



**PATIENT**

Bucky Budzisz

**SPECIES**

Canine

**BREED**

English Bulldog

**SEX**

Male, neutered

**AGE**

10/13/2017

**WEIGHT**

81 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

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

**HOSPITAL NAME**

AH of South Carolina

**REFERRING VET**

Dr. Stone

**INVOICE**

13656

**DATE**

4/15/26

**PRESENTING CLINICAL SIGNS**

Pt presented with acute onset of orangish red urine and lethargy. Bloodwork shows borderline anemia, inflammatory leukogram, elevated globulins. Hx of cutaneous mast cell tumor grade I several years ago. Pt was started on an anti-inflammatory dose of Prednisone yesterday.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (1.14 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (7.48 cm in length) with a normal shape, architecture and 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 in size (7.17 cm in length) with a normal shape, architecture and 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 in size (0.72 cm at cranial pole) (0.74 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 normal in size (0.88 cm at cranial pole) (0.53 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**

A >12 cm irregular heterogeneous cavitated mass is arising from the parenchyma. Surrounding mesentery is hyperechoic. In the remainder of the spleen, the margins are curvilinear and the parenchyma is relatively homogeneous. Splenic vasculature is normal with no evidence of thrombosis.

**Liver**

The liver is subjectively normal in size. The parenchyma is hypoechoic relative to the spleen. A 3.4 x 3.3 cm hyperechoic to heterogeneous multi-septated cavitated mass is observed on the right side. The remaining parenchyma is relatively homogeneous in appearance. Vascular 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. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**



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The gastric lumen is not distended. 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 a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no 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.

**Lymph nodes**

A 1.48 x 0.54 cm medial iliac lymph node is visible.

**Free Abdomen**

There is questionable trace ascites adjacent to the splenic mass.

**Other**

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- Large cavitated splenic mass. Neoplasia (i.e., hemangiosarcoma) is suspected with a lower possibility of a benign process. Adjacent peritonitis is present.
- Right liver mass. A metastatic lesion is strongly suspected with a lower possibility of an emerging primary tumor or benign cystic lesion.

**Secondary Findings:**

- Bilateral nonspecific, age-related renal changes

\*An obvious for hematuria is not identified in this study. However, the urine color may actually represent bilirubinuria particularly if intravascular hemolysis is occurring secondary to the splenic mass.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. If an aggressive approach is desired, consider consultation with a board-certified surgeon to discuss splenectomy and liver mass removal. However, given the high likelihood of metastatic disease, palliative care (i.e., Yunnan Baiyao, pain medication as needed) is recommended in lieu of aggressive diagnostics and treatments.



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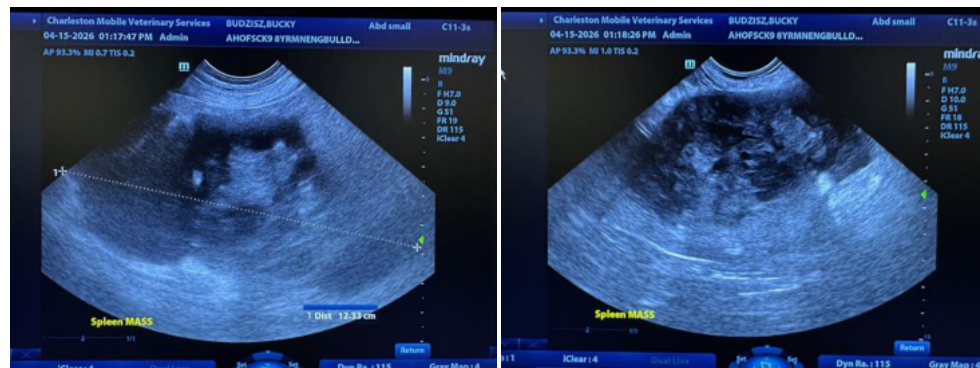
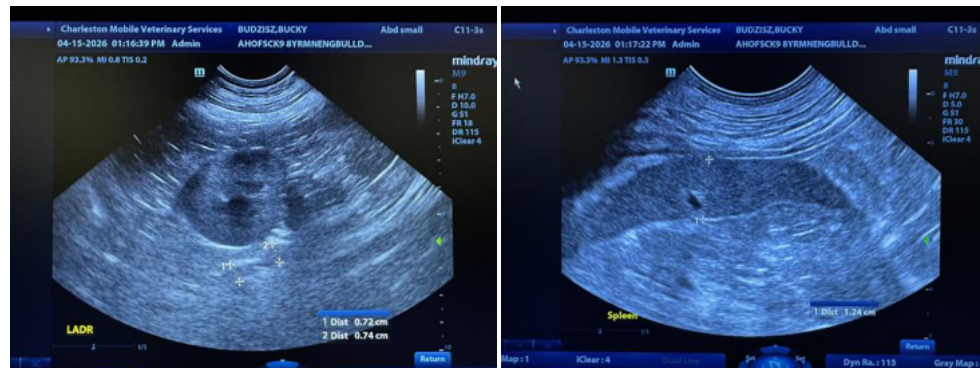
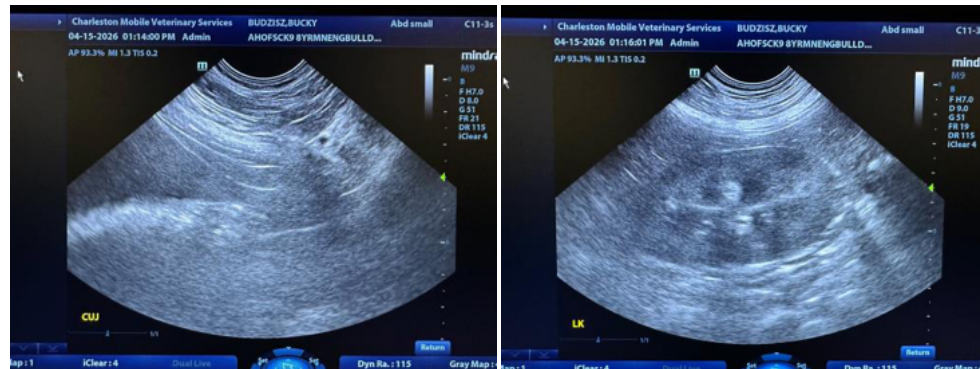
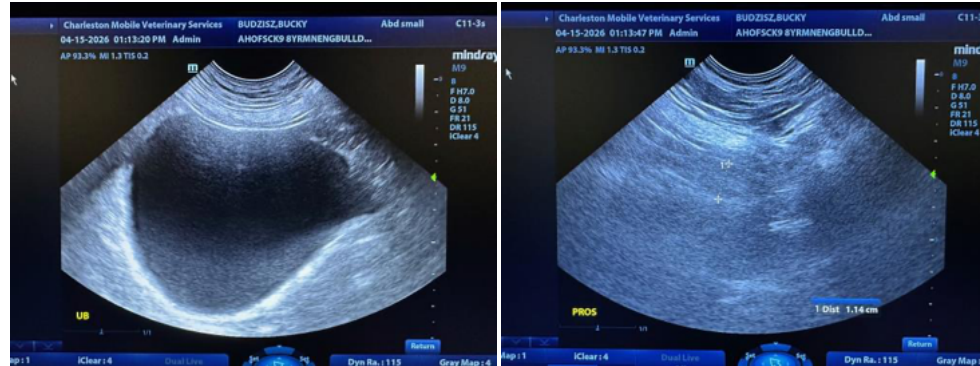
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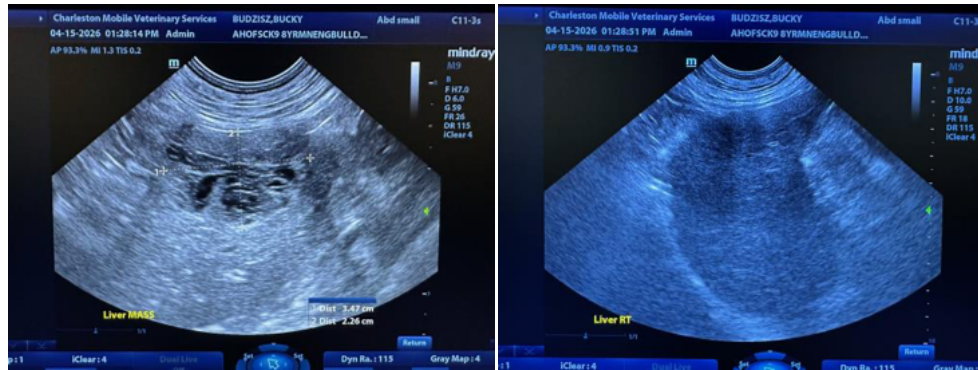
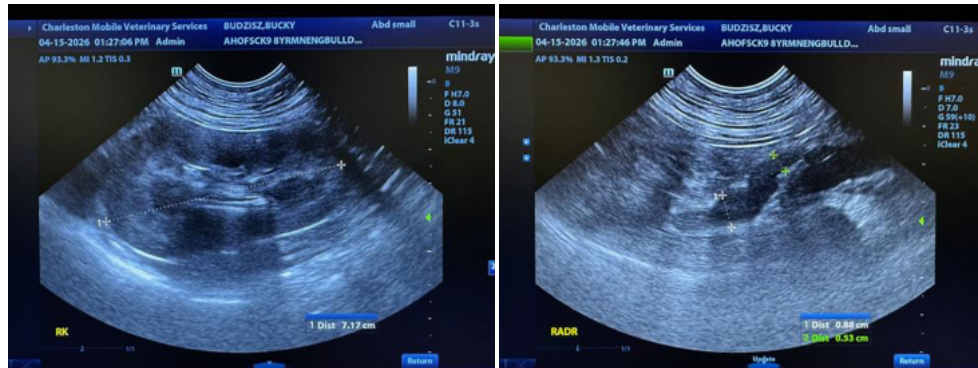
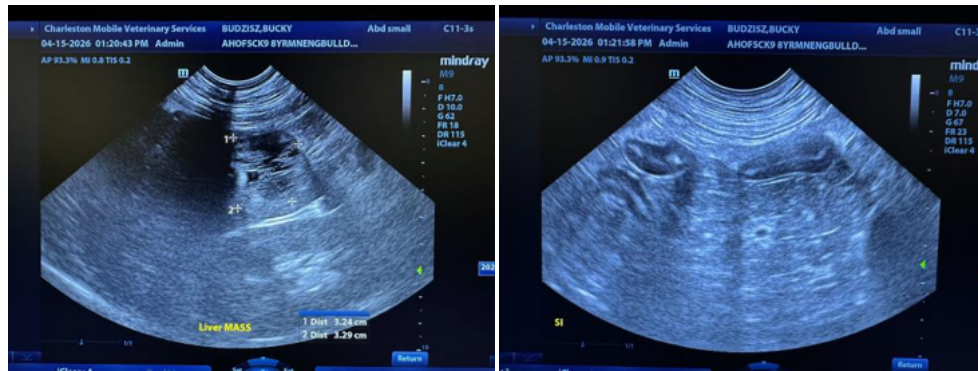
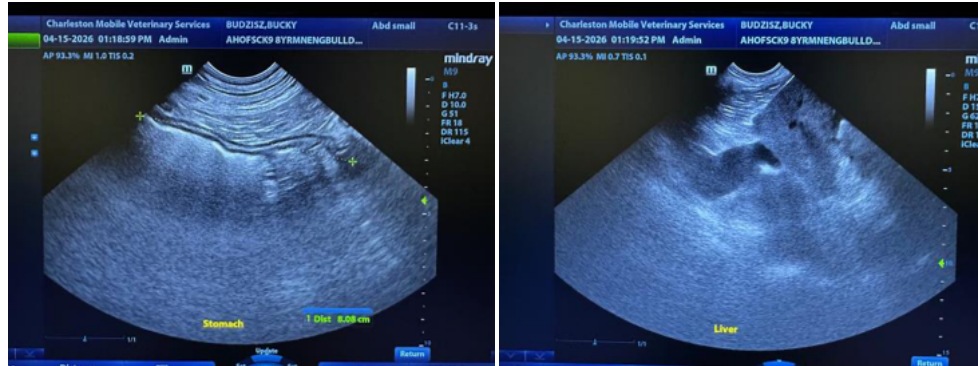
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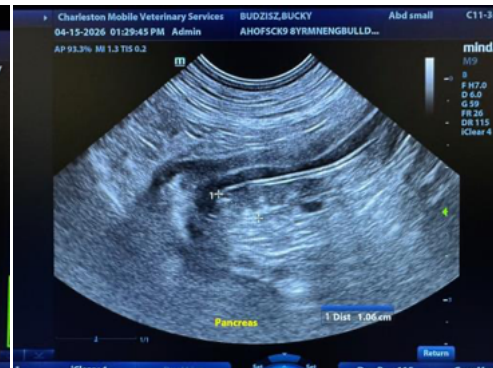
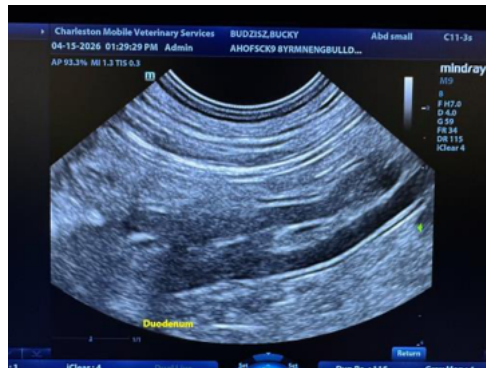
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
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