



PATIENT PRESENTING CLINICAL SIGNS

Duke Matkin
History: Patient was referred by rDVM for suspected liver mass. 9 lbs weight loss in last month. Regurgitating and uncomfortable for past 48 hours.

SPECIES

Canine

BREED

Rottweiler

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 anechoic. No cystic calculi are observed. The region of the trigone is normal.

SEX

The region of the prostate is not visualized due to its pelvic location.

Male

The left kidney is difficult to visualize clearly. It is subjectively normal-in-size. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no obvious evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Masses are observed adjacent to +/- arising from the left kidney.

AGE

6

The right kidney is normal in size (8.30 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

45

Adrenal Glands

The adrenal glands are not definitively visualized in the available images.

INTERPRETED BY

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

Spleen

The spleen is normal in size (1.96 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

IMAGING PERFORMED BY

Stephanie Hall, DVM

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

HOSPITAL NAME

Viking VH - ID Falls

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

REFERRING VET

Kasey Lucore

Gastrointestinal

The 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. Discrete masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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Pancreas

A region of the pancreas is largely obscured by the mass effect in the cranial to mid-abdomen. In the visualized portion no obvious abnormalities are seen

DATE

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Lymph Nodes

(See "Other" category).



PATIENT

Free Abdomen

Duke Matkin

There is no obvious evidence of free fluid.

SPECIES

Other

Canine

In the cranial- to mid-abdomen, a cluster of hypoechoic to heterogenous masses is visualized. The masses obscure visualization of the left kidney. Surrounding mesentery is hyperechoic.

BREED

Rottweiler

ULTRASONOGRAPHIC FINDINGS

Primary Findings

SEX

Male

Cluster of masses in the cranial- to mid-abdomen, the origin of which is unclear. They may represent enlarged lymph nodes, a left renal mass with regional lymphadenopathy, mesenteric or pancreatic masses, other. Neoplasia (i.e., round cell tumor, carcinoma, sarcoma) is strongly suspected with a low possibility of an inflammatory process. Adjacent peritonitis is present.

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Secondary Findings

Mild bilateral age-related renal changes

WEIGHT

45

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A minimum database (including a CBC, chemistry panel, urinalysis, and T4) is recommended if not already performed.
- Three-view thoracic radiographs are recommended to assess for pulmonary metastases
- Consider fine-needle aspiration of one of the abdominal masses (assuming normal clotting status). A 25-gauge needle should be used. Depending on the cytology results, consultation with a board-certified oncologist and/or surgeon may be indicated.

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IMAGING PERFORMED BY

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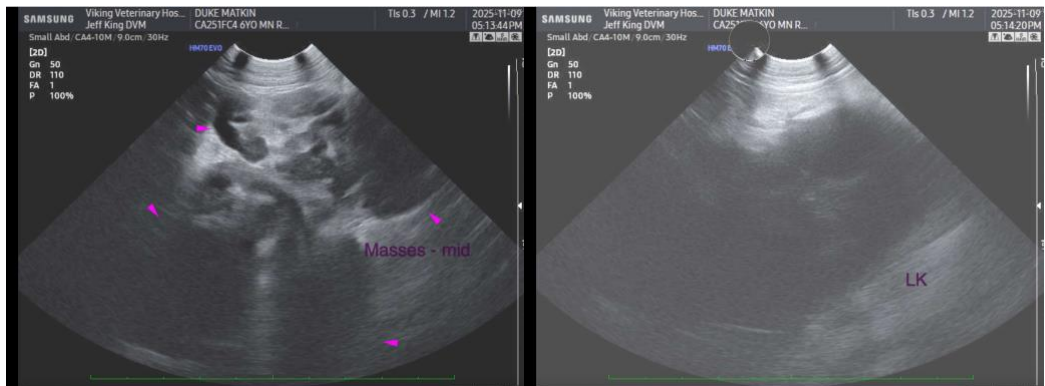
Kasey Lucore

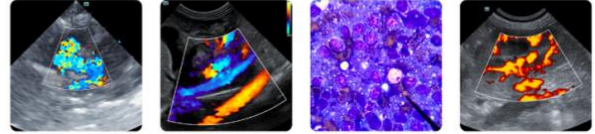
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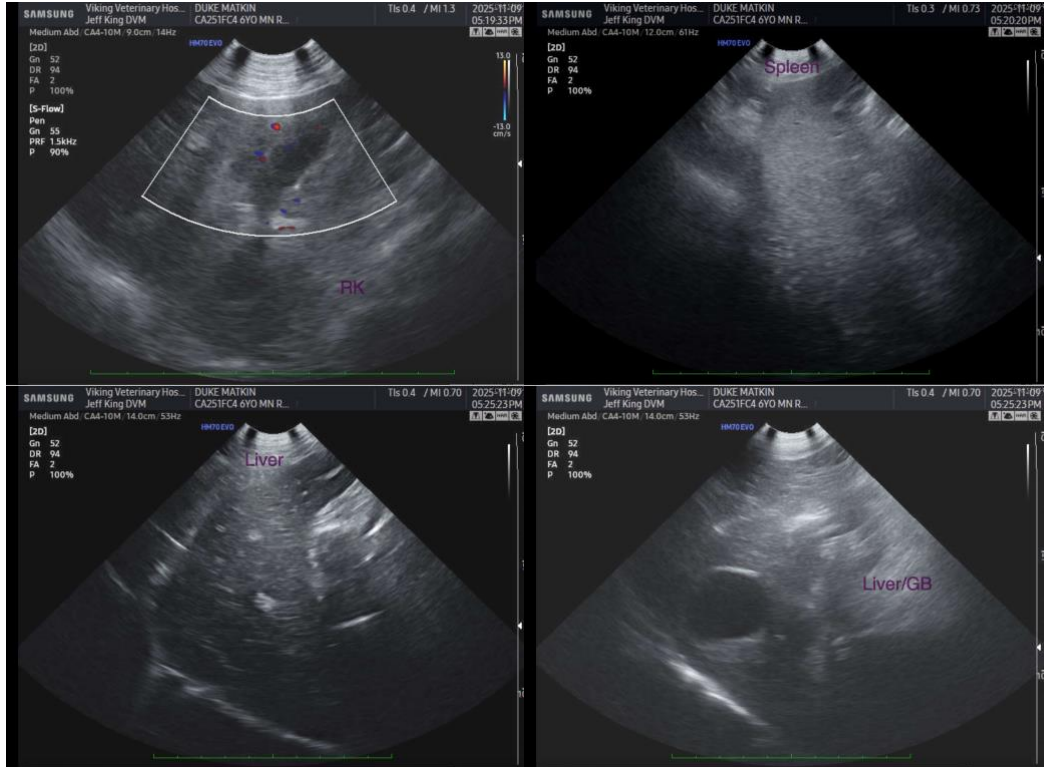
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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