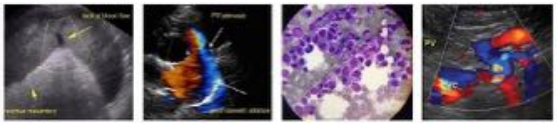
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 infoethefocalzone.com

PATIENT
Tuco Corbeil

SPECIES
Canine

BREED
Boxer mix

SEX
Male, neutered

AGE
9 Yrs.

WEIGHT
25.5 kg.

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

IMAGING PERFORMED BY
Kelly Reschny

HOSPITAL NAME
Buck AH

REFERRING VET
Dr. MacFarlane

DATE
13455

PRESENTING CLINICAL SIGNS

History: lethargy, concern for possible splenic mass
Abnormal PE/Chem/CBC/UA Results: Please see attached BW-ow platelets, agglutination, reticulocytes, rubricytes and metarubrictyes.

Hematocrit 27%, regenerative anemia, leukocytosis with a neutrophilia.

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 (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 (7.05 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 (6.98 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 mildly enlarged (0.42 cm at cranial pole) (0.56 cm at caudal pole) (2.15 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.

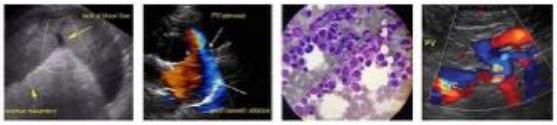
The right adrenal gland is normal size (1.70 cm at cranial pole) (0.87 cm at caudal pole) (1.78 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (xxx cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size. The parenchyma is hypoechoic relative to the spleen and slightly mottled in appearance. A 1.45 cm irregular hyperechoic nodule is observed in the region of the right medial lobe. Vascular and biliary tracts are of normal volume with no evidence of congestion. See also



PATIENT

Tuco Corbeil

SPECIES

Canine

BREED

Boxer mix

SEX

Male, neutered

AGE

9 Yrs.

WEIGHT

25.5 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Buck AH

REFERRING VET

Dr. MacFarlane

Other. 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

The gastric lumen is moderately distended with ingesta. The gastric wall is 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.

Pancreas

The right limb of the pancreas is visible/prominent. The parenchyma is hypoechoic relative to surrounding omental fat and subtly mottled in appearance. The pancreatic duct is not overtly dilated. See also *Other.*

Free Abdomen

A moderate amount of echogenic free fluid is present within the abdomen. The mesentery is hyperechoic. The abdominal lymph nodes are normal/not visible.

Other

A 5.7 cm irregular heterogeneous mass is observed in the right cranial quadrant. The mesentery surrounding the mass is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Mass in the right cranial quadrant, the origin of which is unclear. It may be arising from the right lateral lobe of the liver, mesentery, pancreas, lymph node, other. Neoplasia (i.e., sarcoma, round cell tumor, carcinoma) is suspected with a lower possibility of a benign process (i.e., inflammatory focus).
- Diffuse peritonitis is present, likely secondary to cranial abdominal mass.
- The diffuse hepatic parenchymal changes are non-specific and may be secondary to age-related remodeling, nodular hyperplasia, metastatic disease, other.

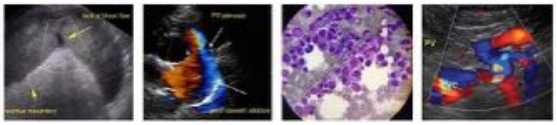
Secondary Findings:

- Bilateral chronic renal changes.
- Mild right adrenomegaly.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation or splenitis with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

13455



PATIENT

Tuco Corbeil

SPECIES

Canine

BREED

Boxer mix

SEX

Male, neutered

AGE

9 Yrs.

WEIGHT

25.5 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

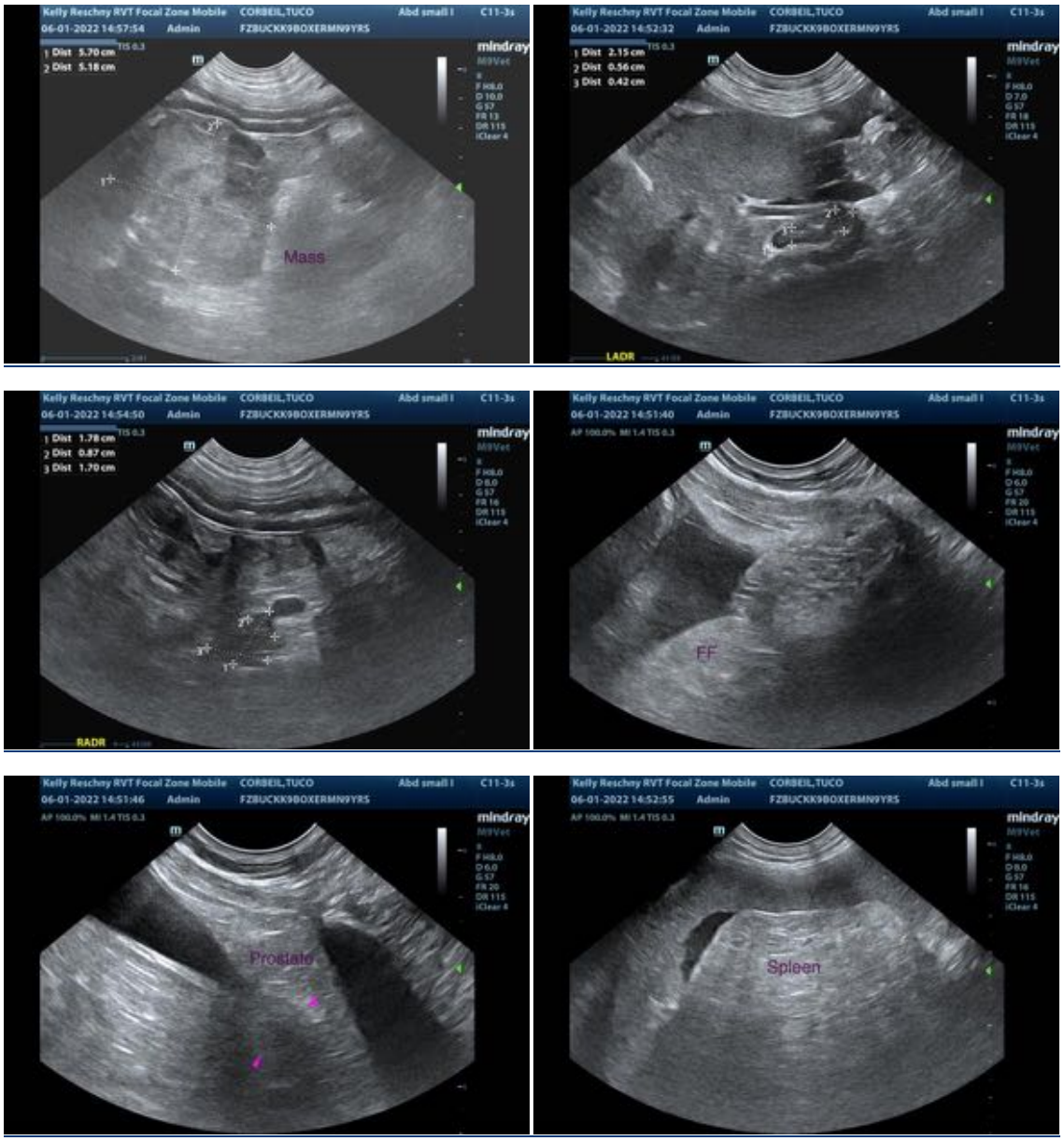
HOSPITAL NAME

Buck AH

REFERRING VET

Dr. MacFarlane

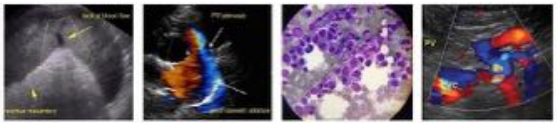
- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If there is no evidence of pulmonary metastatic disease, consider an abdominal exploratory with mass removal and submission for histopathology. An abdominal CT scan would be useful in pre-surgical planning. If surgery is pursued, consider referral to a board-certified surgeon due to the potential for perioperative complications.
- To help determine if a hemoabdomen is present preoperatively, consider performing a PCV on the abdominal fluid and comparing results to the peripheral PCV.



DATE

13455

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 infothefocalzone.com

PATIENT

Tuco Corbeil

SPECIES

Canine

BREED

Boxer mix

SEX

Male, neutered

AGE

9 Yrs.

WEIGHT

25.5 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

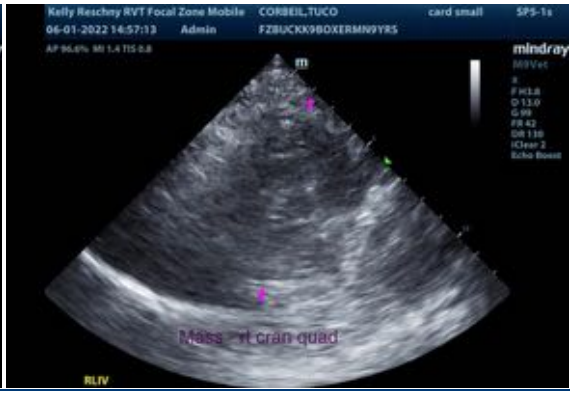
Buck AH

REFERRING VET

Dr. MacFarlane

DATE

13455



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

Andrea.nicastro@sonopath.com