

**PATIENT**

Omar Cleary

**SPECIES**

Canine

**BREED**

Lab

**SEX**

Neutered Male

**AGE**

9 years

**WEIGHT**

73 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

West Hills AH

**REFERRING VET**

Dr. Eguchi-Coe

**DATE**

1/10/22

**INVOICE**

10317

**PRESENTING CLINICAL SIGNS**

History: Screening for hemangiosarcoma for both dogs since their other dog died of hemangiosarcoma last year.

Abnormal PE/Chem/CBC/UA Results: sdma elevated (17). CBC unremarkable  
Chemistry is otherwise normal. proBNP is elevated. Urine Specific Gravity 1.014. No proteinuria  
inactive sediment. T4 normal.

Current Medications Fluoxetine 30 mg SID

**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 (0.98 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (6.59 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 presented normal size (6.74 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.

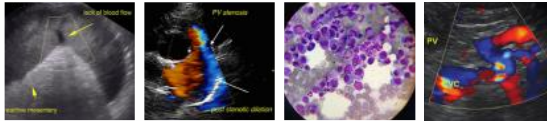
**Adrenal Glands**

The left adrenal gland is normal size (0.49 cm at cranial pole) (0.58 cm at caudal pole) (3.21 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.

The right adrenal gland is normal size (0.94 cm at cranial pole) (0.79 cm at caudal pole) (2.92 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 overall normal in size (1.56 cm in width at the level of the hilus) with slightly irregular peripheral contours. A 2.69 x 2.32 cm heterogenous mass is observed at the lateral aspect. In the remainder of the spleen the contours are curvilinear, and the parenchyma is homogenous. Splenic vasculature appears normal with no evidence of thrombosis.



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**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.

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.

**Gastrointestinal**

Shadowing material is observed within the gastric lumen. 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.

**Pancreas**

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.

**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

**Other**

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

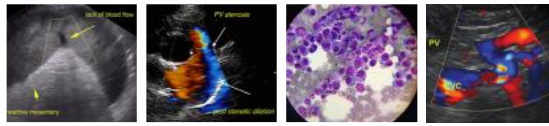
**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Splenic mass. Neoplasia (i.e., sarcoma, round cell tumor), is suspected. However, a benign process (i.e., lymphoid hyperplasia), cannot be completely excluded.
- The shadowing material within the gastric lumen likely represents foreign material but appears nonobstructive at this time.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine-needle aspirate of the splenic mass if clotting status is appropriate. A 25-gauge needle should be used. Alternatively, a splenectomy with submission of the spleen for histopathology along with a liver biopsy (to assess for micro-metastatic disease), can be considered.



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- To further evaluate for gastric foreign material, consider abdomen radiographs.

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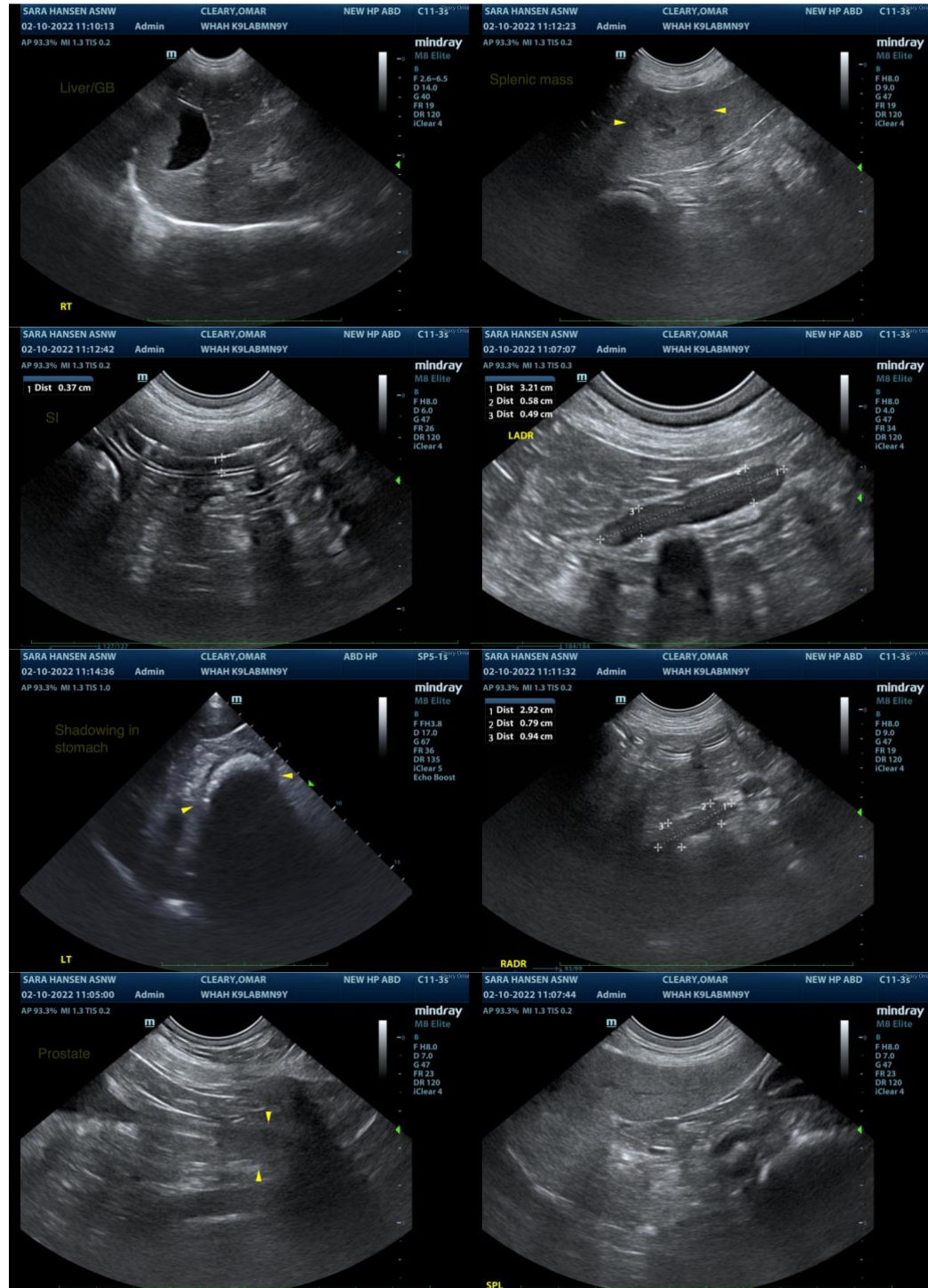
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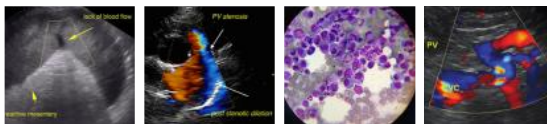
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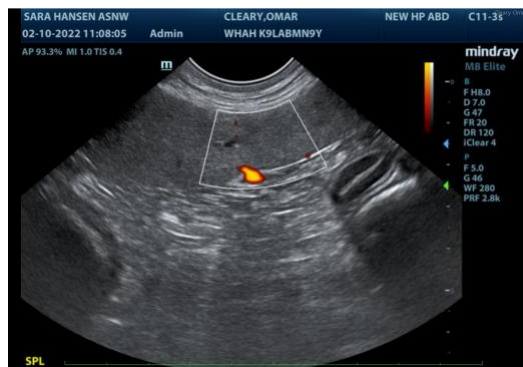
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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