



PATIENT

Maverick Catalina

SPECIES

Canine

BREED

Golden Retriever

SEX

Male

AGE

10 Yrs.

WEIGHT

87 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Keisha Smitley

HOSPITAL NAME

Geary VS

REFERRING VET

Dr. Geary

INVOICE

13332

DATE

11/11/25

PRESENTING CLINICAL SIGNS

History: Patient here today for collapse with possible seizure activity. Lasted 1-2 hours with agonal breathing. Abnormal PE/Chem/CBC/UA Results: Gums are pale, large firm abdomen. CBC - Patient is anemia - non-regenerative Normal PT and PTT clotting times. Hematocrit 25%, mild leukocytosis with a neutrophilia, platelets normal, chem panel WNL, total T4 0.7, 4DX negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is enlarged (3.48 cm in width) with smooth peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and heterogeneous in appearance with ill-defined cystic areas. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (8.19 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is subjectively normal in size with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of 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 (0.47 cm at cranial pole) (0.77 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 region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is enlarged with irregular peripheral contours. At least 2 expansile, heterogeneous cavitated masses are observed within the parenchyma, the largest measuring >7 cm. The mesentery surrounding the spleen is hyperechoic. Ill-defined tissue is observed adjacent to the lateral aspect of the spleen.

Liver

The liver is prominent in size with relatively smooth peripheral contours. The parenchyma is isoechoic to hyperechoic relative to the spleen and diffusely heterogeneous and mottled in appearance with several ill-defined hypoechoic nodules throughout the organ. 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.

Gastrointestinal



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The gastric lumen is not distended. 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. There is no evidence of an obstructive pattern.

Pancreas

A portion of the pancreas is obscured by the splenic pathology. In the visualized portion, no obvious abnormalities are seen.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

The mesentery surrounding the spleen is hyperechoic. A moderate amount of mildly echogenic free fluid is present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Splenic masses. Neoplasia (i.e., hemangiosarcoma, round cell tumor, other) is strongly suspected with a low possibility of a non-neoplastic process. The ill-defined tissue adjacent to the lateral aspect of the spleen is thought to represent a thrombus. Adjacent peritonitis is present.
- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.
- Diffuse peritonitis, likely secondary to splenic pathology. The free fluid may be resulting from hemorrhage, increased hydrostatic pressure, low-oncotic pressure, increased vascular permeability, other.

Secondary Findings:

- Bilateral nonspecific age-related renal changes
- The prostate changes are most consistent with cystic benign prostatic hyperplasia with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Consider fine needle aspiration of the abdominal fluid to assess for hemoabdomen.
3. If there is no evidence of pulmonary metastatic disease, consider a splenectomy with submission of the spleen for histopathology. Liver biopsies should also be obtained at the time of surgery to evaluate for metastasis.



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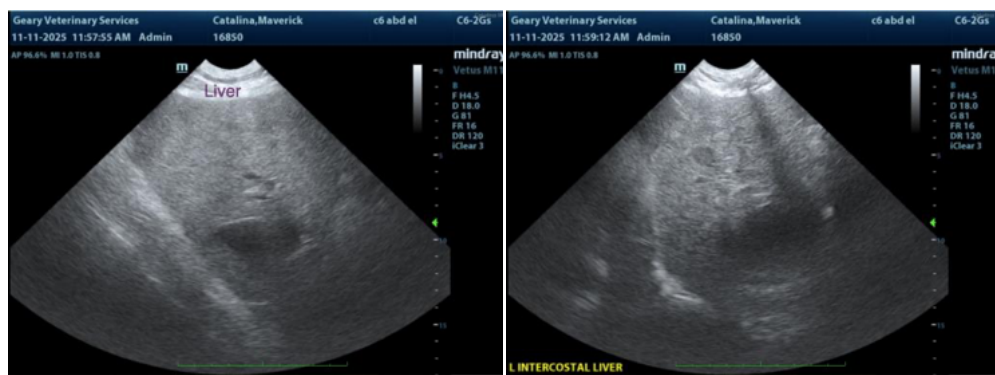
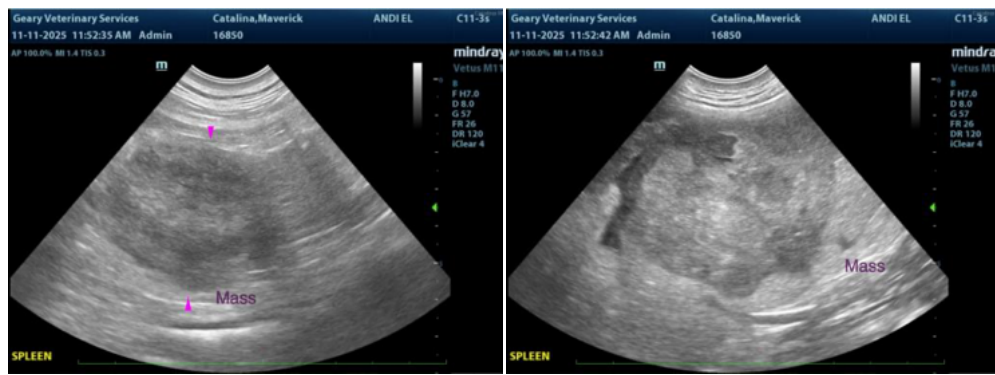
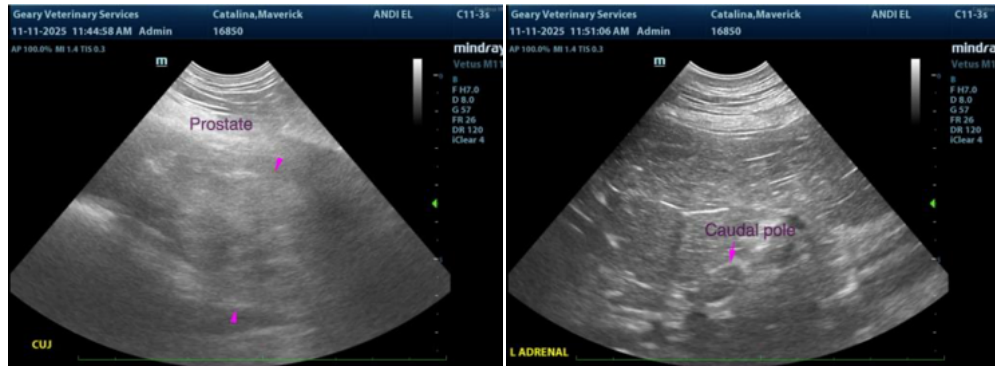
Dr. Geary

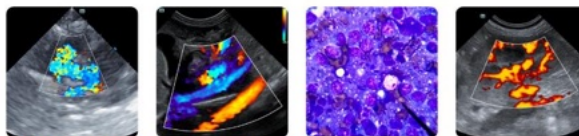
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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