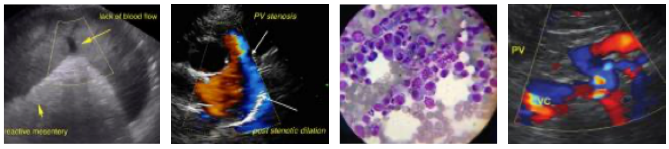
7.28.23

be noted that a positive test confirms cancer. However, a negative test does not completely rule out the possibility of neoplasia. Further testing may be warranted.

- Given the likelihood of multiorgan neoplasia, consider palliative care in lieu of aggressive diagnostics/treatments.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Arrow Simms

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered Male

AGE

14 years

WEIGHT

28.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sarah Barthelemy

HOSPITAL NAME

Fen Vet

REFERRING VET

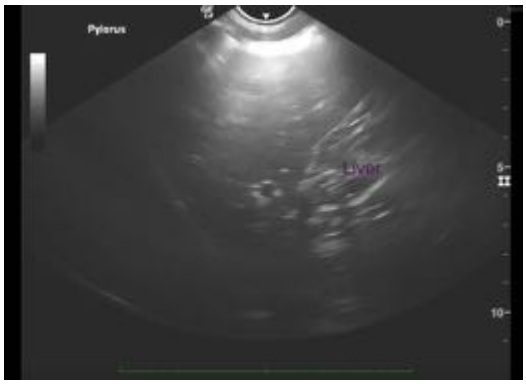
Fen Vet

INVOICE

13892

DATE

7.28.23



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