



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Domino Craik
SPECIES Canine
BREED Labrador Retr Mix
SEX Neutered Male
AGE 13
WEIGHT 30 kg

PRESENTING CLINICAL SIGNS
 History: Patient presented for lethargy, wobbly walking, shaky. He had a dental under anesthesia at rDVM on 12/17. P has been on a course of amoxicillin since then and just finished his last dose last night. Not long after P started to be more lethargic (he was a little lethargic while on the abx), not really wanting to walk, shakey. Owner reports that pre dental bloodwork was normal. Still E/D. No V/D
 Current medications: Dasuquin

ABNORMAL PE/CHEM/CBC/UA RESULTS: Dri chem: ALP 2567, IP 5.4, TP 8.0, GLOB 4.9, TCHO > 450, ALT 283 Epoc: Lact 3.13, K+ 5.3, pCO2 29.8

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 and visible portion of the proximal urethra are normal.

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

The left kidney is normal in size (6.58 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 hydroureter.

The right kidney is normal in size (7.18 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 hydroureter.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is overall normal in size with irregular peripheral contours. A 2.7 cm multi-septated cystic mass is observed approximately mid-body. In addition, numerous, hyperechoic nodules are seen throughout the organ. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent-in-size, with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen, and mildly heterogenous in appearance. A few cystic areas are visualized. There are also a few, small, ill-defined hyperechoic nodules. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic-to-mineralized, mostly gravity-dependent debris/sludge is observed within the lumen. 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 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.

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

IMAGING PERFORMED BY

Dr. Massett

HOSPITAL NAME

AEH Volusia

REFERRING VET

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PATIENT *Pancreas*

Domino Craik

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.

SPECIES *Lymph Nodes*

Canine

The abdominal lymph nodes are normal/not visible.

Free Abdomen

BREED

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

Labrador Retr Mix

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

- Cavitated splenic mass. Neoplasia (i.e., hemangioma, hemangiosarcoma) is suspected with a lower possibility of a benign cystic lesion. The hyperechoic splenic nodules could be consistent with myelolipomas or other pathology.

AGE

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- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof. The cystic lesion may represent a metastatic lesion, benign cyst, other.

WEIGHT

30 kg

- Gallbladder debris/sludge, non-mucocele
- Minor, bilateral, age-related renal changes

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*It is unclear whether the patient's clinical signs are associated with the splenic lesion or if other pathology is present.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Regarding the splenic mass, if there is no evidence of pulmonary metastatic disease, consider a splenectomy with submission of the spleen for histopathology. Liver biopsies and aerobic and anaerobic bile cultures should also be obtained at the time of surgery.
- To further evaluate the causes of the patient's clinical signs, also consider orthopedic and neurologic disease +/- spinal radiographs and a neurology consultation.

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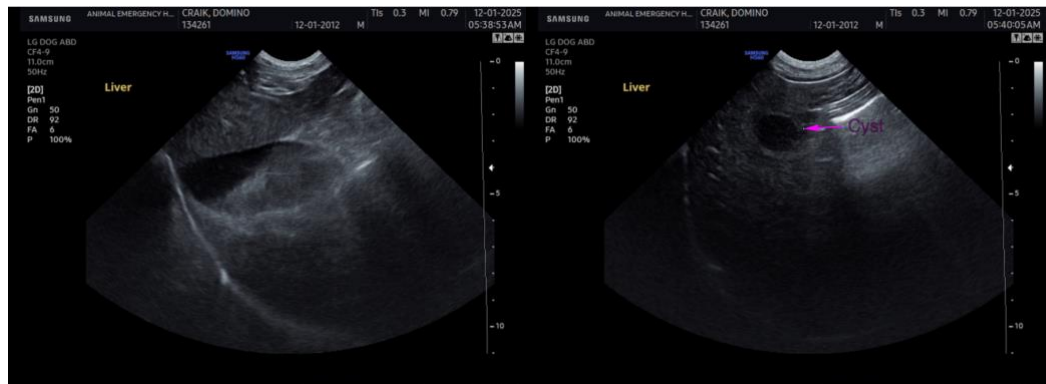
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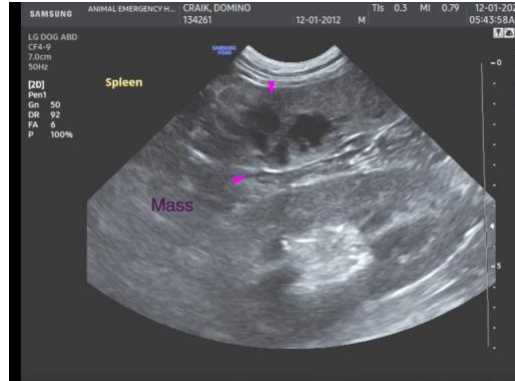
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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