



**PATIENT**

Jezebel Davister

**SPECIES**

Canine

**BREED**

Vizsla

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

43.4 Pounds

**INTERPRETED BY**

Andrea Nicastro, DMV,  
Diplomate DACVIM  
(Small Animal  
Internal Medicine)

**IMAGING PERFORMED BY**

Emily Messner

**HOSPITAL NAME**

Total Bond VH Bethel

**REFERRING VET**

Emily Messner

**INVOICE**

14063

**DATE**

10/29/21

**PRESENTING CLINICAL SIGNS**

History: Presented for decreased appetite and vomiting. Patient has been on carprofen long term for osteoarthritis. On physical exam, large palpable mid abdominal mass. FAST scan showed heterogeneous splenic mass with scant free fluid. Chest x-rays unremarkable. Blood work shows anemia and elevated liver enzymes.

Abnormal PE/Chem/CBC/UA Results: ALT 137 H (12-118), ALP 386 H (5-131), TBil 0.5 (0.1-0.3) HCT 25 L (36-60), WBC 21 H (4.0-15.5) Fecal nps See attached

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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

The left kidney presented normal size (6.14 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present (0.19 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydronephrosis.

The right kidney presented normal size (6.86 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The cranial pole of the left adrenal gland is visualized and is normal in size (0.66 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature is normal.

The region of the right adrenal gland is evaluated, and no obvious pathology is observed.

**Spleen**

The spleen is enlarged with irregular peripheral contours. A >10.0 cm heterogeneous cavitated mass is arising from the parenchyma. The mesentery surrounding the mass is hyperechoic. In the remainder of the spleen, the parenchyma is slightly mottled in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

**Liver**

The liver is subjectively enlarged with swollen irregular peripheral contours. A 5.66 cm x 5.16 cm heterogeneous mass is observed on the left. In addition, a 4.23 cm x 4.08 cm hypoechoic to heterogeneous mass is observed deep on the right side. Hepatic vascular and intrahepatic biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

**Gastrointestinal**



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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal (xxx cm) 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**

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

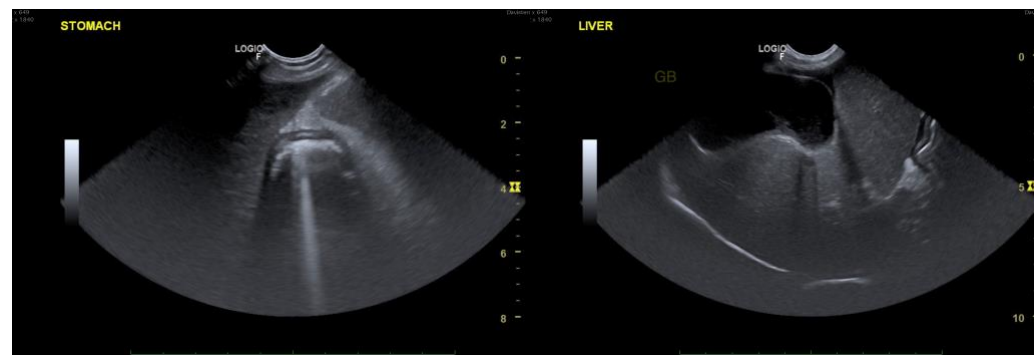
- Splenic and hepatic masses. Multifocal or metastatic neoplasia (i.e., round cell tumor, sarcoma, carcinoma) is suspected with a low possibility of benign pathology. Peritonitis is present adjacent to the spleen.

**Secondary Findings**

- Minor age-related renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine needle aspirates of the hepatic and splenic masses can be considered if clotting status is appropriate. A 25-gauge needle should be used. Care should be taken to avoid the cavitated regions within the splenic mass. However, given the likelihood of multifocal neoplasia, the prognosis for this patient is considered guarded and palliative care is recommended.





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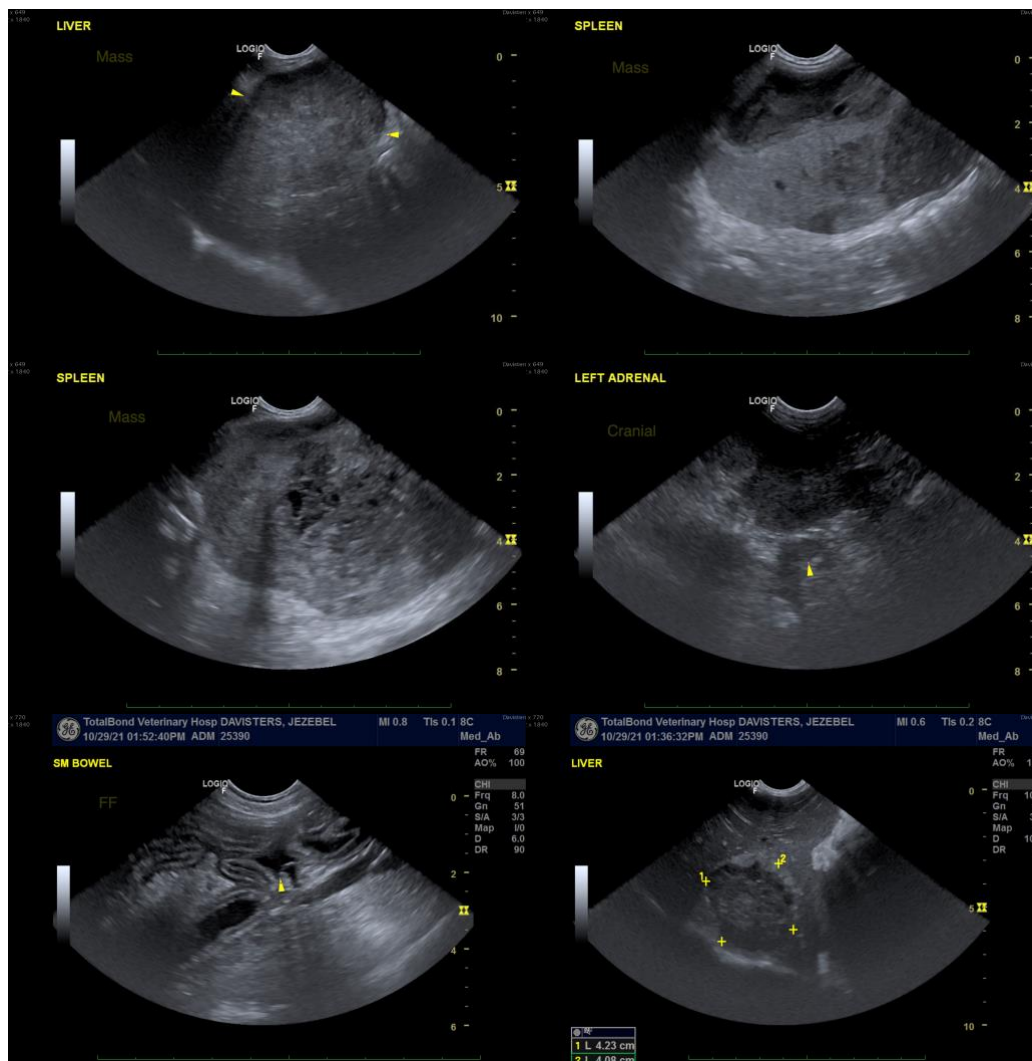
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Andrea Nicastro**, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
info@SonoPath.com