

PATIENT

Wagner Guanzon

SPECIES

Canine

BREED

Fox Terrier

SEX

Male Intact

AGE

July 23, 2014

WEIGHT

9.9 lbs

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

VCA Westbury AH

REFERRING VET

Dr Gerbec

INVOICE

22220

DATE

11-6-25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Presents for loss of appetite, lethargy, vomiting bile, intermittent diarrhea, weight loss, easily irritable
Previous elevations in ALP, ALT, GGT in 2023, reduced to normal values with Denamarin and Ursodiol Labwork yesterday after 10 days of being off Denamarin/Ursodiol elevated again
Concern for symptomatic gallbladder mucocele

Abnormal lab-work values: Glob 3.9. ALT 158. ALP 630. GGT 18. Absolute neuts 20,500. Monocytes 1470.
Current Medications: Denamarin 90 mg SID, Ursodiol 62.5 mg SID, Onsasetron 2 mg q8h, Meloxicam 0.1 mg/kg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is enlarged (2.74 cm in width) with relatively smooth peripheral contours. Parenchyma is slightly hyperechoic relative to surrounding omental fat, and subtly heterogenous in appearance. No focal lesions are observed. The pancreatic duct is not overtly dilated.

The left kidney is normal to prominent in size (5.10 cm in length) with smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with moderate 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 (5.62 cm in length) with smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. At least two-to-three hypoechoic nodules are observed within the cortex (one measuring 0.88 cm in its longest dimension). There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.36 cm at cranial pole) (0.37 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.

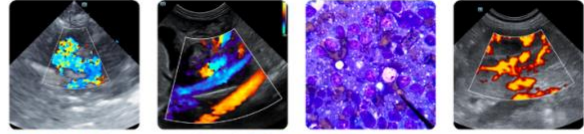
The right adrenal gland is normal in size (0.61 cm at cranial pole) (0.40 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is severely enlarged with irregular peripheral contours and one-to-two ill-defined masses (the largest measuring >6.0 cm). The remaining parenchyma is heterogenous, with ill-defined hyperechoic areas. Surrounding mesentery is hyperechoic. Splenic vasculature appears normal with no obvious evidence of thrombosis.

Liver

The liver is subjectively prominent-in-size. Multiple, varying-sized hypoechoic-to-heterogenous nodules/masses are observed throughout the organ (one of the largest measuring 3.2 cm in its longest dimension). Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.



PATIENT

Wagner Guanzon

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. At least one, small, polypoid-like lesion is arising from the mucosal surface. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

SPECIES

Canine

Gastrointestinal

The gastric lumen is mildly distended with fluid and 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 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 ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

BREED

Fox Terrier

SEX

Male Intact

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.

AGE

July 23, 2014

Lymph Nodes

A 2.3 x 1.5 cm hypoechoic to heterogenous lymph node is observed in the left- cranial abdomen. One-to-two prominent periportal lymph nodes are visualized (one measuring 1.9 x 0.7 cm).

WEIGHT

9.9 lbs

Free Abdomen

The mesentery throughout the abdomen is hyperechoic. Trace free fluid is observed.

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

Other

The testicles are subjectively normal in size and symmetrical with homogenous parenchyma.

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

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Multiple hepatic and splenic masses. Neoplasia (i.e., round cell tumor) is strongly suspected with a low possibility of a multifocal inflammatory process.
- The enlarged abdominal lymph nodes could be consistent with infiltrative neoplasia or reactive change.
- The hypoechoic nodules seen in the right kidney are concerning for metastatic lesions, with a lower possibility of an inflammatory process or other pathology.
- Peritonitis, likely secondary to hepatic and splenic pathology.

HOSPITAL NAME

VCA Westbury AH

REFERRING VET

Dr Gerbec

Secondary Findings

INVOICE

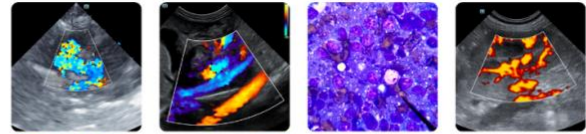
22220

- Bilateral nonspecific age-related renal changes

DATE

11-6-25

- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.



PATIENT

Wagner Guanzon

SPECIES

Canine

BREED

Fox Terrier

SEX

Male Intact

AGE

July 23, 2014

WEIGHT

9.9 lbs

INTERPRETED BY

Andrea Nicastrò DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastrò DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

HOSPITAL NAME

VCA Westbury AH

REFERRING VET

Dr Gerbec

INVOICE

22220

DATE

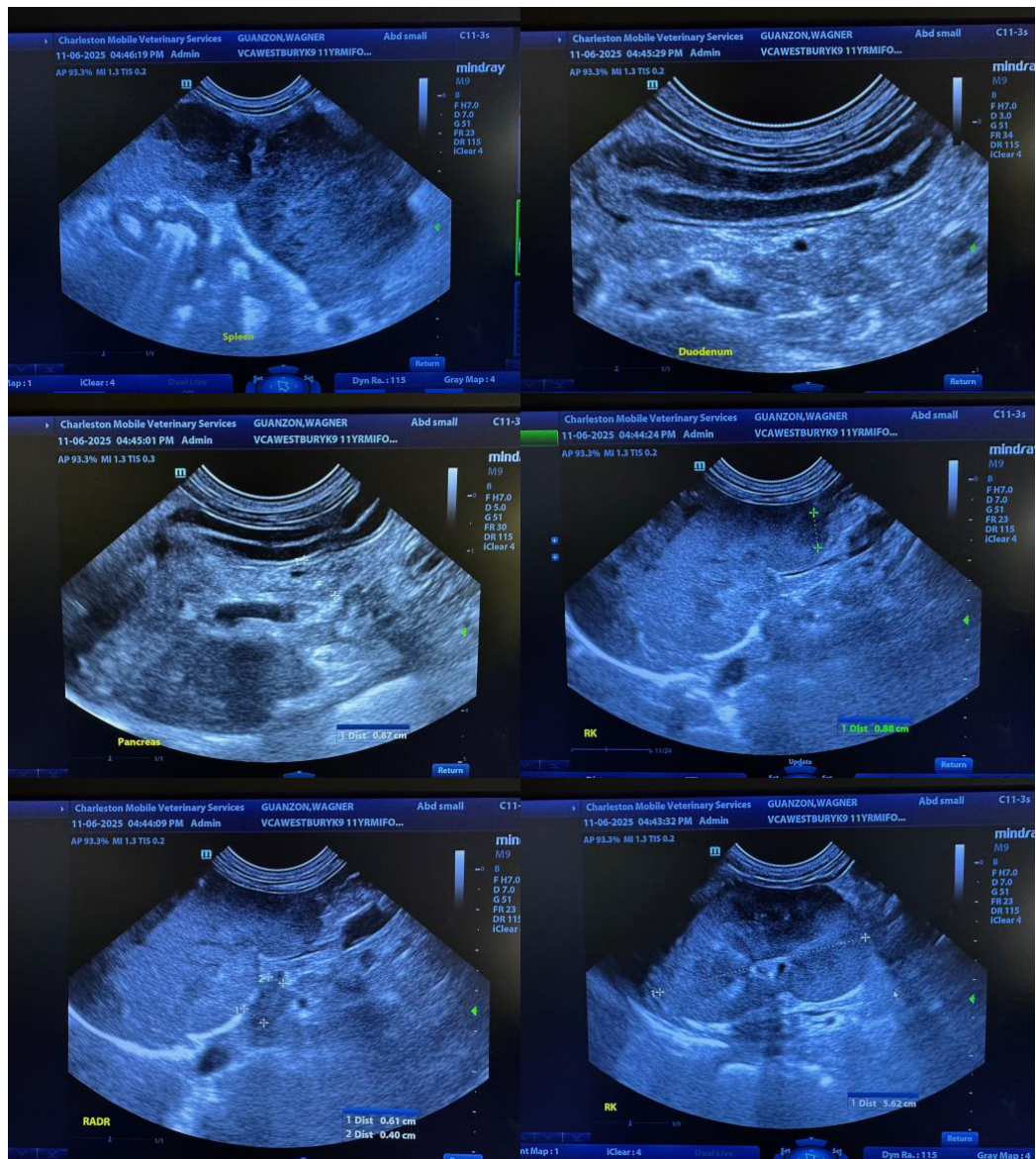
11-6-25

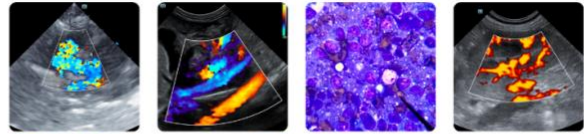
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

*Ultrasound-guided fine-needle aspiration of the spleen was performed at the end of this study without incident.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Depending on splenic cytology results, consultation with a board-certified oncologist may be indicated. In the meantime, symptomatic care is recommended.





PATIENT

Wagner Guanzon

SPECIES

Canine

BREED

Fox Terrier

SEX

Male Intact

AGE

July 23, 2014

WEIGHT

9.9 lbs

INTERPRETED BY

Andrea Nicastrò DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastrò DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

HOSPITAL NAME

VCA Westbury AH

REFERRING VET

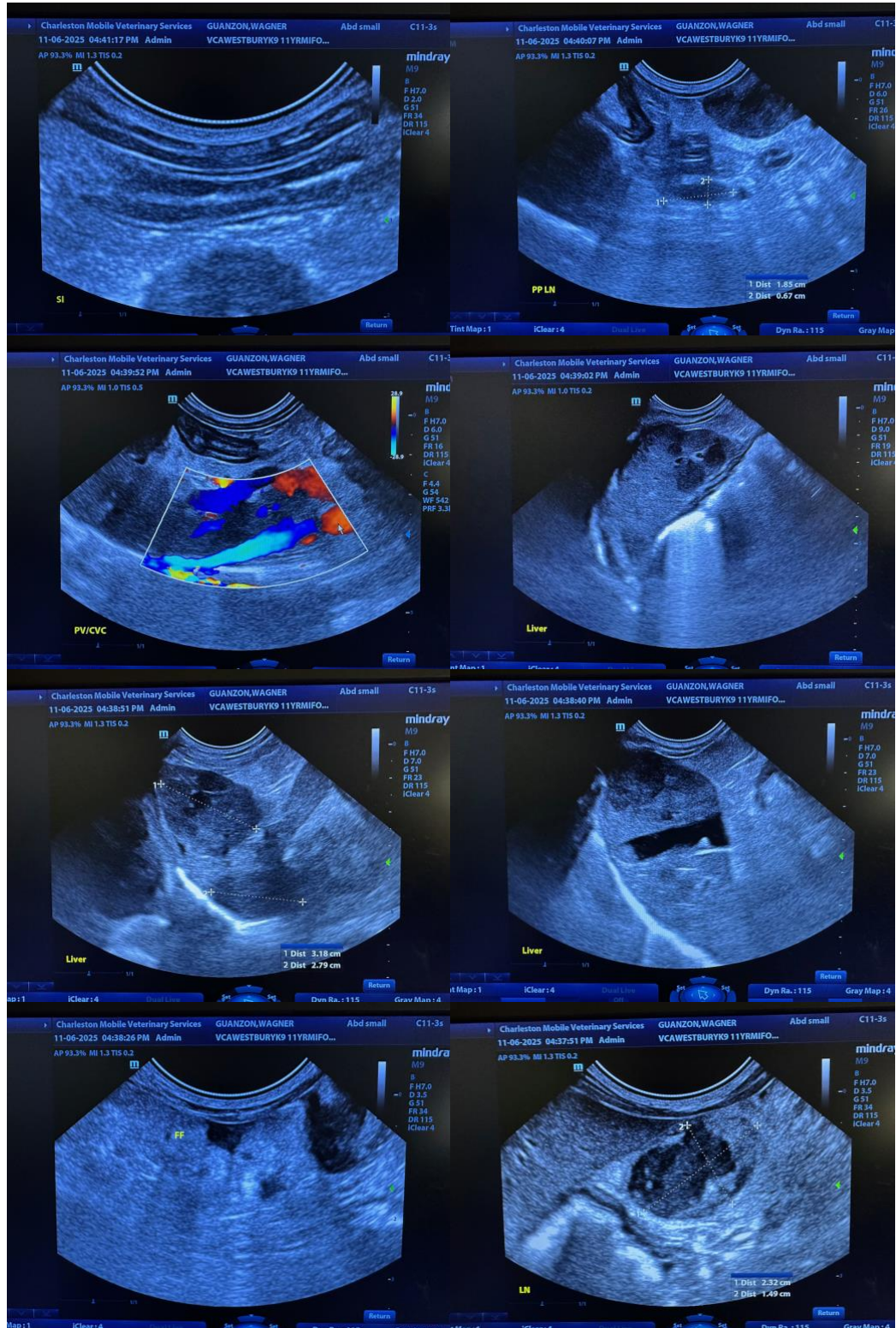
Dr Gerbec

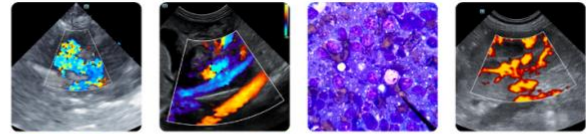
INVOICE

22220

DATE

11-6-25





PATIENT

Wagner Guanzon

SPECIES

Canine

BREED

Fox Terrier

SEX

Male Intact

AGE

July 23, 2014

WEIGHT

9.9 lbs

INTERPRETED BY

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

HOSPITAL NAME

VCA Westbury AH

REFERRING VET

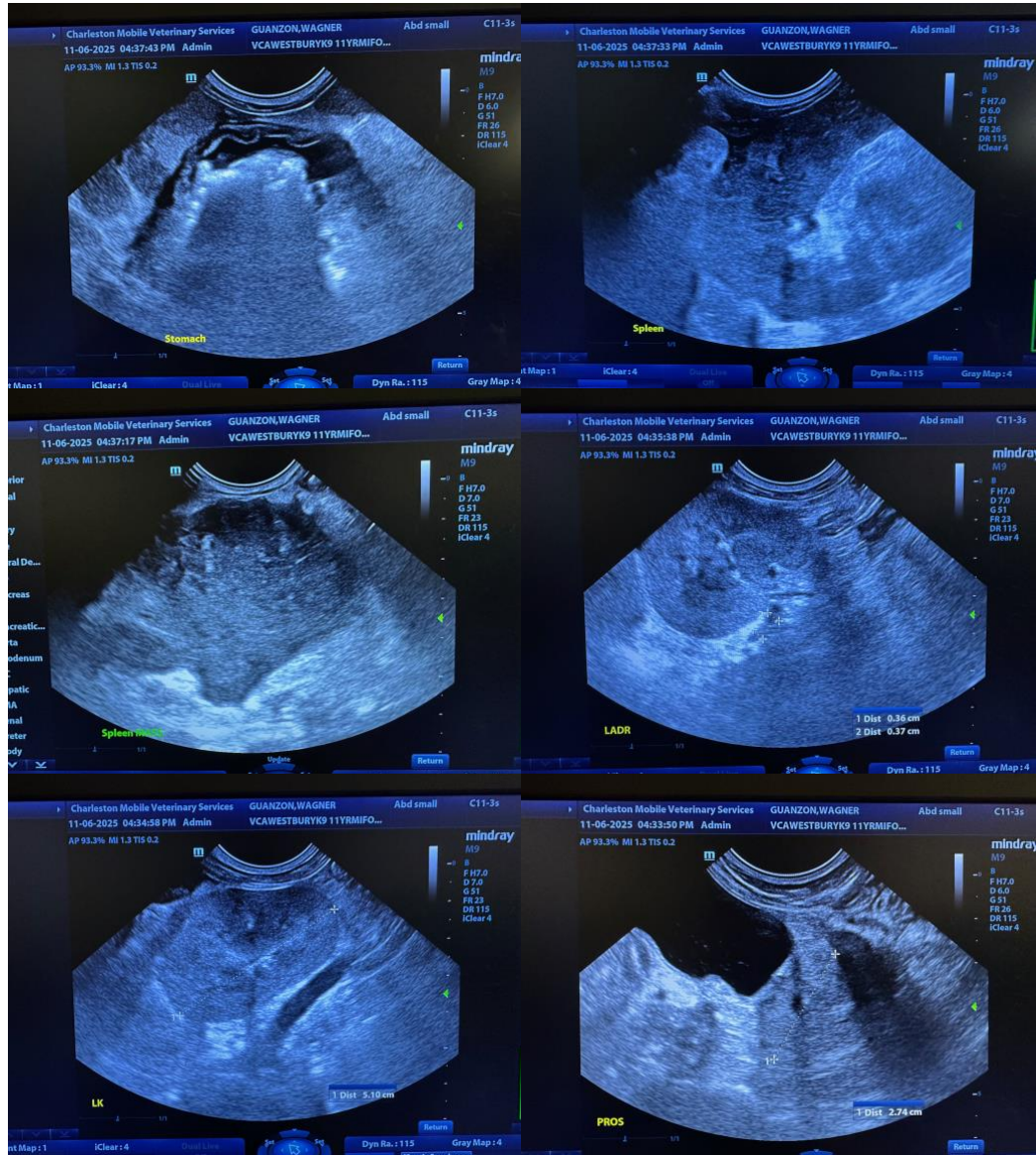
Dr Gerbec

INVOICE

22220

DATE

11-6-25



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