



**PATIENT**

Toby Rosenthal

**SPECIES**

Canine

**BREED**

Beagle mix

**SEX**

Male, neutered

**AGE**

11 Yrs.

**WEIGHT**

24 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh

**HOSPITAL NAME**

West Hills AH

**REFERRING VET**

Dr. Eguchi-Coe

**DATE**

1/4/2022

**INVOICE**

12782

**PRESENTING CLINICAL SIGNS**

History: Large HSA on the prepuccial area removed at River's edge - healed Heart murmur 3/6  
Abnormal PE/Chem/CBC/UA Results: Altered labwork values: Total Protein 7.6 H Alk Phosphatase 840 H

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.91 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (5.00 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is variably thickened and there is mild to moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.80 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is variably thickened and there is mild to moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. A small cortical cyst (0.48 cm) is also seen as well as 2 tiny cysts at the lateral aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

*Adrenal Glands*

The left adrenal gland is normal size (0.45 cm at cranial pole) (0.53 cm at caudal pole) (1.74 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.

The right adrenal gland is prominent in size at the cranial pole (0.98 cm at cranial pole) (0.58 cm at caudal pole) (1.78 cm in length) with a slightly irregular shape. A 1.77 x 0.68 cm irregular hyperechoic nodule is observed at the cranial aspect. The glandular echogenicity and detail at the caudal aspect are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

*Spleen*

The spleen is normal in size (1.46 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few small ill-defined myelolipomas are observed in the region of the hilus. In addition, at least one small hyperechoic nodule is observed 1-2 cm lateral to the hilus. Splenic vasculature is normal.

*Liver*

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are



**PATIENT**

Toby Rosenthal

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 normal in thickness. A moderate amount of echogenic to mineralized debris as well as several small choleliths are observed within the lumen. The cystic and common bile ducts are normal/not seen.

**SPECIES**

Canine

**Gastrointestinal**

The gastric lumen is mildly to moderately distended with ingesta. The gastric wall and pylorus are 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. No obstructive disease is noted.

**BREED**

Beagle mix

**Pancreas**

The left limb/body of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

**SEX**

Male, neutered

**AGE**

11 Yrs.

**Free Abdomen**

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

**WEIGHT**

24 lbs.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- The right adrenal nodule trends toward the benign (i.e., nodular hyperplasia) with a lower possibility of emerging neoplasia.

**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.
- Mineralized gallbladder debris/choleliths, incidental and non-obstructive.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis, or chronic pancreatitis.
- Bilateral age-related renal changes with dystrophic mineralization.
- The hyperechoic splenic nodules trend toward the benign (i.e., myelolipomas, foci of lymphoid hyperplasia) with a low possibility of infiltrative neoplasia.

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

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh

**HOSPITAL NAME**

West Hills AH

**REFERRING VET**

Dr. Eguchi-Coe

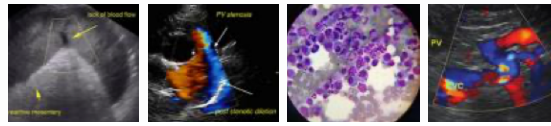
**DATE**

1/4/2022

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

12782



**PATIENT**

Toby Rosenthal

**SPECIES**

Canine

**BREED**

Beagle mix

**SEX**

Male, neutered

**AGE**

11 Yrs.

**WEIGHT**

24 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh

**HOSPITAL NAME**

West Hills AH

**REFERRING VET**

Dr. Eguchi-Coe

**DATE**

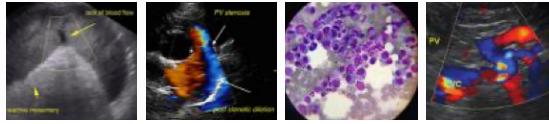
1/4/2022

**INVOICE**

12782

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consultation with a board-certified oncologist is recommended for follow up treatment recommendations. Thoracic radiographs and abdominal ultrasound should be monitored every 3-4 months to assess for recurrence of the hemangiosarcoma.





**PATIENT**

Toby Rosenthal

**SPECIES**

Canine

**BREED**

Beagle mix

**SEX**

Male, neutered

**AGE**

11 Yrs.

**WEIGHT**

24 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh

**HOSPITAL NAME**

West Hills AH

**REFERRING VET**

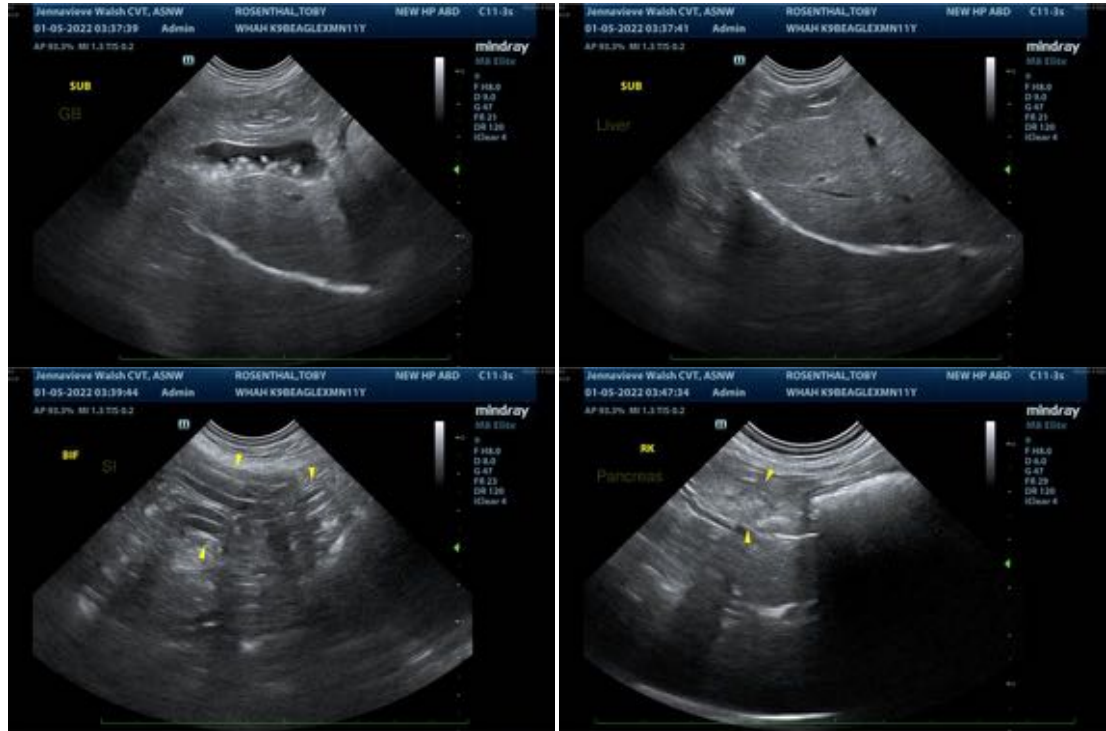
Dr. Eguchi-Coe

**DATE**

1/4/2022

**INVOICE**

12782



The information and recommendations provided are based on the images presented by the referring veterinarian. 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, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

[andrea.nicastro@sonopath.com](mailto:andrea.nicastro@sonopath.com)