



**PATIENT**

Willie Franette

**PRESENTING CLINICAL SIGNS**

History: Suspicious of cranial mass in abdomen. Currently on Zentoniil.

**SPECIES**

Canine

**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.

**BREED**

Labrador Retriever

The prostate is normal in size (1.28 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**SEX**

Neutered Male

The left kidney presented normal size (6.18 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.

**AGE**

11 Years

The right kidney presented normal size (7.00 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.

**WEIGHT**

48 kg

**Adrenal Glands**

The left adrenal gland is normal size (0.63 cm at cranial pole) (0.62 cm at caudal pole) (2.44 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.

**INTERPRETED BY**

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

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

**IMAGING**

**PERFORMED BY**

Crystal Hill

**Spleen**

A >6cm irregular lobulated heterogenous cavitated mass appears to be arising from the caudal aspect. The mesentery effacing the serosal surface is slightly hyperechoic. In the remainder of the spleen, the peripheral margins are curvilinear. The parenchyma is subtly mottled in appearance. Splenic vasculature is normal with no evidence of thrombosis.

**HOSPITAL NAME**

Queensway AH

**Liver**

The liver is subjectively normal in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

**REFERRING VET**

Dr. Fagervik

**INVOICE**

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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.

**DATE**

1/6/22



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**Gastrointestinal**

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The gastric lumen is mildly distended with ingesta. 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.

**SPECIES**

Canine

**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.

**BREED**

Labrador Retriever

**Free Abdomen**

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

**SEX**

Neutered Male

**Other**

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

**AGE**

11 Years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

48 kg

**Primary Findings**

- Mid-abdominal mass, thought to be of splenic origin. Neoplasia (i.e., sarcoma) is suspected, with a lower possibility of benign pathology. Regional peritonitis is present.
- The hepatic parenchymal changes are non-specific and could be associated with benign age-related change (i.e., remodeling, regenerative nodular hyperplasia). Alternatively, metastatic, or inflammatory disease cannot be completely excluded.

**INTERPRETED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Baseline lab work, including a CBC chemistry panel, urinalysis, and T4 is recommended, if not already performed.
- If there is no evidence of pulmonary metastatic disease, and the dog is stable metabolically, consider an abdominal exploratory with splenectomy and submission of the spleen/mass for histopathology. A liver biopsy is also recommended at the time of surgery.

**IMAGING PERFORMED BY**

Crystal Hill

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**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Neutered Male

**AGE**

11 Years

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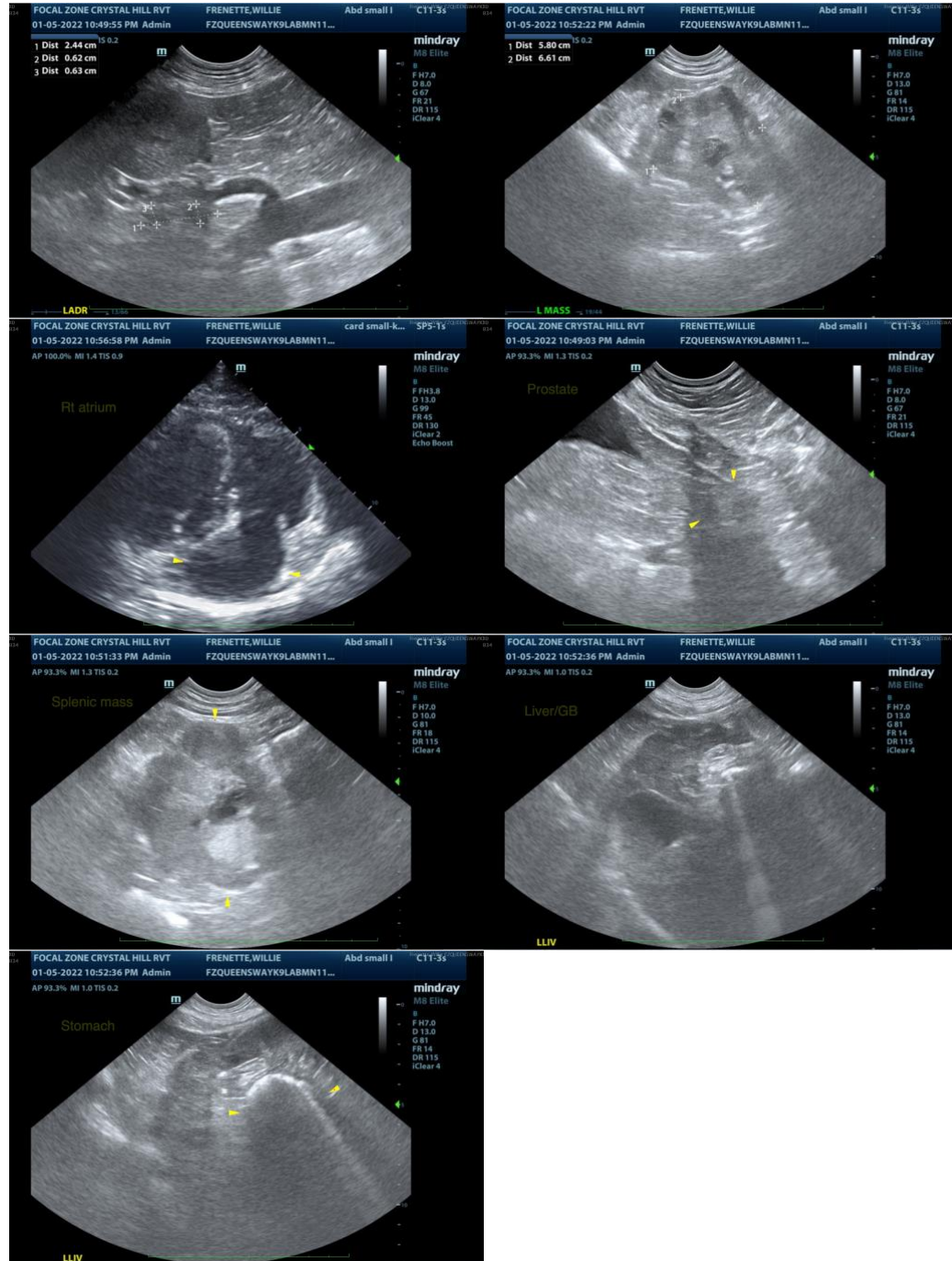
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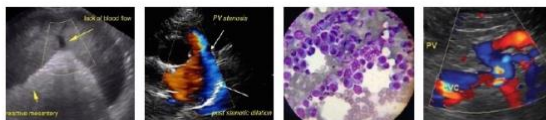
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



**PATIENT**

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

Willie Franette

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Labrador Retriever

**SEX**

Neutered Male

**AGE**

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1/16/22