



PATIENT PRESENTING CLINICAL SIGNS

Harvey Castaneda

- Positive Coombs, non regen anemia - search for cause/reason. IMHA - weak, depressed, 2/6 heart murmur

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: HCT - 27.9%, creat- 1.8, rbc - 4.99 (lo), hemoglobin - 10.2(lo) mcv - 56(lo), mch - 20.4(lo), retic - 4.5(lo), potassium - 5.9(hi), amylase - 1530

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Mix

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

SEX

Neutered Male

The region of the prostate is not visualized due to its pelvic location.

AGE

10

No images provided of the left kidney.

WEIGHT

50 lbs

The right kidney is normal in size (5.82 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal-to-mild 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)

Adrenal Glands

No images provided of the left adrenal gland.

The right adrenal gland is normal in size (1.19 cm at cranial pole) (0.66 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Heather

Spleen

The spleen is normal in size (1.66 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.96 x 1.50 cm hypoechoic-to-heterogenous nodule/mass is observed approximately mid-body. Splenic vasculature is normal.

HOSPITAL NAME

ACC of Flanders

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.

REFERRING VET

Dr. Casulli

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

The gastric lumen is mildly distended with ingesta and gas. 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. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

DATE

1-22-26



PATIENT *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.

SPECIES *Lymph Nodes*

Canine

The abdominal lymph nodes are normal/not visible.

Free Abdomen

BREED

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

Mix

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

Splenic nodule/mass. Neoplasia (i.e., round cell tumor) is of top consideration. However, a benign process (i.e., focus of lymphoid hyperplasia or similar) cannot be excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

10

- Consider fine-needle aspiration of the splenic nodule (assuming normal clotting status). A 25-gauge needle should be used.

WEIGHT

50 lbs

- Other considerations include the following:

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases
2. A comprehensive tick panel, including PCR and serology (submission to North Carolina State University's Vector Borne Disease Diagnostic Lab is recommended. <https://cvm.ncsu.edu/research/labs/clinical-sciences/vector-borne-disease>).
3. +/- bone marrow aspirate (if indicated)
4. While awaiting test results, supportive care is recommended.

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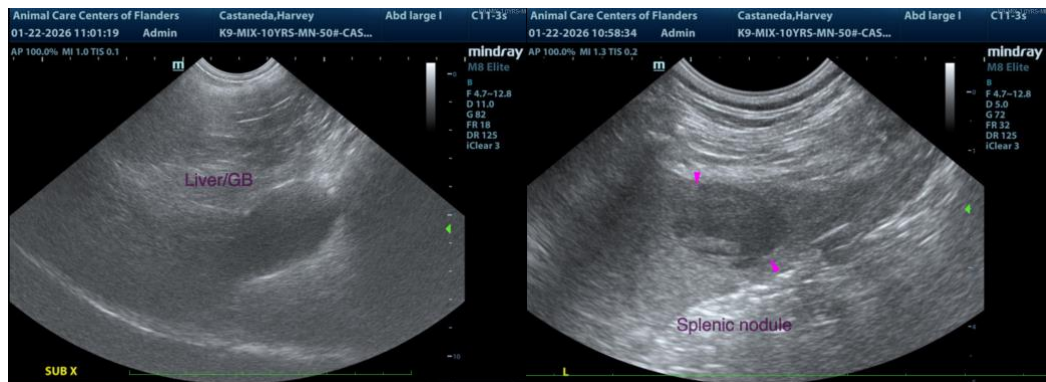
Dr. Casulli

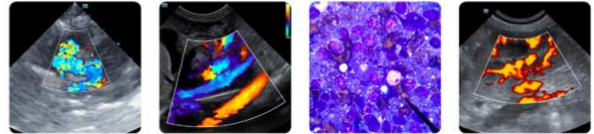
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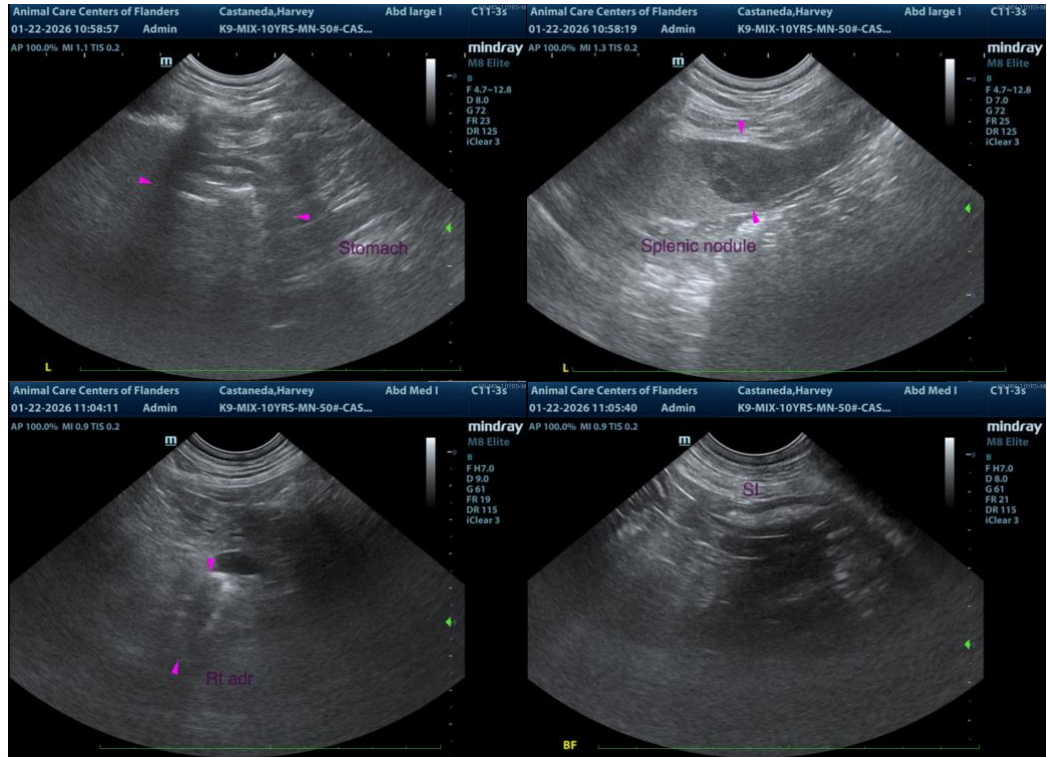
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com



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Neutered Male

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