



**PATIENT PRESENTING CLINICAL SIGNS**

Roscoe Bazzle Intermittent vomiting/diarrhea for several weeks  
weight loss,  
lethargic, not eating

**SPECIES**

Canine Three-view thoracic radiographs do not reveal evidence of metastatic disease.

**BREED**

Boykin

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

**SEX**

Male, neutered

The urinary bladder is moderately distended. The wall in the region of the apex is mildly thickened (up to 0.50 cm). The wall tapers to a normal thickness as it extends toward the cystourethral junction. The mucosal surface is smooth. A moderate amount of suspended echogenic debris is observed within the lumen. In addition, a small amount of gravity-dependent mineralized sand is seen. No distinct calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

**AGE**

6/1/2015

The prostate is enlarged (4.16 cm in width) with smooth peripheral contours. The parenchyma is heterogeneous. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

**WEIGHT**

37 lbs.

The left kidney is normal size (6.42 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*)

The right kidney is normal size (6.96 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.

**IMAGING PERFORMED BY**

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

*Adrenal Glands*

The left adrenal gland is normal size (0.44 cm at cranial pole) (0.53 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.

**HOSPITAL NAME**

Southside AH

The right adrenal gland is normal size (0.89 cm at cranial pole) (0.55 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.

**REFERRING VET**

Dr. Sauls

*Spleen*

The spleen is normal in size (1.60 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.

**INVOICE**

15155

**DATE**

8/1/23

*Liver*

The liver is prominent in size with normal to slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall



**PATIENT**

Roscoe Bazzle

bladder lumen is mildly to moderately distended. The wall is thickened (up to 0.51 cm) and hyperechoic. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**SPECIES**

Canine

***Gastrointestinal***

**BREED**

Boykin

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. A greater than 7 cm irregular jejunal mass is visualized. The wall in this region is severely thickened (up to 3 cm) and hypoechoic with loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. The remaining small intestinal segments are normal in thickness with a normal layering pattern and appropriate mural detail. The ileocecolic junction and colonic wall are normal. The lumen of the descending colon contains liquid appearing fecal material. No obvious obstructive disease is noted.

**SEX**

Male, neutered

***Pancreas***

**AGE**

6/1/2015

The base and right limb of the pancreas are enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and subtly mottled in appearance. The pancreatic duct is not overtly dilated.

**WEIGHT**

37 lbs.

***Free Abdomen***

The mesentery throughout the abdomen is hyperechoic. A moderate amount of echogenic free fluid is present. Several enlarged rounded hypoechoic lymph nodes are observed in the cranial to mid-abdomen, the largest measuring 4 cm in its longest dimension.

**INTERPRETED BY**

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

***Other***

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

**IMAGING PERFORMED BY**

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

The testicles are subjectively normal in size (left 2.78 x 1.73 cm; right 2.82 x 1.74) and symmetrical with homogeneous parenchyma.

\*Fine needle aspirates of the bowel mass and free fluid were obtained at the end of the study for STAT evaluation.

**HOSPITAL NAME**

Southside AH

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

**REFERRING VET**

Dr. Sauls

- Large jejunal mass. Neoplasia (i.e., lymphoma, adenocarcinoma) is suspected with a lower possibility of a severe focal inflammatory process (i.e., pyogranulomatous). Diffuse peritonitis is present, likely secondary to bowel pathology. However, perforation/sepsis cannot be completely excluded.

**INVOICE**

15155

- The pancreatic changes are consistent with moderate pancreatitis, suspected to be secondary to bowel pathology.

**DATE**

8/1/23

- The abdominal lymphadenopathy is concerning for infiltrative neoplasia with a lower possibility of reactive change.



<b>PATIENT</b>	<b>Secondary Findings:</b>
Roscoe Bazzle	<ul style="list-style-type: none"> <li>Mild bilateral chronic renal changes.</li> </ul>
<b>SPECIES</b>	<ul style="list-style-type: none"> <li>Urinary bladder debris. The urinary bladder thickening may be secondary to cystitis or lack of full repletion. Correlation with the patient's clinical history and urinalysis findings is recommended.</li> </ul>
Canine	
<b>BREED</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>
Boykin	
<b>SEX</b>	<ul style="list-style-type: none"> <li>The gallbladder wall changes could be consistent with cholecystitis and/or benign age-related hyperplasia.</li> </ul>
Male, neutered	
<b>AGE</b>	
6/1/2015	
<b>WEIGHT</b>	
37 lbs.	

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Referral to the emergency clinic is recommended for supportive care while awaiting cytology results, which should be back later today.
- Consultation with a board certified oncologist is also recommended.

**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**

Southside AH

**REFERRING VET**

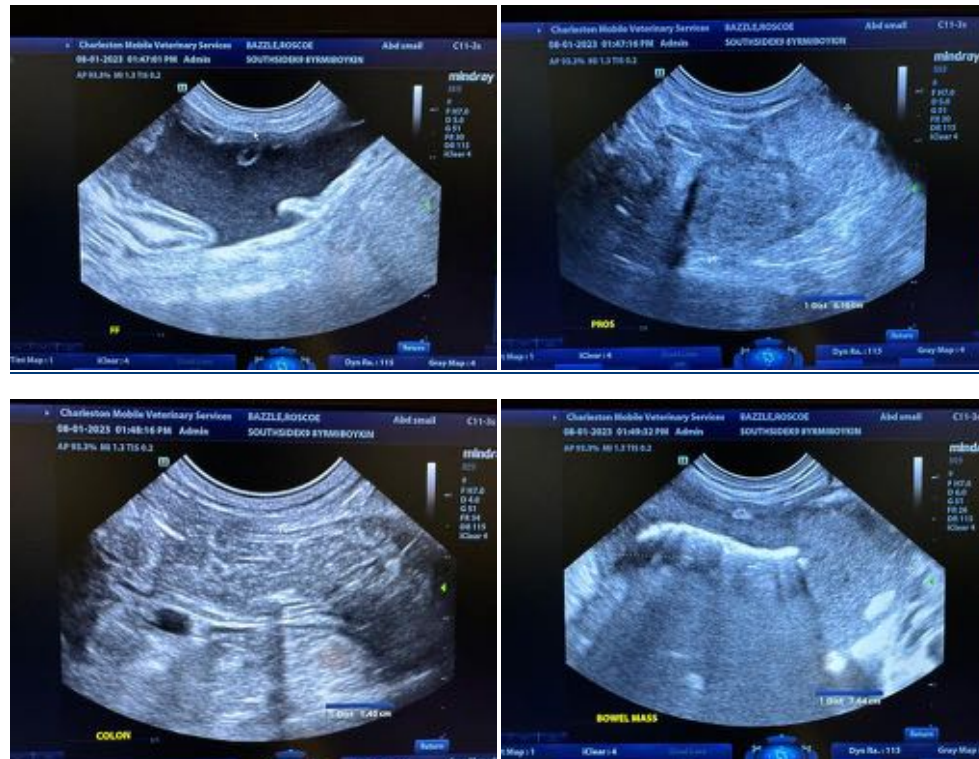
Dr. Sauls

**INVOICE**

15155

**DATE**

8/1/23





**PATIENT**

Roscoe Bazzle

**SPECIES**

Canine

**BREED**

Boykin

**SEX**

Male, neutered

**AGE**

6/1/2015

**WEIGHT**

37 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**

Southside AH

**REFERRING VET**

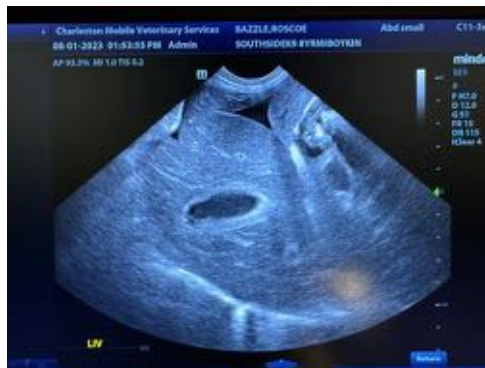
Dr. Sauls

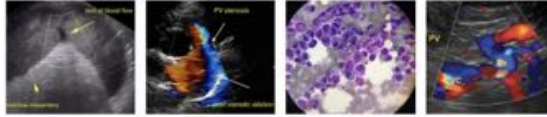
**INVOICE**

15155

**DATE**

8/1/23





**PATIENT**

Roscoe Bazzle

**SPECIES**

Canine

**BREED**

Boykin

**SEX**

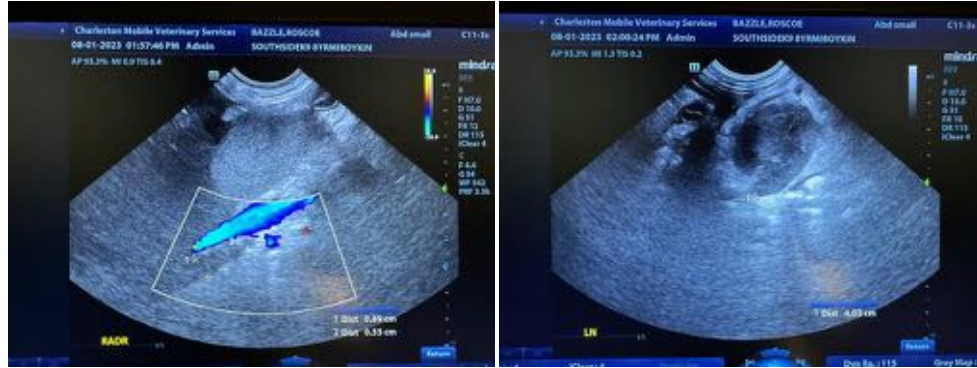
Male, neutered

**AGE**

6/1/2015

**WEIGHT**

37 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**

Southside AH

**REFERRING VET**

Dr. Sauls

**INVOICE**

15155

**DATE**

8/1/23

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](mailto:info@SonoPath.com)