



**PATIENT**

Bugu Sinconis

**SPECIES**

Canine

**BREED**

Boxer mix

**SEX**

Male, neutered

**AGE**

13 Yrs.

**WEIGHT**

42.3 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

West Hills AH

**REFERRING VET**

Dr. Fogarty

**DATE**

4/26/22

**INVOICE**

13274

**PRESENTING CLINICAL SIGNS**

History: several UTIs recently and recheck prostate from previous AUS in 11/2020.

October 2021- Creat 2.0, BUN 50, SDMA 22, ALT 358, ALP 435, elevated pro BNP, USG 1.016, 1+ proteinuria, active sediment and bacteriuria, normal T4, 4DX negative.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder is moderately distended. The wall is slightly thickened (up to 0.44 cm) along the ventral wall with a subtly irregular mucosal surface in this region. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and proximal urethra, visible to a depth of 2-3 cm, are normal.

The prostate is normal in size (1.22 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 (5.73 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.

The right kidney is normal size (5.17 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.

*Adrenal Glands*

The left adrenal gland is normal size (0.77 cm at cranial pole) (0.68 cm at caudal pole) (2.23 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.

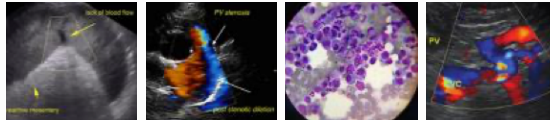
The right adrenal gland is normal size (0.66 cm at cranial pole) (0.67 cm at caudal pole) (2.73 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

*Spleen*

The spleen is enlarged with a >8 cm irregular heterogeneous cavitated mass arising from the parenchyma. In addition, a 2.45 cm irregular, hyperechoic mass is seen adjacent to the larger mass. The remaining parenchyma is homogeneous. Splenic vasculature appears normal with no evidence of thrombosis.

*Liver*

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely mottled in appearance. A 0.84 cm cystic area is observed on the left side. Vascular and biliary tracts are of normal volume with no evidence of



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

**Gastrointestinal**

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The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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.

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**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.

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**Free Abdomen**

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

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- Large splenic mass. Neoplasia (i.e., hemangiosarcoma, hemangioma) is considered likely with a lower possibility of benign pathology. The hyperechoic splenic mass trends more toward the benign (i.e., myelolipoma) but may be an extension of the larger tumor.
- The hepatic parenchymal changes are non-specific and could be secondary to a benign process (i.e., age-related remodeling, regenerative nodular hyperplasia). Alternatively, metastatic disease, an inflammatory hepatopathy, hepatotoxicosis (i.e., copper) or other hepatopathy may be present. The cystic area on the left may represent a benign cyst or an early metastatic lesion.

**Secondary Findings:**

- Bilateral, mild chronic age-related renal changes.
- The urinary bladder wall changes are suggestive of mild cystitis.

\*The prostate appears normal in today's study.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If there is no evidence of pulmonary metastatic disease, a splenectomy with submission of the spleen for histopathology could be considered. The client should be warned, however, that metastatic disease is a possibility within the liver and a liver biopsy should also be obtained at the time of surgery.
- Given the recurring urinary tract infections, a urine culture and sensitivity is recommended.

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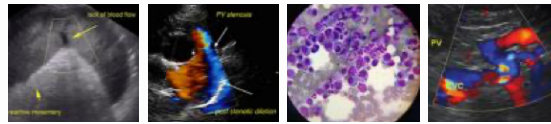
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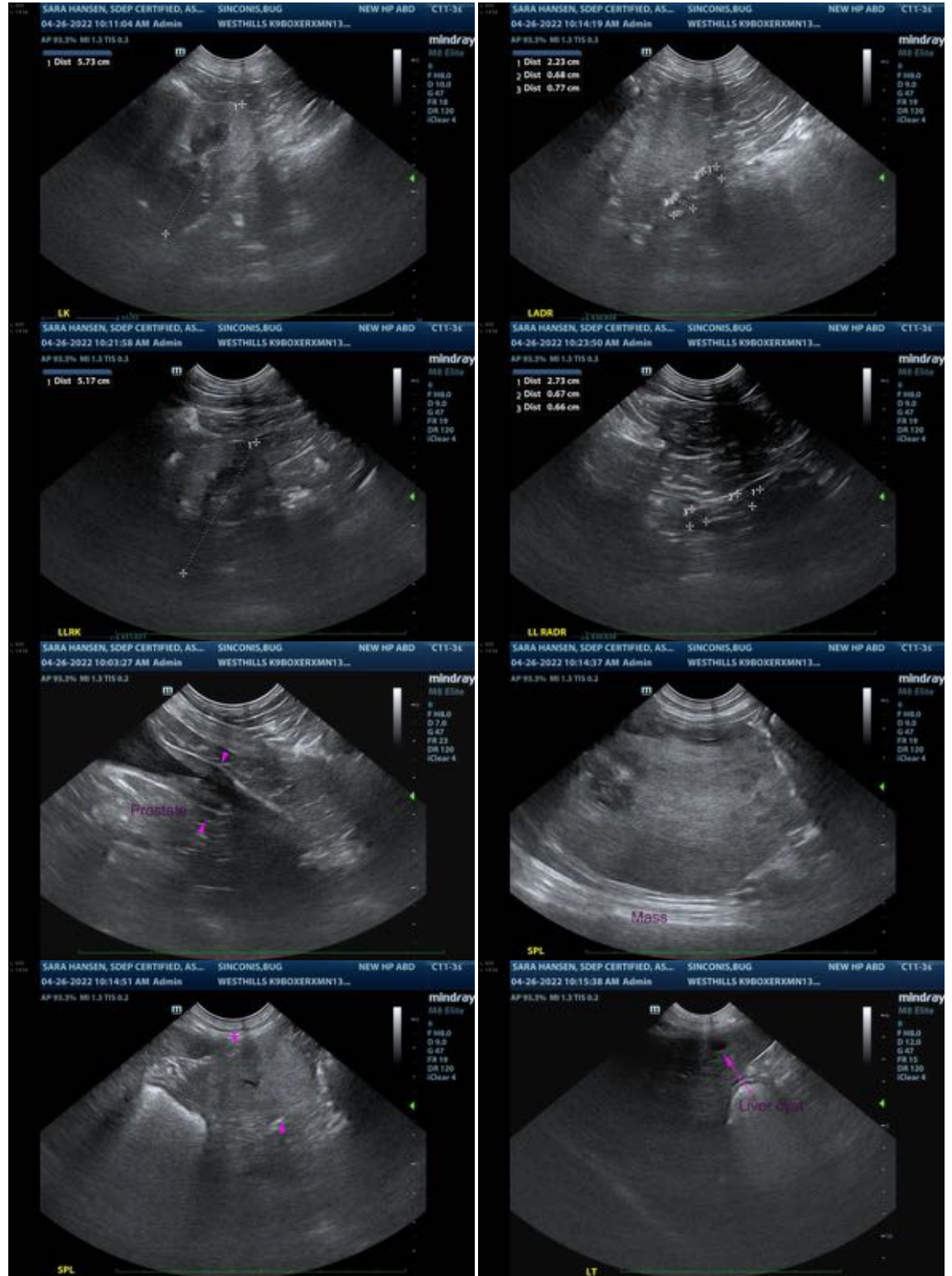
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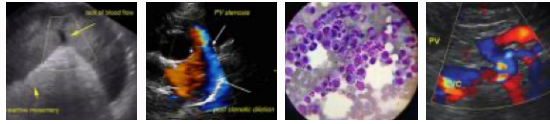
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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*)

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

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