



**PATIENT PRESENTING CLINICAL SIGNS**

Winston Ditonno History: Presented at our hospital for AUS as a pre surgical scan for our surgeon. For past 1.5mo, NE food, will still eat snacks, went to rDVM for vx and switched foods, got dh, gave meds for dh and put pet on pred for licking his feet. Has lost weight. Took to rDVM Tuesday, did bloodwork, rads, found mass on spleen. Rec sx, and surgeon rec AUS first.

**SPECIES**

Canine Previous Health Concerns: no  
Current Medications: yesterday had half of pred, mirtazapine  
Appetite/When did they eat last: a couple of snacks at around 10am

**BREED**

Fr Bulldog Abnormal PE/Chem/CBC/UA Results: rDVM bloodwork: pt/ptt normal; ALT 187; ALKP 521; K 5.9; TT4 .8; RBC 4.49; HCT 29; HGB 10.8; Retic 119.4; MPV 13.9; PCT .64

**SEX**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Neutered Male

**Urinary System**

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and visible portion of the proximal urethra are normal.

**AGE**

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

**WEIGHT**

16 kg The left kidney is normal size (5.92 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.52 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal size (0.58 cm at cranial pole) (0.55 cm at caudal pole) (2.79 cm in length); normal shape; 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**

Erin Wicks

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

**HOSPITAL NAME**

Shores Vet Emerg Ctr

**Spleen**

The spleen is diffusely enlarged with swollen, irregular peripheral contours and a >6.00 cm hypoechoic to heterogenous mass effect. In the remaining parenchyma, several small, hypoechoic nodules are observed. Splenic vasculature appears normal with no evidence of thrombosis. The mesentery surrounding the spleen is hyperechoic.

**REFERRING VET**

Dr Lupole

**Liver**

The liver is subjectively enlarged with swollen/irregular peripheral contours. The parenchyma is isoechoic relative to the spleen with numerous, varying-sized hypoechoic nodules throughout the organ, the largest measuring approximately 2.00 cm in diameter. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

**INVOICE**

11938

**DATE**

12.1.22

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated, echogenic, partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

### ***Gastrointestinal***

The gastric lumen is mildly distended with irregular shadowing material. 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 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 hepatomegaly. In the visualized portions, no obvious abnormalities are seen.

### ***Free Abdomen***

A small to moderate amount of free fluid is present. The abdominal lymph nodes are normal/not visible.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- Splenic mass effect. Neoplasia (i.e., round cell tumor, hemangiosarcoma, other) is highly suspected with a lower possibility of a severe inflammatory or other benign process.
- The diffuse hepatic nodules are also concerning for neoplasia (i.e., round cell tumor, metastatic disease).
- Cranial to midabdominal peritonitis is present, likely secondary to hepatic and splenic pathology.

### **Secondary Findings**

- The gastric luminal contents may represent normal ingesta and/or foreign material. The contents appear nonobstructive at the time of this study.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Thoracic radiographs are recommended to assess for neoplasia in the chest.
- Consider fine-needle aspirates of the spleen and liver if clotting status is appropriate. Twenty-five gauge-needles should be used. If cytology results are inconclusive, more advanced testing (i.e., biopsies) may be necessary to get a definitive diagnosis.



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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