



PATIENT PRESENTING CLINICAL SIGNS

Budda Langille
History: not eating well *significant weight loss *cloudy, opaque pungent urine *very thin tucked up waist, seems enlarged past left side thorax, owner feels it has increased in size recently, no tympanic resonance *generalized muscle wasting mm pale possible abdominal mass Suspect underlying tumour, renal, DM, other neoplasia

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Boxer X

Urinary System

The **urinary bladder** wall is minimally to mildly distended with mostly anechoic urine. The wall is diffusely thickened (up to 1.10 cm), irregular, and mildly heterogenous. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Intact Male

The **prostate** is enlarged (4.47 cm in width) with relatively smooth peripheral contours. The parenchyma is heterogenous with ill-defined cavitated areas (the largest measuring 4.87 cm in its longest dimension). These areas contain suspended echogenic debris. The prostatic urethra is not overtly dilated.

AGE

12 years

The **left kidney** is normal size (7.51 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

59 lbs

The **right kidney** is normal size (8.08 cm in length); normal shape and architecture with 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.

INTERPRETED BY

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

Adrenal Glands

The **left adrenal gland** is normal size (0.68 cm at cranial pole) (0.67 cm at caudal pole) (2.28 cm in length); normal shape; 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

Kelly Reschny

The **right adrenal gland** is normal size (1.13 cm at cranial pole) (1.58 cm at caudal pole) (2.11 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Ancaster AH

Spleen

The **spleen** is enlarged with a >14 cm cavitated heterogenous mass arising from the parenchyma. In addition, a 2.60 cm heterogenous cavitated mass is observed approximately mid-spleen. In the remainder of the organ, the parenchyma is mottled with at least 1-2 hypoechoic nodules. Splenic vasculature appears normal with no evidence of thrombosis.

REFERRING VET

Dr. Rubino

Liver

The **liver** is subjectively enlarged with slightly irregular peripheral contours. The parenchyma is isoechoic relative to the spleen. Numerous, varying-sized hypoechoic to heterogenous nodules/masses are observed throughout the organ, some of which are cavitated. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

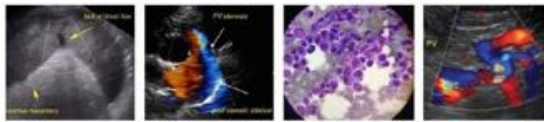
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The **gall bladder** lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

DATE

8.18.22



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Gastrointestinal

In the visualized portion of the **stomach**, the wall is normal in thickness. The lumen is not dilated. The small 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 **pancreas** is largely obscured by the splenic mass. In the visualized portions, no obvious pathology is seen.

Free Abdomen

Trace free fluid is observed. The mesentery adjacent to the splenic mass is mildly hyperechoic. The abdominal **lymph nodes** are normal/not visible.

Other

A brief **echocardiogram** reveals no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Splenic masses. Neoplasia (i.e., hemangiosarcoma, round cell tumor) is highly suspected.
- The hepatic nodules/masses are most concerning for metastatic disease with a lower possibility of a benign process (i.e., multifocal inflammatory disease).
- The mild peritonitis is likely secondary to hepatic and splenic pathology.
- The prostate changes are consistent with benign prostatic hyperplasia, with parenchymal cysts or abscessation. Given the clinical history, bacterial prostatitis is also suspected.
- The urinary bladder wall changes are most consistent with cystitis but may be somewhat artifactual due to lack of full repletion.

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Medicine)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider three-view thoracic radiographs to assess for pulmonary metastatic disease.
- Given the metastatic disease within the abdomen, palliative/symptomatic care is recommended, including broad-spectrum antibiotic therapy as empirical treatment for urinary tract infection/bacterial prostatitis.

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HOSPITAL NAME

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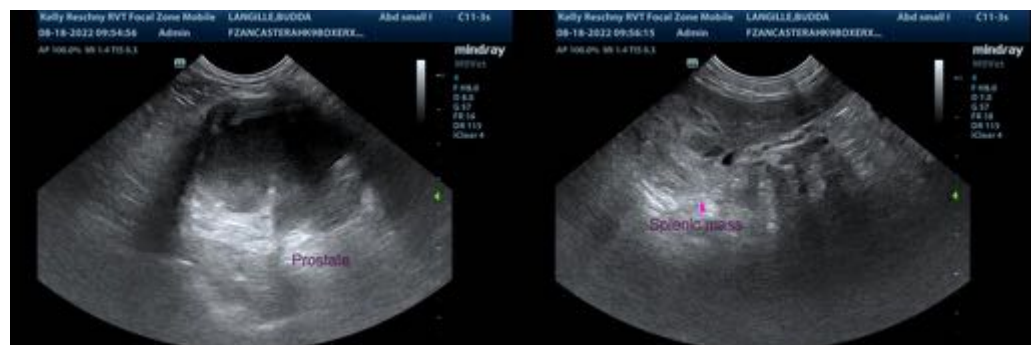
Dr. Rubino

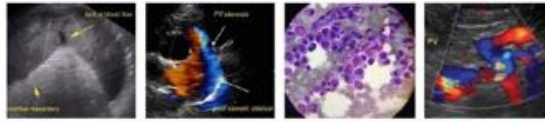
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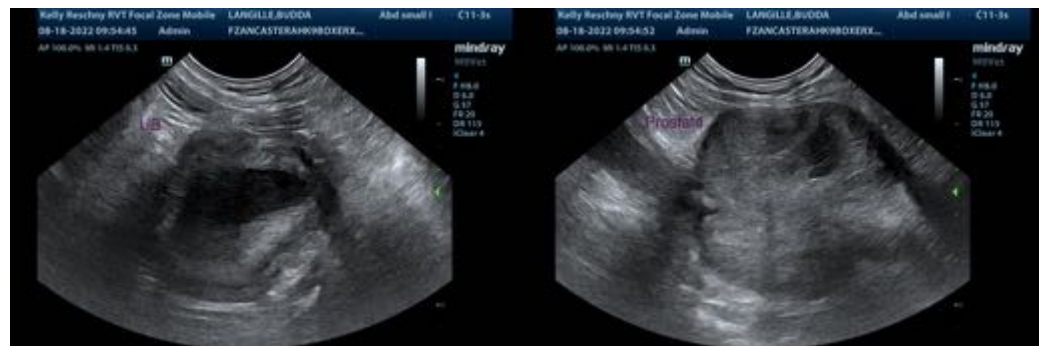
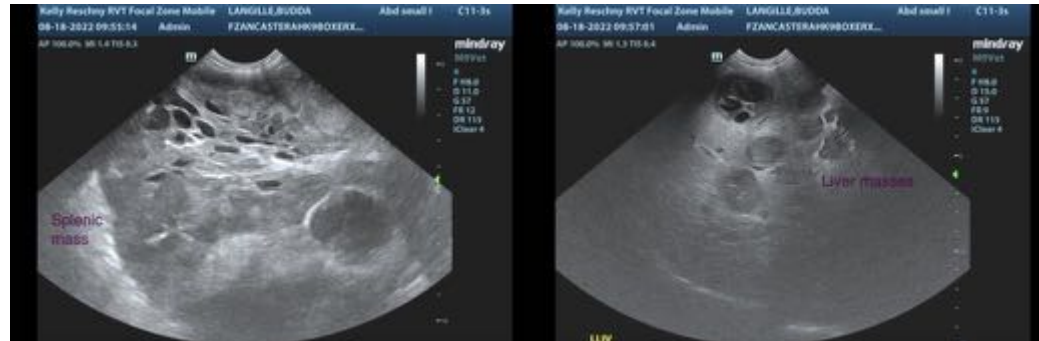
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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