

**PATIENT**

Stitch Smith

**SPECIES**

Canine

**BREED**

Border collie/ Rot mix

**SEX**

Neutered Male

**AGE**

3 years

**WEIGHT**

68.7 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr Lynette Reyes

**HOSPITAL NAME**

Chain of Lakes Animal  
Care

**REFERRING VET**

Dr Lynette Reyes

**INVOICE**

10134

**DATE**

1/13/22

**PRESENTING CLINICAL SIGNS**

History: Pet [presented on January 5th for bloody diarrhea, no other concerns. Pet was sent home with Metronidazole and Propectalin. Fecal was recommended. Then pet presented again yesterday for vomiting and decrease appetite. Diarrhea was better but became soft again. We refilled the Metronidazole and Propectalin, but recommended bloodwork. This morning owner stated that pet had normal bowel movement but vomited like 4 times.

Abnormal PE/Chem/CBC/UA Results: TP: 7.8 Glob: 5.0 Mag: 1.4 Phosphorus: 2.2 WBC: 18.4 Neut: 11224 Eos: 4232 Pres PSL: 11, low. Normal amylase Fecal pending

**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 not definitively visualized due to its pelvic location

The left kidney presented normal size (7.12 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 hydroureter.

The right kidney presented normal size (6.86 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 hydroureter.

**Adrenal Glands**

The left adrenal gland is normal size (0.62 cm at cranial pole) (0.60 cm at caudal pole) (3.34 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.

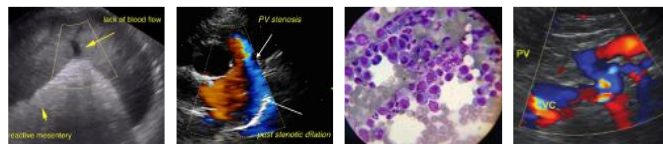
The right adrenal gland is normal size (0.83 cm at cranial pole) (0.61 cm at caudal pole) (2.55 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (2.83 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 contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.



**PATIENT**

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

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**Gastrointestinal**

The gastric lumen is minimally fluid distended. 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 or overt infiltrative disease is noted.

Canine

**BREED**

**Pancreas**

(See "Other" category)

Border collie/ Rot mix

**SEX**

**Free Abdomen**

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

Neutered Male

**AGE**

**Other**

A >8 cm irregular heterogenous cavitated mass with ill-defined fat opacities is observed in the mid-abdominal region, just medial to the caudal aspect of the spleen. Surrounding mesentery is hyperechoic.

3 years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

**Primary Findings**

68.7 lbs

- The origin of the mid-abdominal mass is unclear. It may be rising from the mesentery, pancreas, spleen, other. A necrotic intrabdominal lipoma or liposarcoma are the top differentials. However, another neoplastic process cannot be excluded. Regional peritonitis is present.

**INTERPRETED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If there is no evidence of pulmonary metastatic disease, an abdominal exploratory with mass removal and submission for histopathology is recommended. Given the recent GI signs, gastrointestinal biopsies should also be obtained at the time of surgery.
- Given the eosinophilia, consider prophylactic deworming with fenbendazole +/- further testing for Addison's disease.

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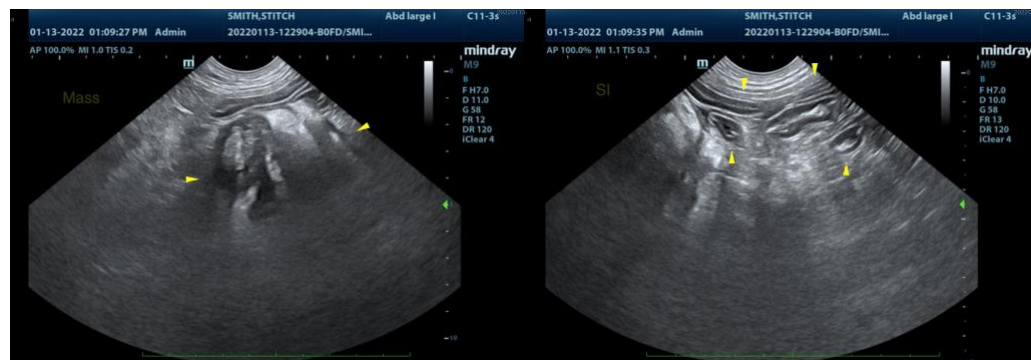
Dr Lynette Reyes

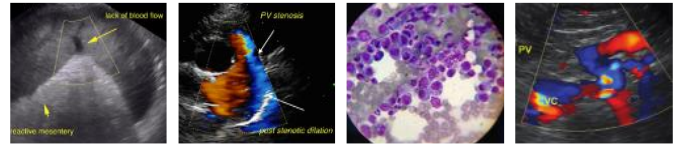
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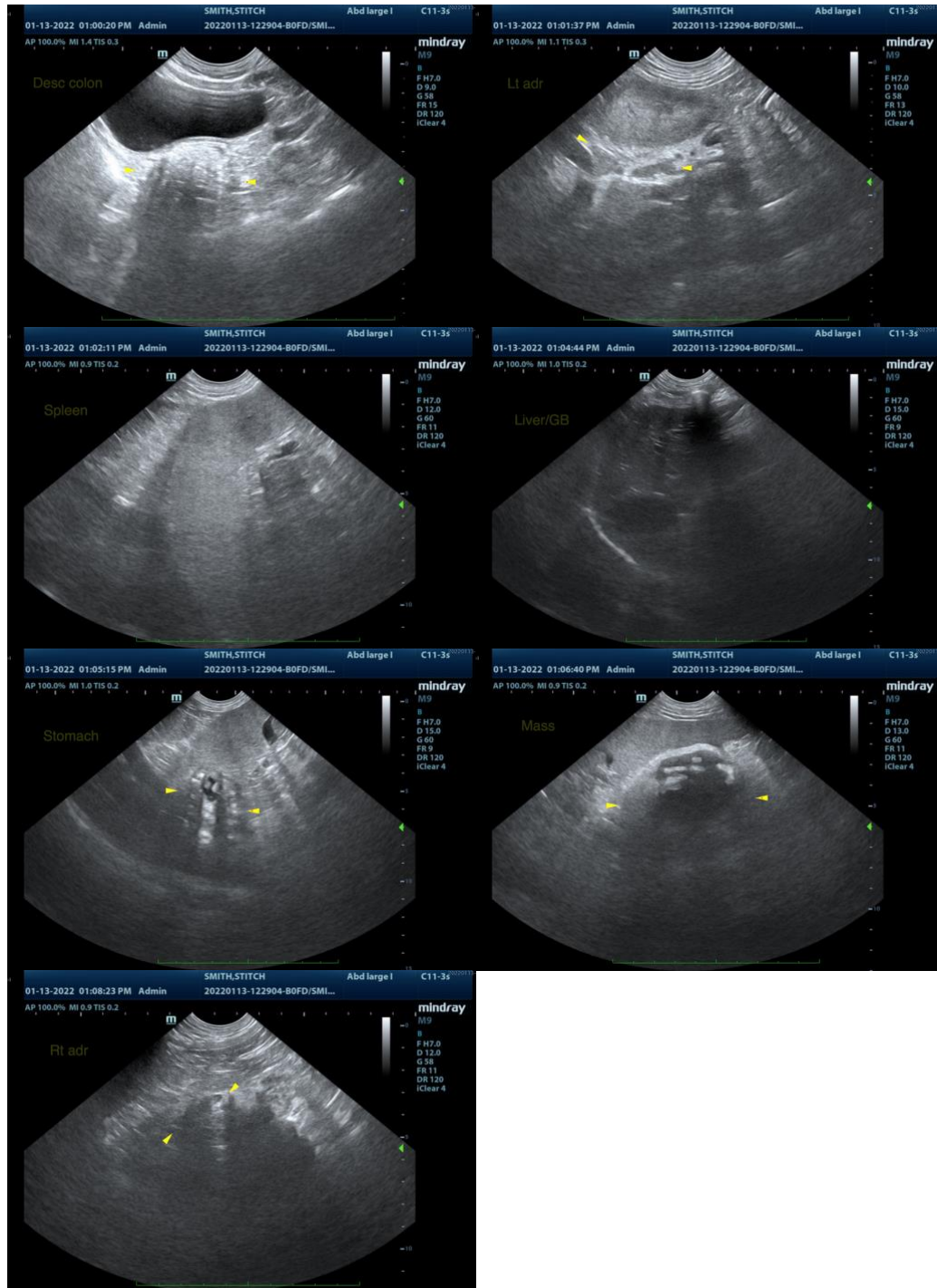
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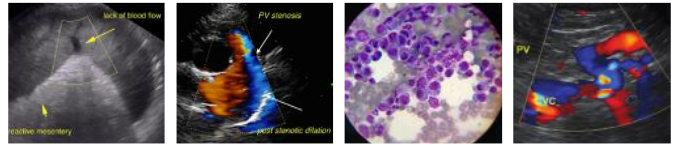
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 DACVIM (Small Animal Internal Medicine)**  
info@SonoPath.com

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