



**PATIENT**

Danza Richards

**SPECIES**

Canine

**BREED**

American Bulldog Mix

**SEX**

Male Neutered

**AGE**

10 Years

**WEIGHT**

50 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

Dundas AH

**REFERRING VET**

Dr. Middleton

**INVOICE  
11791kk**

**DATE**

9/10/21

**PRESENTING CLINICAL SIGNS**

History: Frequent vomiting, decreased appetite, weight loss, started on Prednisone 10mg BID-no improvement.

Abnormal PE/Chem/CBC/UA Results:

**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 (1.24 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 (7.20 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.

The right kidney is normal size (6.71 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 (0.80 cm at cranial pole) (0.62 cm at caudal pole) (2.76 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.

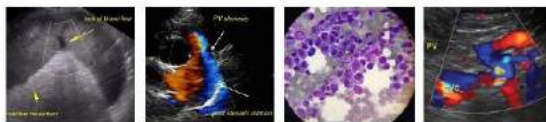
The right adrenal gland is normal size (1.78 cm at cranial pole) (0.66 cm at caudal pole) (2.21 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

*Spleen*

The spleen is normal in size (1.63 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 prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct 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.



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**Gastrointestinal**

Danza Richards

The gastric wall is normal in thickness with a normal layering pattern. The gastric lumen is not distended. The small intestinal lumen is not dilated. A > 5 cm segment of small intestine is severely thickened (0.97 cm), irregular, and heterogeneous with foci of mineralization. There is a complete loss of the normal layering pattern in this region. The mesentery effacing the serosal surface of the small intestinal mass is hyperechoic. The remaining small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal. There is no evidence of an obstructive pattern.

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**Pancreas**

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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.

**SEX**

**Free Abdomen**

Male Neutered

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

**AGE**

**ULTRASONOGRAPHIC FINDINGS**

10 Years

**Primary Findings:**

**WEIGHT**

50 lbs.

- Small intestinal mass-effect. Neoplasia (i.e., adenocarcinoma, round cell tumor, leiomyosarcoma) is considered likely with a lower possibility of a severe inflammatory process.

**Secondary Findings:**

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.

**INTERPRETED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. If accessible, a fine needle aspirate of the small intestinal mass is recommended (if clotting status is appropriate). A 25-gauge needle should be used. If cytologic evaluation is inconclusive or if the mass is not accessible, an abdominal exploratory with biopsy +/- removal of the mass can be considered. If surgery is to be pursued, referral to a board-certified veterinary surgeon is recommended due to the potential for perioperative complications.

**IMAGING PERFORMED BY**

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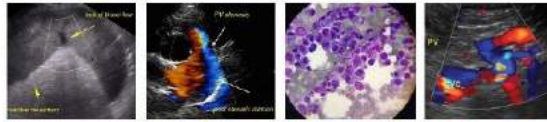
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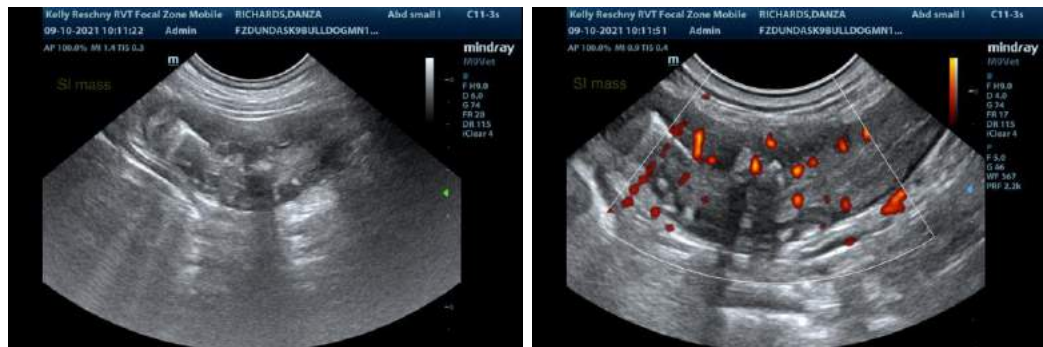
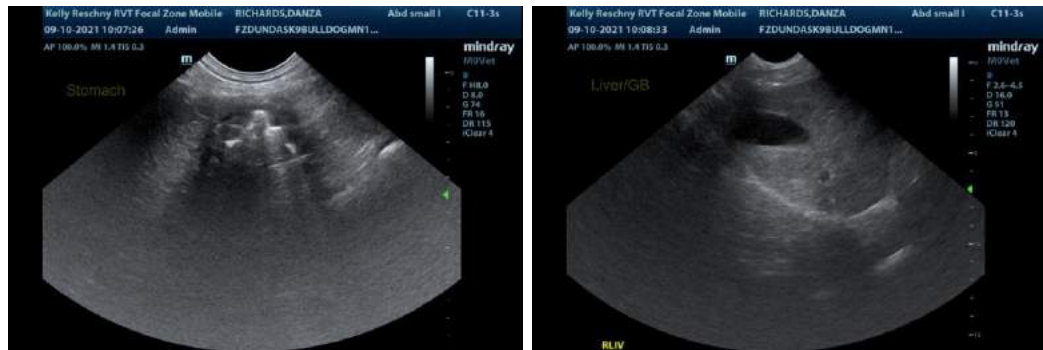
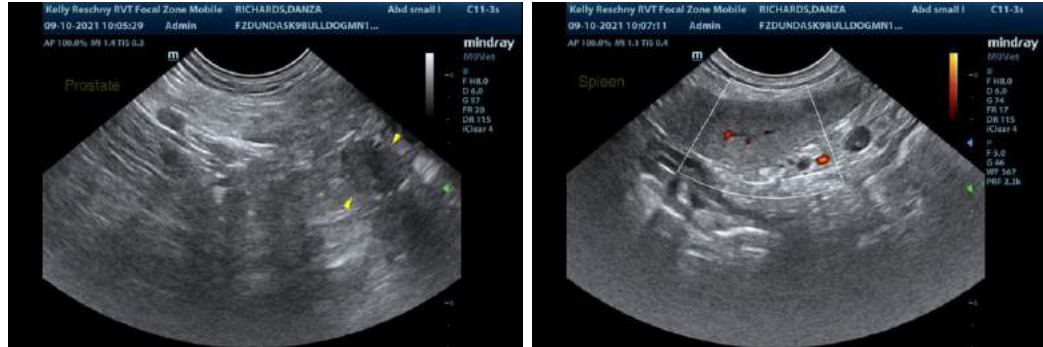
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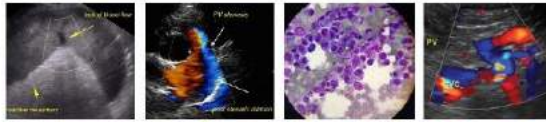
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)  
Andrea.nicastro@sonopath.com

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