



PATIENT

Duke Dixon

PRESENTING CLINICAL SIGNS

History: Weight loss, palpable softball size mass in central abdomen
Abnormal PE/Chem/CBC/UA Results: Mass on rads Abdominal tap was blood

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

German shepherd

The urinary bladder wall is 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 2-3 cm, are normal.

SEX

Male, neutered

The prostate is mildly enlarged (1.81 cm in width) with smooth curvilinear peripheral contours and homogeneous parenchyma. No focal lesions are observed. The prostatic urethra is not overtly dilated.

AGE

9 Yrs.

The left kidney is normal size (6.75 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 hydroureter.

WEIGHT

68 lbs.

The right kidney is normal size (8.47 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 hydroureter.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland is normal size (0.54 cm at cranial pole) (0.61 cm at caudal pole) (3.59 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.

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

IMAGING PERFORMED BY

Sarah Pender

Spleen

The spleen is enlarged (1.18 cm in width at the level of the hilus) with irregular peripheral contours. A >11 cm heterogeneous cavitated mass is arising from the parenchyma. In the remainder of the spleen, the parenchyma is slightly mottled in appearance. Splenic vasculature is normal with no evidence of thrombosis.

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SVS Imaging QC

Liver

The liver is prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gallbladder 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.

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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 segmentally dilated

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with chyme. 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 disease is noted.

SPECIES

Canine

Pancreas

A portion of the pancreas is obscured by the large splenic mass. In the region of the right limb, the pancreas is normal to prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. See *Free Abdomen*.

BREED

German shepherd

Free Abdomen

SEX

Male, neutered

Several irregular heterogeneous nodules are observed cranial to the liver (adhering to the diaphragm). In addition, at least 2 irregular heterogeneous masses are observed just caudal to the stomach, the largest measuring 3.12 cm. A few mesenteric nodules are also suspected in the mid to caudal abdomen. The mesentery throughout the abdomen is otherwise hyperechoic. A moderate amount of free fluid is present.

AGE

9 Yrs.

Lymph Nodes

See *Free Abdomen*.

WEIGHT

68 lbs.

Other

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Large splenic mass with suspected metastases within the mesentery and on the diaphragm. The masses caudal to the stomach may be arising from mesentery, lymph node, pancreas, other. Metastatic hemangiosarcoma is the top differential.
- The ascites may be secondary to hemorrhage and/or neoplastic effusion.

Secondary Findings:

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- The mild prostatomegaly could be consistent with emerging neoplasia, late in life neutering (if applicable) or a normal variation.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs can be considered to assess for pulmonary metastatic disease.

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- Given the likelihood of metastatic disease within the abdomen, palliative care (i.e. Yunnan Baiyao, symptomatic treatment) is recommended in lieu of aggressive treatment (i.e., surgery).

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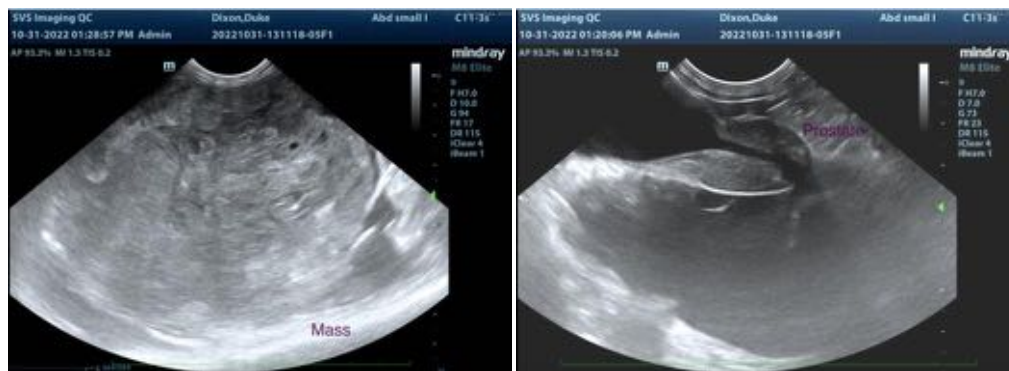
Dr. Joy

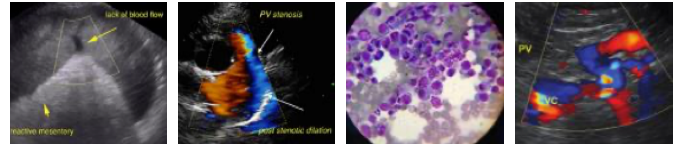
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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