



**PATIENT**

Bailey Luongo

**SPECIES**

Canine

**BREED**

Australian Cattle Dog

**SEX**

Male Neutered

**AGE**

01/29/2014

**WEIGHT**

58.5 lb

**INTERPRETED BY**

Andrea Nicastrò DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**IMAGING  
PERFORMED BY**

Andrea Nicastrò DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**HOSPITAL NAME**

VC of Myrtle Beach

**REFERRING VET**

Dr Rebecca Rodger

**INVOICE**

22480

**DATE**

1-30-26

**PRESENTING CLINICAL SIGNS**

1/26 (first visit here):

- 1 week hyporexia, 3-day anorexia; possible PU/PD; hunched posture & straining to defecate without fecal production

- PE: 20cm firm mass on the left lateral neck; soft abdomen without apparent pain; overall unremarkable PE (age related changes)

- moved here from Colorado

- Hx of seizures x2-3 years - no seizure activity since starting KBr 500mg SID

- Started supportive care (Cerenia, fluids); performed BW & UA

1/27:

- no improvement in appetite

- started Entyce SID & Zofran 8mg SID-BID PRN

1/28:

- no improvement in appetite after 2 doses of Entyce

- anorexia x1 week at this point

Abnormal lab-work values: Chem: ALP 215 (H); tbili 0.7 (H); SDMA 15.3 (H). T4: 0.5 (L). UA (cath): SG 1.011; protein 1+; bili 1+

Current Medications: KBr 500mg SID

**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 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 (0.91 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 (6.86 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (7.05 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Mild pyelectasia is present (0.29 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size (0.67 cm at cranial pole) (0.68 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 (0.66 cm at cranial pole) (0.55 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.



**PATIENT**

Bailey Luongo

**SPECIES**

Canine

**BREED**

Australian Cattle Dog

**SEX**

Male Neutered

**AGE**

01/29/2014

**WEIGHT**

58.5 lb

**INTERPRETED BY**

Andrea Nicastrò DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**IMAGING  
PERFORMED BY**

Andrea Nicastrò DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**HOSPITAL NAME**

VC of Myrtle Beach

**REFERRING VET**

Dr Rebecca Rodger

**INVOICE**

22480

**DATE**

1-30-26

**Spleen**

A 2.4 x 2.2 cm hyperechoic-to-heterogenous mass is arising from the parenchyma at the tail of the spleen. In addition, a 1.6 x 1.6 cm hypoechoic-to-heterogenous nodule is seen within the parenchyma. A few, smaller, ill-defined hypoechoic nodules are also seen. The remaining parenchyma is mottled in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

**Liver**

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

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.

**Gastrointestinal**

The gastric lumen is mildly fluid-distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The duodenal lumen is mildly fluid-distended. The remaining small intestinal segments are mostly empty. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

**Pancreas**

The base is prominent-in-size, with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No focal lesions are observed. The pancreatic duct is not overtly dilated. Surrounding mesentery is hyperechoic.

**Lymph Nodes**

The abdominal lymph nodes are normal/not visible.

**Free Abdomen**

Trace free fluid is observed.

**Other**

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

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The pancreatic changes are consistent with mild pancreatitis, with adjacent peritonitis.
- Splenic mass with smaller nodules. These lesions are concerning for a neoplastic process (i.e., sarcoma, round cell tumor, other). However, a benign process cannot be completely excluded.

**Secondary Findings**

- Mild bilateral age-related renal changes with trace pyelectasia. The pyelectasia may be secondary to age-related parenchymal remodeling, pyelonephritis, PU/PD (if applicable) or some combination thereof.
- Minor geriatric hepatic changes



**PATIENT**

Bailey Luongo

**SPECIES**

Canine

**BREED**

Australian Cattle Dog

**SEX**

Male Neutered

**AGE**

01/29/2014

**WEIGHT**

58.5 lb

**INTERPRETED BY**

Andrea Nicastrò DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

**IMAGING PERFORMED BY**

Andrea Nicastrò DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

**HOSPITAL NAME**

VC of Myrtle Beach

**REFERRING VET**

Dr Rebecca Rodger

**INVOICE**

22480

**DATE**

1-30-26

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Regarding the splenic lesions, consider the following:
  - Three-view thoracic radiographs are recommended to assess for pulmonary metastases
  - Fine-needle aspiration of the larger mass (assuming normal clotting status). A 25-gauge needle should be used. If the cytology results are inconclusive, a splenectomy with submission of the spleen for histopathology may be necessary to get a definitive diagnosis.
- Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma.





**PATIENT**

Bailey Luongo

**SPECIES**

Canine

**BREED**

Australian Cattle Dog

**SEX**

Male Neutered

**AGE**

01/29/2014

**WEIGHT**

58.5 lb

**INTERPRETED BY**

Andrea Nicastrò DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

**IMAGING PERFORMED BY**

Andrea Nicastrò DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

**HOSPITAL NAME**

VC of Myrtle Beach

**REFERRING VET**

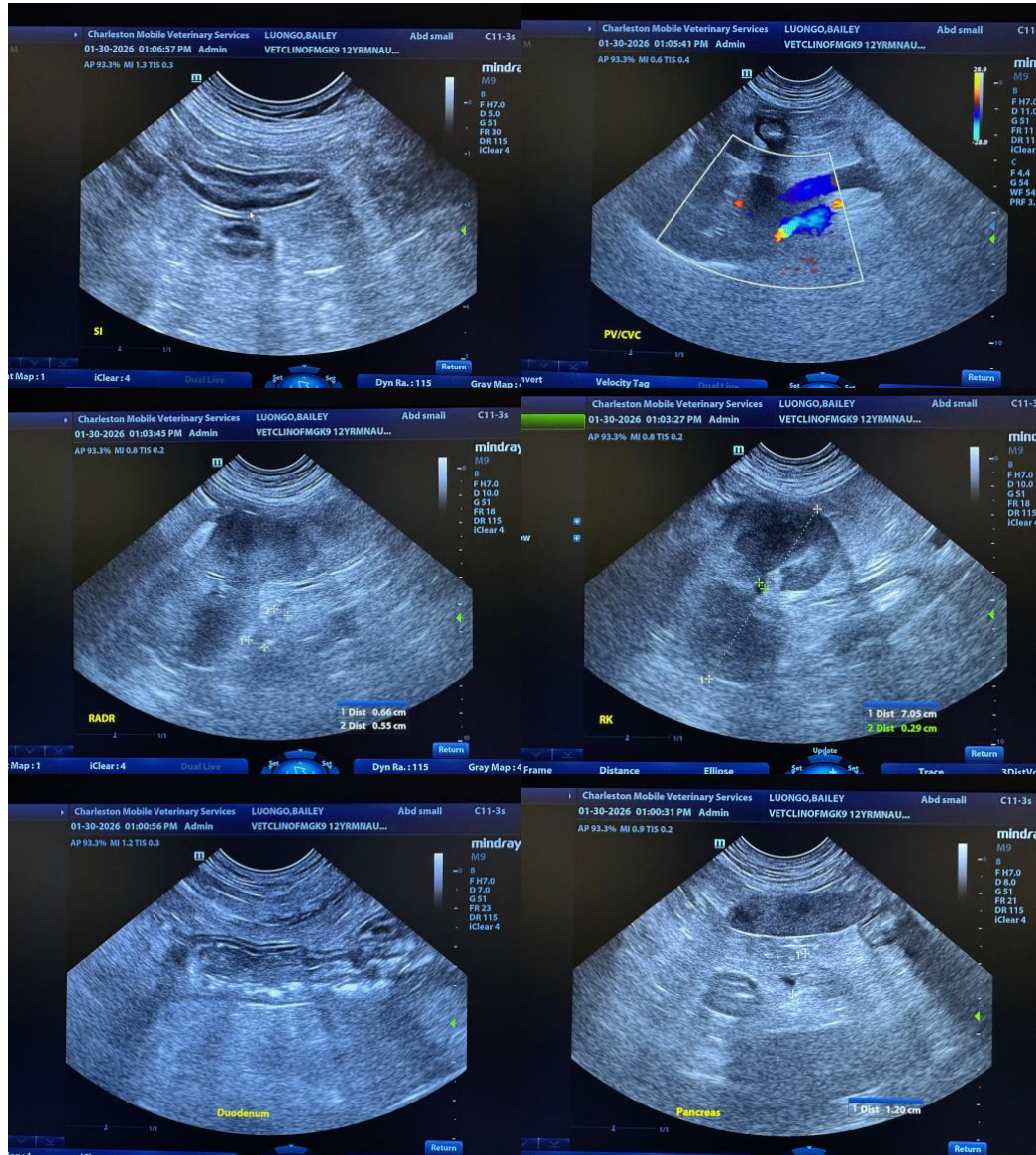
Dr Rebecca Rodger

**INVOICE**

22480

**DATE**

1-30-26





**PATIENT**

Bailey Luongo

**SPECIES**

Canine

**BREED**

Australian Cattle Dog

**SEX**

Male Neutered

**AGE**

01/29/2014

**WEIGHT**

58.5 lb

**INTERPRETED BY**

Andrea Nicastrò DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

**IMAGING PERFORMED BY**

Andrea Nicastrò DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

**HOSPITAL NAME**

VC of Myrtle Beach

**REFERRING VET**

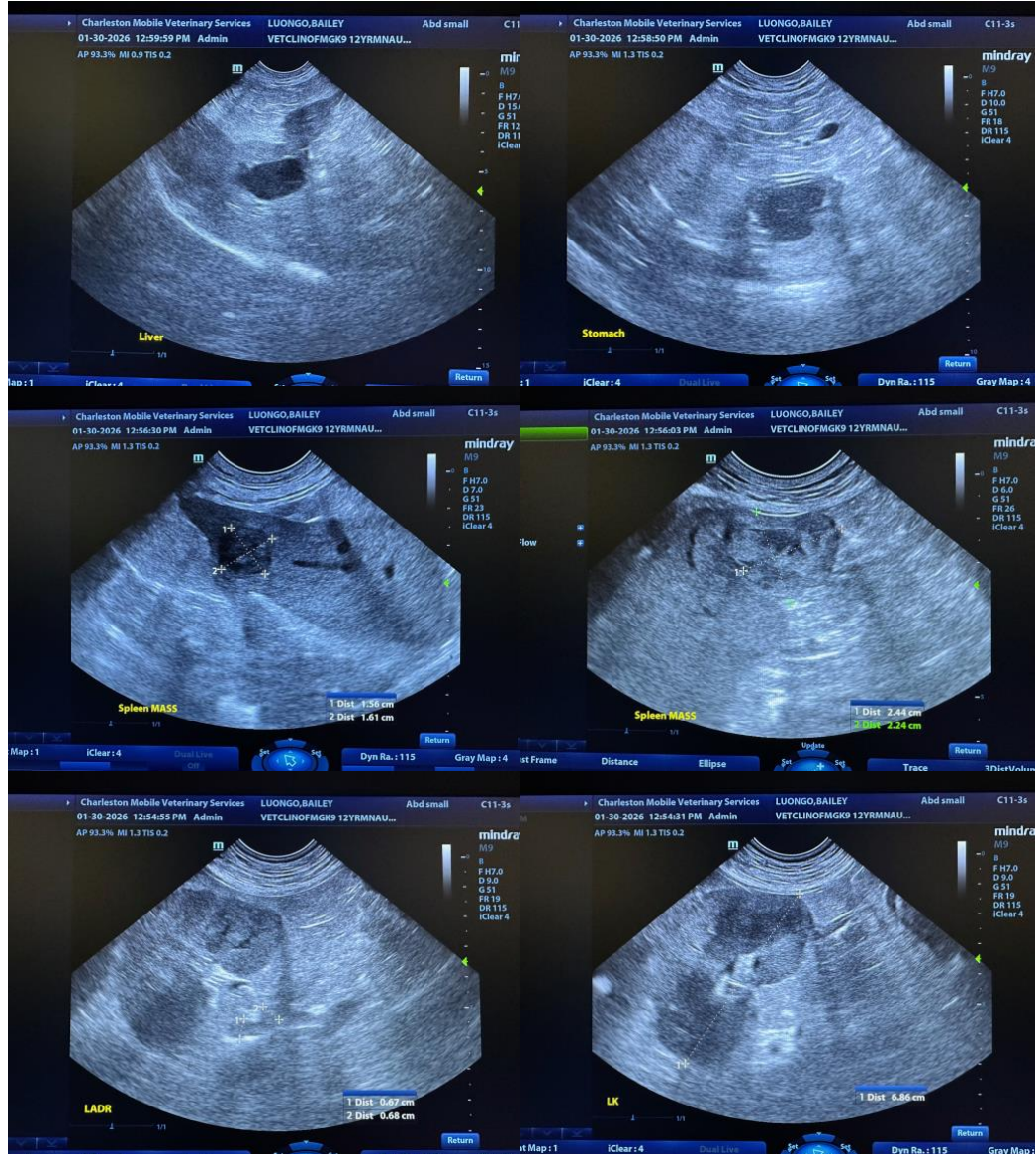
Dr Rebecca Rodger

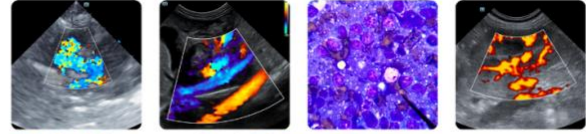
**INVOICE**

22480

**DATE**

1-30-26





**PATIENT**

Bailey Luongo

**SPECIES**

Canine

**BREED**

Australian Cattle Dog

**SEX**

Male Neutered

**AGE**

01/29/2014

**WEIGHT**

58.5 lb

**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**

VC of Myrtle Beach

**REFERRING VET**

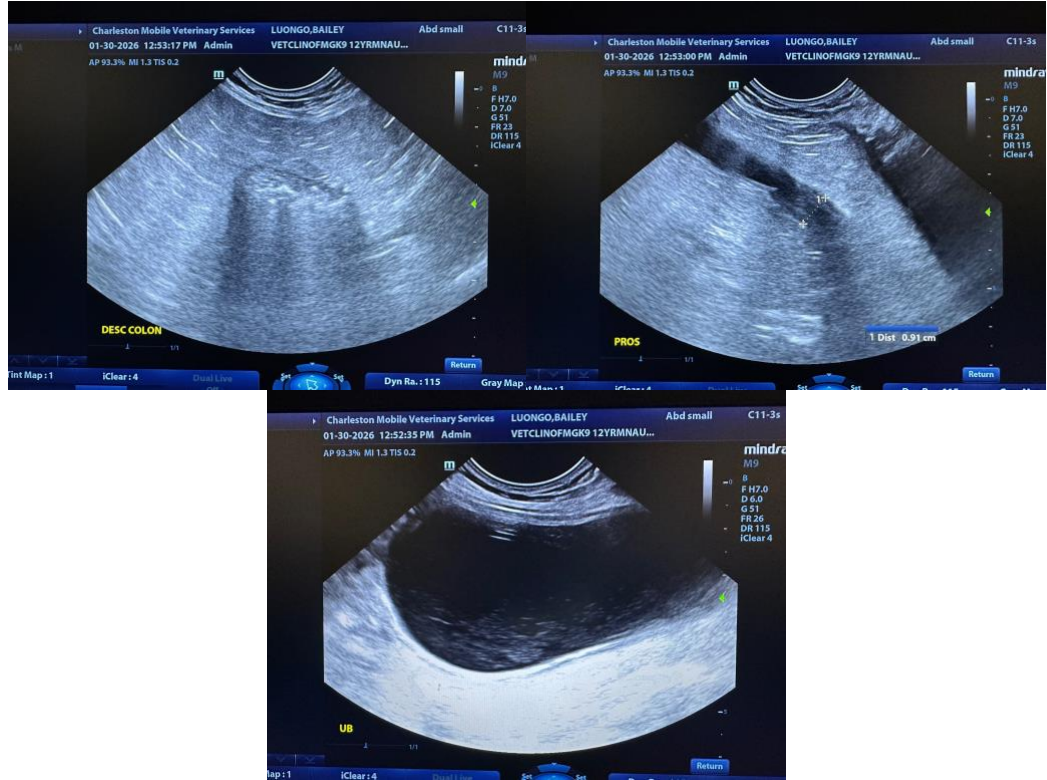
Dr Rebecca Rodger

**INVOICE**

22480

**DATE**

1-30-26



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](mailto:info@SonoPath.com)