

PATIENT PRESENTING CLINICAL SIGNS

Luna Still Clinical Exam Findings: Presented for increasing lethargy, inappetence and soft stools 3/6 heart murmur heard both sides of the chest Abdominal palpation revealed large mass affected mid cranial abdomen

SPECIES

Abnormal lab-work values: ALP 195, ALT 438, BUN 29.9 PLT 50, normal on blood film cPLI was normal at
Canine Current Medications Denamarin SID
 Radiographic Findings Two Mass affects seen around the spleen and liver

BREED

Tibetan Terrier

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Female Spayed

Urinary System

The urinary bladder wall is normal in thickness. 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 visible portion of the proximal urethra are normal.

AGE

12

The left kidney is normal in size (4.92 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. At least one, small, cortical cyst is seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

21.8 lbs

The right kidney is normal in size (5.69 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

Adrenal Glands

The left adrenal gland is normal in size (0.38 cm at cranial pole) (0.45 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.

IMAGING PERFORMED BY

Sara Hansen

The right adrenal gland is normal in size (1.10 cm at cranial pole) (0.33 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.

HOSPITAL NAME

The Vet Hospital

Spleen

The spleen is enlarged with irregular peripheral contours. A >8.8 cm heterogenous, expansile, lobulated, cavitated mass is arising from the medial aspect. Surrounding mesentery is hyperechoic. In the remainder of the spleen, the margins are curvilinear, and the parenchyma is homogenous. Splenic vasculature is normal with no evidence of thrombosis.

REFERRING VET

Dr Shelton

Liver

The liver is normal to prominent-in-size. The parenchyma is isoechoic relative to the spleen. A 1.5 cm hypoechoic-to-heterogenous nodule is observed at the caudal aspect. The remaining parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

INVOICE

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DATE

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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 not distended. The gastric wall and pylorus are normal in thickness with a normal



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layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness 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.

SPECIES

Canine

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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Lymph Nodes

The abdominal lymph nodes are normal/not visible.

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Free Abdomen

The mesentery surrounding the spleen is hyperechoic. Trace free fluid is observed.

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Other

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

ULTRASONOGRAPHIC FINDINGS

WEIGHT

21.8 lbs

Primary Findings

- Large splenic mass. Neoplasia (i.e., hemangiosarcoma, hemangioma) is suspected, with a lower possibility of a non-neoplastic process. Adjacent peritonitis is present.
- The hepatic nodule is concerning for a metastatic lesion. Other considerations include emerging primary hepatic tumor, inflammatory focus/granuloma, regenerative nodule, other. The diffuse hepatic parenchymal changes could be consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic), inflammatory disease, hepatotoxicosis (i.e., copper), and/or other hepatopathy.

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Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Bilateral, nonspecific, age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases. Depending on thoracic radiograph and splenic cytology results, an abdominal exploratory with splenectomy and submission of the spleen for histopathology can be considered. The liver nodule should also be submitted for histopathology to assess for metastatic disease.

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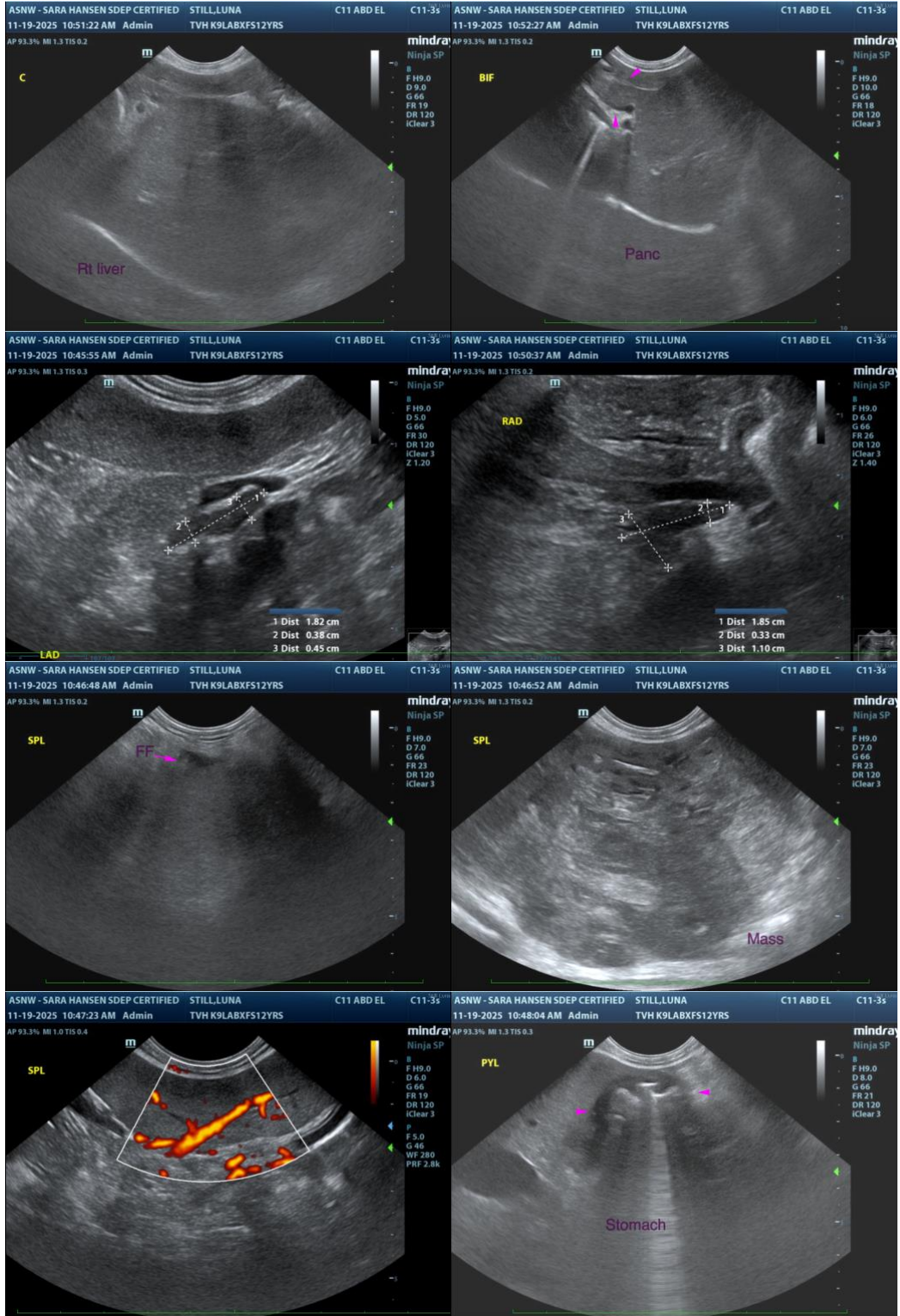
Dr Shelton

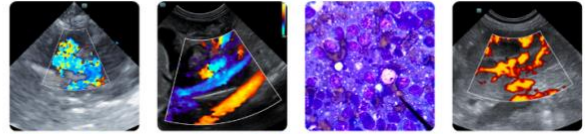
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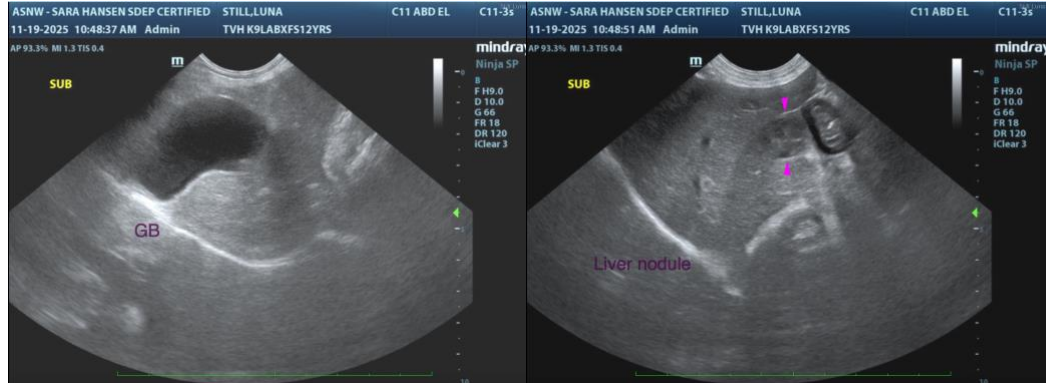
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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