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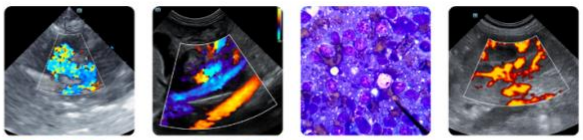

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Waves Thompson

SPECIES

Canine

BREED

Pit Bull Mix

SEX

Male Neutered

AGE

06/13/21

WEIGHT

31.9

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

BluePearl MP ER

REFERRING VET

Dr Alexis Starr

INVOICE

22358

DATE

1-3-2026

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Waves is a 4.5 MN MBD who presented to AcutePet for jumping off the bed and yelping last night and became acutely lethargic afterwards. He had pale MM on intake and was moderately tachycardic (160 HR).

3V TXR: hypovolemia with no evidence of mets
3V AXR: peritoneal effusion with radiodense FB in pylorus
Clotting times: WNL
FAST Scan: cavitary splenic mass, unable to see liver
Pt received IVC and 500cc bolus before transfer to ER.

Tech HX: Waves is a 4-year-old MN Pitbull Mix presenting with a hemoabdomen. The O stated that Waves went to urgent care today to be seen and was referred here. The O stated that jumped off the bed in the middle of the night and heard a loud bang which caused Waves to vomit. Waves was seen at VEG for tail issues and was given Carprofen and Gabapentin but the O stopped giving it after the second dose because Waves started to vomit from it. December 2nd Waves was seen at the primary and the O stated that the primary prescribed a "slurry" medication that did help per the O. Waves is on Famotidine 20mg and had it this morning at 8:00am. Waves is utd on vaccines and preventive. Waves is currently not on any other medications.

Abnormal lab-work values: CBC: HCT 33, Neutro 14K. Chem 17: Glu 159, Na 143, Cl 108. BP: 84 mmHg
Lac: 3.4
Current Medications: Famotidine 20mg at 8am
Radiographic Findings: FAST Scan: cavitary splenic mass, unable to see liver

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A small-to-moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.93 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (6.68 cm in length) with a normal shape, architecture and 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. Renal vasculature is normal.

The right kidney is normal in size (6.89 cm in length) with a normal shape, architecture and 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.67 cm at cranial pole) (0.56 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.

The right adrenal gland is normal in size (0.82 cm at cranial pole) (0.73 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

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normal. (See also ***"Other"*** category).

Spleen
The spleen is subjectively normal-in-size, 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 enlarged, with irregular peripheral contours. Numerous, varying-sized heterogenous, slightly-cavitated, expansile masses are observed throughout the liver (one of the largest measuring >8.0 cm). Some of the masses are coalescing. There is minimal normal-appearing hepatic parenchyma. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric lumen is mildly distended with ingesta. 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 ileocecocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

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.

Lymph Nodes
(See ***"Other"*** category).

Free Abdomen
The mesentery throughout the abdomen is hyperechoic. A moderate amount of echogenic free fluid is observed.

Other
In the right cranial quadrant, just caudal to what appears to be the right adrenal gland, a 4.8 x 3.5 cm ill-defined, heterogenous, slightly cavitated mass is visualized.

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

ULTRASONOGRAPHIC FINDINGS

- Multiple coalescing hepatic masses, some of which are cavitated. Neoplasia (i.e., hemangiosarcoma) is strongly suspected, with a low possibility of a non-neoplastic process.
- Mass effect in the right cranial quadrant, the origin of which is unclear. It may be arising from the right adrenal gland, mesentery, lymph node, pancreas, liver, other. Again, neoplasia is suspected, likely a metastatic lesion.
- Free fluid, suspected hemoabdomen (given the patient's clinical history)

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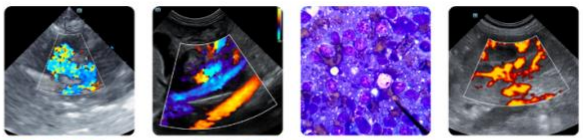

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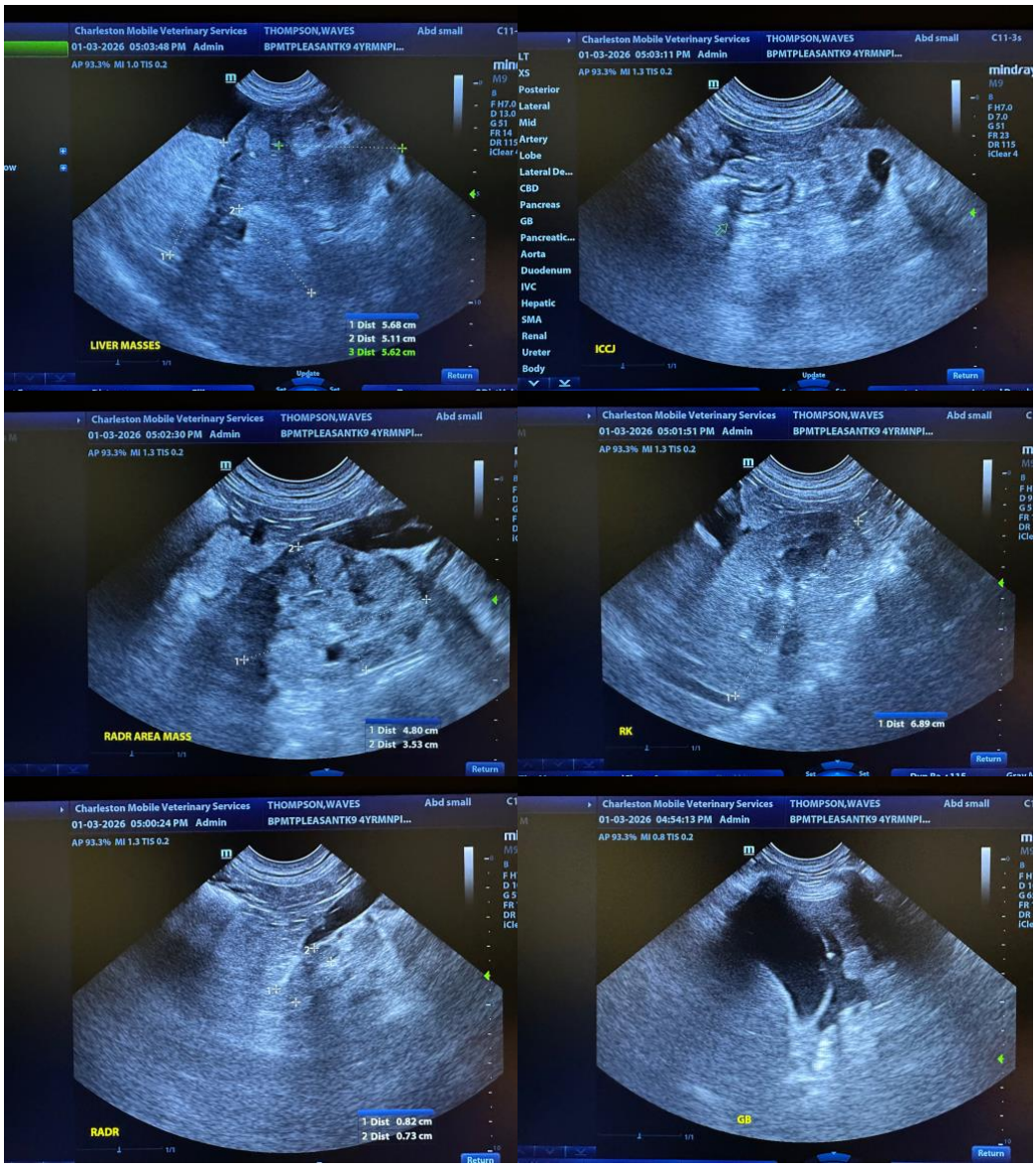
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs thoracic radiographs are recommended to assess for pulmonary metastatic disease (if not already performed).
- Consider submission of the abdominal fluid for cytologic evaluation.
- Given that multiple hepatic masses are present, along with a mass in the right cranial quadrant, surgical intervention is not likely to be beneficial. Therefore, palliative care is recommended.



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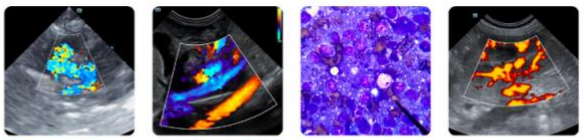

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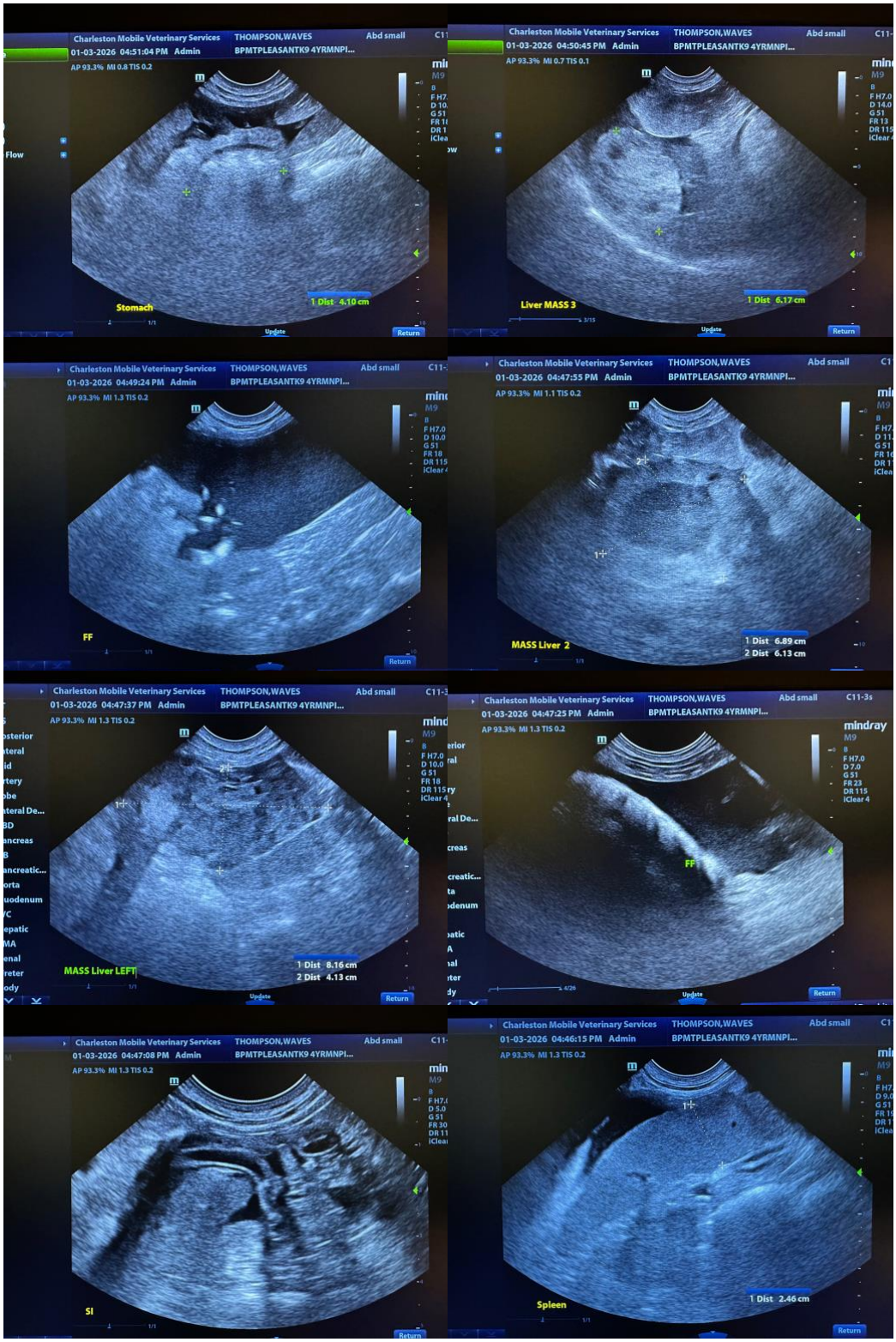

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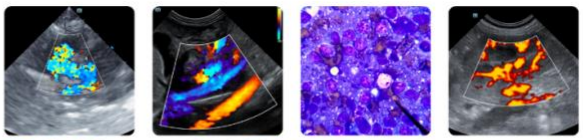

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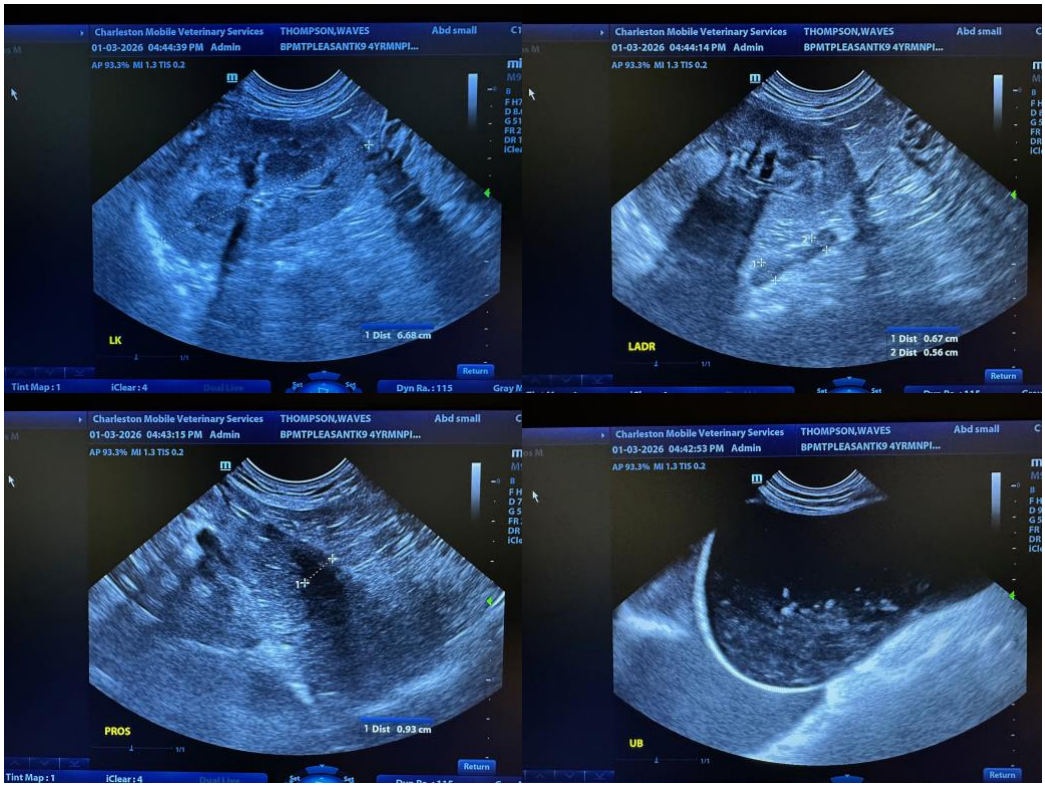

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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