

PATIENT

Boots Mejia

SPECIES

Canine

BREED

Terrier mix

SEX

Male, intact

AGE

5/11/2015

WEIGHT

7 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

Flowerton AH

REFERRING VET

Dr. Kline

INVOICE
13452

DATE

6/1/22

PRESENTING CLINICAL SIGNS

Bilaterally cryptorchid. Ate a potato the night before the scan.

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 enlarged (1.86 cm in width) with a normal shape and smooth peripheral contours. The parenchyma is mildly heterogeneous in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal size (4.11 cm in length); normal shape and architecture with 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.54 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.47 cm at cranial pole) (0.47 cm at caudal pole) (1.71 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 (0.71 cm at cranial pole) (0.42 cm at caudal pole); 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 normal in size (1.11 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

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are 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 thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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The gastric lumen contains a lobulated, echogenic structure measuring 3-5 cm within the lumen. The structure is not obviously attached to the wall. The wall itself appears to be of normal thickness with a normal layering pattern. Ingesta is also observed within the lumen. The pyloric outflow tract is patent. 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. The colonic wall is normal. No obstructive disease is noted.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious pathology is observed.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 0.80 cm medial iliac lymph node is visualized.

Other

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

The left testicle is in an inguinal location and measures 1.90 x 0.84 cm with a normal shape and smooth peripheral contours. The parenchyma is homogenous. The right testicle is in an inguinal location and is enlarged with a mass effect (3.91 x 2.42 cm). The parenchyma is heterogeneous.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.
- Bilateral cryptorchidism (both testicles are inguinal) with a mass effect in the right testicle. Differentials include Sertoli cell tumor, interstitial cell tumor, seminoma, other.
- Questionable mass effect within the gastric lumen. Differentials include sessile tumor, normal ingesta, foreign material.

Secondary Findings:

- The prominent medial iliac lymph node is likely reactive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the prostatic mass, thoracic radiographs are recommended to assess for pulmonary metastatic disease. If the lungs are clear, castration is recommended with submission of the testicles for histopathology.



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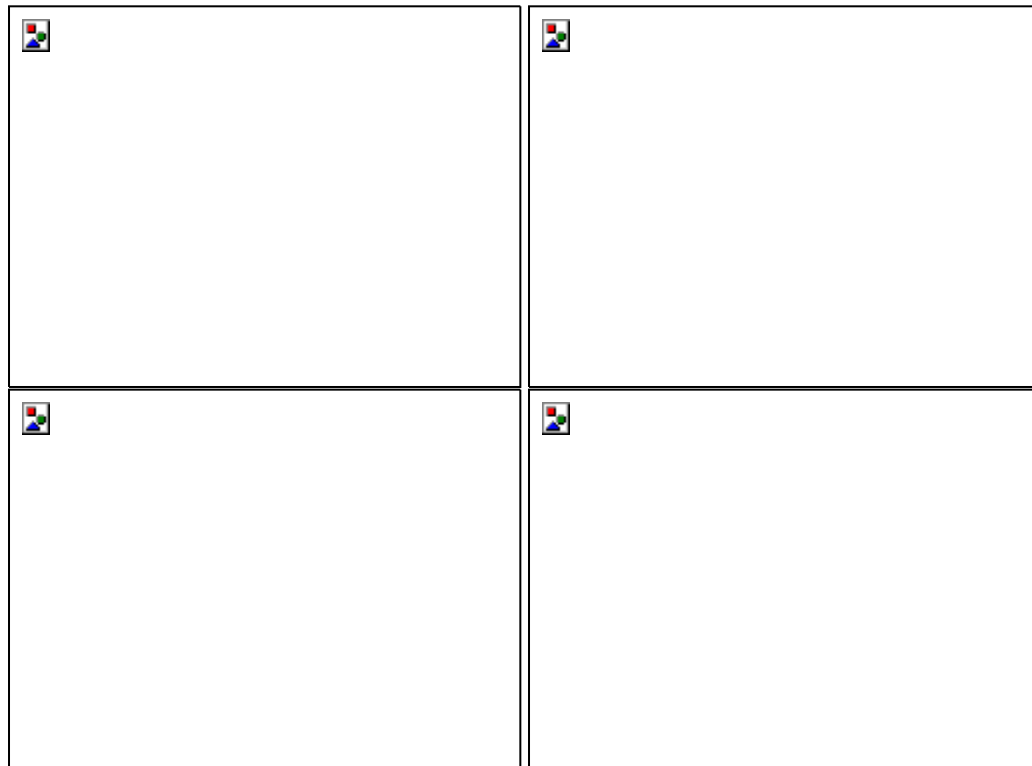
- Regarding the abnormalities within the gastric lumen, consider abdominal radiographs and repeat ultrasound with a longer fasting period. If the lesions are still present, an upper GI endoscopy or gastronomy with evaluation of the lesions and submission for histopathology can be considered.

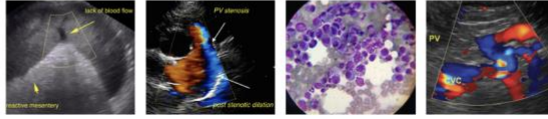
ADDITIONAL IMAGES OBTAINED ON 6/3/22 (AFTER EXTENDED FASTING)

The gastric lumen is minimally distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The previously observed echogenic structures are no longer seen.

INTERPRETATION OF THE FINDING FROM 6/3/22

Suspected previous potato (foreign body) has since been digested. Normal stomach.





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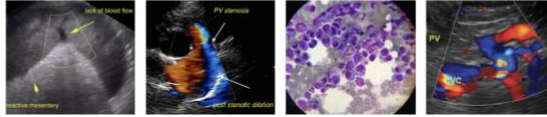
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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