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FOSTERING THE ART OF VETERINARY MEDICINE™

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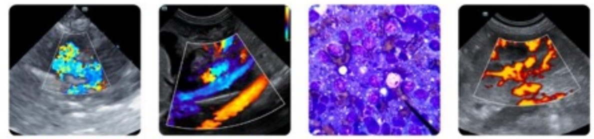


Clinical Sonography & Telecytology

Educational Teleconsultation Services™

PATIENT

Baxter Burger

SPECIES

Canine

BREED

English Bulldog mix

SEX

Male, neutered

AGE

11 Yrs. 2 months

WEIGHT

57.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Carissa

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Redus

INVOICE

13302

DATE

11/3/25

PRESENTING CLINICAL SIGNS

History: -He has been really picky what he wants to eat all of a sudden. -They have been eating a stew canned food mixed with dry kibble. -Last week he didn't want to eat his food at all. -Holly did cook some boiled rice and chicken and he did eat that until he didn't want that anymore. -Alex got home last Wed and fed him some tilapia and he would only eat it out of his hand. -When he wouldn't eat is when he would start to throw up. -Holly talked to others that had his siblings, and they have all passed with some sort of cancer. Abnormal PE/Chem/CBC/UA Results: PE: Weight: 57.2 lbs, down from 73 lbs in March Nose/Throat: Crusting and fissure noted right nostril Oral Cavity: Dental disease grade 2 with moderate tartar and gingivitis Circulatory System: Heart sounds muffled on the right side Abdomen: Distended in the cranial abdomen with suspected mass palpated Coat/Skin: Skin tag on caudal aspect of left elbow; various subcutaneous masses of different locations Musculoskeletal: Loss of muscle mass along spine and hind limbs; Muscle condition score 2/3 - moderate loss

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface in the region of the apex is slightly irregular. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (6.47 cm in length) with a normal shape, architecture and 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 hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.35 cm in length) with a normal shape, architecture and 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The caudal pole of the left adrenal gland is visualized and is enlarged (0.91 cm in width) with swollen peripheral contours. The glandular echogenicity and detail are unremarkable. Surrounding vasculature appears normal.

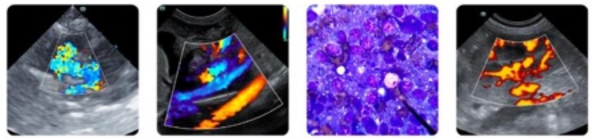
The right adrenal gland is not definitively visualized in the available images.

Spleen

A >10 cm heterogeneous, cavitated, expansile, vascular mass is arising from the splenic parenchyma. The mesentery surrounding the mass is hyperechoic and nodular in appearance. In the remainder of the spleen, the margins are curvilinear. Several smaller hypoechoic to anechoic nodules are observed within the parenchyma. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

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



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The gall bladder lumen is moderately distended. The wall is thin and smooth. A small polypoid like lesion is arising from the mucosal surface. A small amount of mostly gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
In the visualized portion of the stomach, the lumen appears empty and the wall appears normal in thickness. The visible small intestinal segments are empty. The walls are 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 obvious evidence of an obstructive pattern.

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.

Lymph nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
The mesentery throughout the abdomen is hyperechoic and nodular in appearance with a few ill-defined hypoechoic nodules seen. A moderate amount of free fluid is present.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Cavitated splenic mass. Neoplasia (i.e., hemangiosarcoma, hemangioma) is suspected with a low possibility of a non-neoplastic process. The smaller hypoechoic to anechoic nodules within the parenchyma may represent metastatic lesions or benign foci (i.e., areas of necrosis, lymphoid hyperplasia, other).
- The diffuse mesenteric changes are most consistent with peritonitis, likely sterile. The hypoechoic nodules within the mesentery may represent metastatic disease or reactive change.
- The hepatic parenchymal changes are non-specific and could be secondary to age-related parenchymal remodeling, metastatic disease, inflammatory disease, hepatotoxicosis (i.e., copper) and/or other hepatopathy.

Secondary Findings:

- Mild left adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. If there is no evidence of pulmonary metastatic disease, consider a splenectomy with submission of the spleen for histopathology. If surgery is pursued, liver and mesenteric biopsies should also be obtained to assess for metastases. In the meantime, palliative care (i.e., Yunnan Baiyao) is recommended along with baseline lab work including a CBC chemistry panel, urinalysis and T4 if not already performed.

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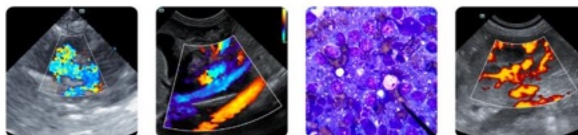

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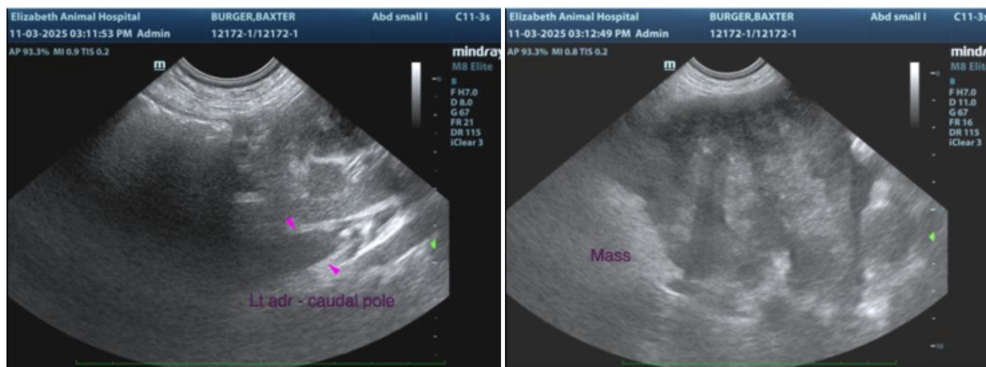

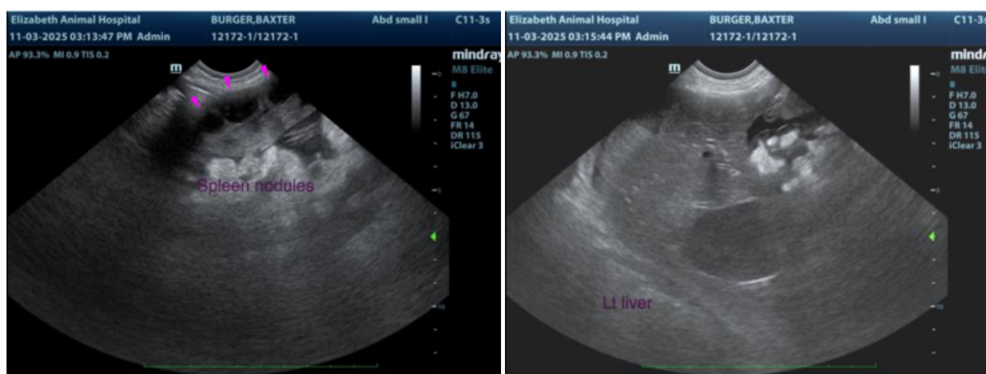

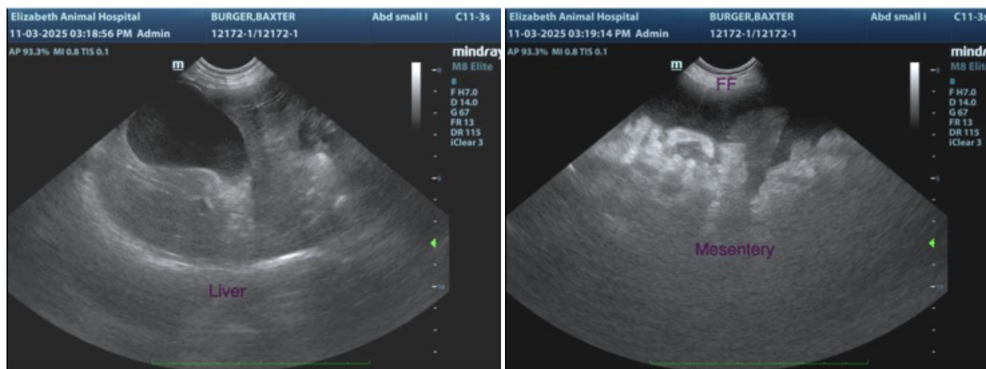

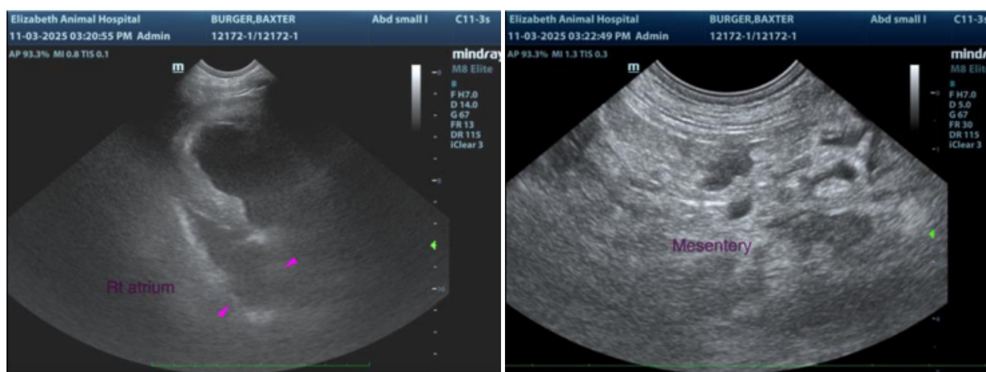

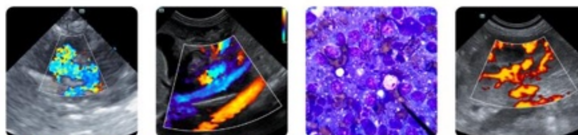

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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