



PATIENT

PRESENTING CLINICAL SIGNS

Toby Martinez

SPECIES

Canine

BREED

Black Labrador Retr

SEX

Neutered Male

AGE

7 years

WEIGHT

99.5 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Charlie Rodriguez

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Charlie Rodriguez

INVOICE

14050

DATE

8.10.23

History: Owner presented at another clinic for a large mass on the left side caudal to hip near tail base approximately 07/07/2023 with a central area of necrosis and purulent discharge. FNA showed septic bacterial neutrophilic and macrophagic inflammation. The FNA was sent to Antech just under Companion Clinic of Aloha - (POCY01245071, 07/06/2023, A 7.0 CM SQ MASS ON THE RIGHT SIDE CAUDAL TO THE HIP: SEPTIC [BACTERIAL] NEUTROPHILIC AND MACROPHAGIC INFLAMMATION). Toby was placed on mupirocin and chlorhexidine wipes. The opening did close and now it is a solid dermal/semi-subcutaneous circular hairless mass dark in color, which is normal skin color, approximately 2 inches x 2.4 inches.

Abnormal PE/Chem/CBC/UA Results: Histopath: Soft tissue sarcoma, grade 3 Grade: 3 of 3 Mitotic count: >20 in 10 HPF(2.37 mm2) Angiolymphatic invasion: NO Histologic Margins:N/A

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

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

The left kidney is normal in size (6.75 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 (7.49 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 (0.53 cm at cranial pole) (0.70 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 (0.82 cm at cranial pole) (0.72 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 normal in size (2.43 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.

Liver

In the visible portion of the liver (left, mid), the organ appears subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and is homogenous in appearance. No focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are



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anechoic. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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. There is no evidence of an obstructive pattern.

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Pancreas

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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.

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Free Abdomen

Neutered Male

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. One-to-two prominent medial iliac lymph node are visible, the largest measuring 1.35 x 0.62 cm.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

Primary Findings

99.5 lbs

- The prominent medial iliac lymph nodes are likely reactive with a lower possibility of infiltrative neoplasia.

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*There is no obvious evidence of metastatic disease in the abdomen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider consultation with a board-certified oncologist for further diagnostic and treatment recommendations.

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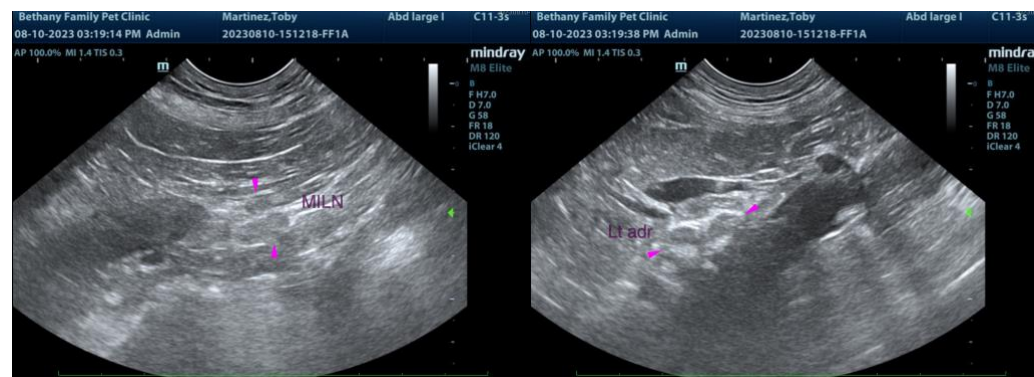
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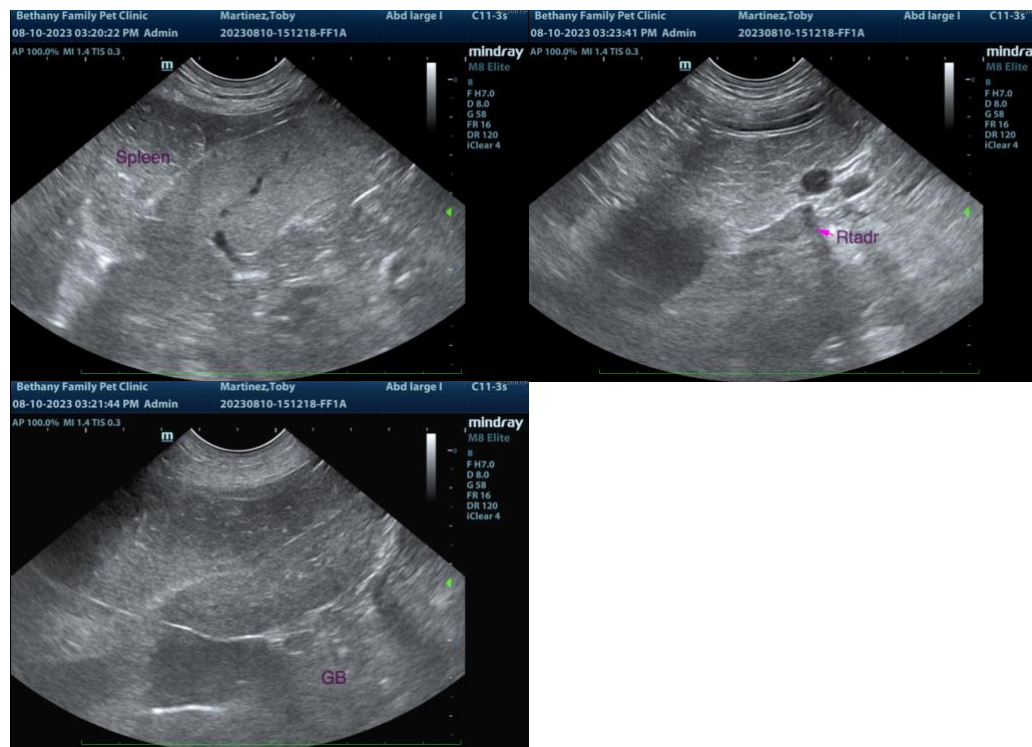
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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