



PATIENT PRESENTING CLINICAL SIGNS

Ozzy Conte History: Intermittent hx of inappetance, occasional vomiting, diarrhea. Recent BW done. R/o poss underlying dz that I can't palpate due to size, overweight.
Abnormal PE/Chem/CBC/UA Results: ALT 134, Calcium 3.0. Ionized Calcium WNL

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Beagle

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Neutered Male

The prostate is subjectively normal in size (1.25 cm in width) with normal curvilinear peripheral contours. The parenchyma is subtly heterogeneous. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

AGE

10 Years

The left kidney presented normal size (5.56 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Several small cortical cysts are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

30 Lbs.

The right kidney presented normal size (6.15 cm in length); normal shape and architecture with 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. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

IMAGING PERFORMED BY

Crystal Hill

The left adrenal gland is normal size (0.56 cm at cranial pole) (0.68 cm at caudal pole) (2.21 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.

HOSPITAL NAME

Southside PH

The right adrenal gland is difficult to visualize due to pathology in the right cranial quadrant.

Spleen

REFERRING VET

Dr. Honda

A 2.95 cm x 2.93 cm cavitated mass is observed at the caudal aspect. In the remainder of the spleen, the peripheral contours are curvilinear, and the parenchyma is homogeneous. Splenic vasculature is normal with no evidence of thrombosis.

Liver

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The liver is subjectively prominent in size with irregular peripheral contours. The parenchyma is isoechoic relative to the spleen. A 5.08 cm x 4.21 cm isoechoic to slightly hypoechoic mass effect is observed deep on the left side. The remaining parenchyma is heterogeneous in appearance with questionable nodules. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

DATE

12/22/21



PATIENT

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The gall bladder is distended. The wall is normal in thickness. A few polypoid lesions are observed along the luminal surface. An excessive amount of aggregated, echogenic, partially-dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

SPECIES

Gastrointestinal

Canine

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are 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. A segment of what is thought to be colon is thickened (up to 0.49 cm) with questionable retention of the normal layering pattern. A fluid pocket is observed in this region. The remaining colonic wall is normal. There is no obvious evidence of an obstructive pattern.

BREED

Beagle

SEX

Neutered Male

Pancreas

*See *Other* category.

AGE

10 Years

Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

WEIGHT

30 Lbs.

Other

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

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Medicine)

An approximately 7.0 cm slightly heterogeneous mass is observed in the caudal thorax. It appears to be compressing the diaphragm and cranial aspect of the liver.

A 2.48 x 2.38 cm oval echogenic to slightly heterogeneous mass is observed in the right cranial quadrant.

IMAGING PERFORMED BY

Crystal Hill

ULTRASONOGRAPHIC FINDINGS

Primary Findings

HOSPITAL NAME

Southside PH

- Splenic mass. Neoplasia (i.e., hemangiosarcoma, hemangioma) is considered likely with lower possibility of benign pathology.
- Left hepatic mass. Again, neoplasia is suspected. However, benign regenerative nodular hyperplasia cannot be excluded. The diffuse hepatic parenchymal changes are nonspecific and could be consistent with benign age-related pathology, metastatic disease or other hepatopathy.

REFERRING VET

Dr. Honda

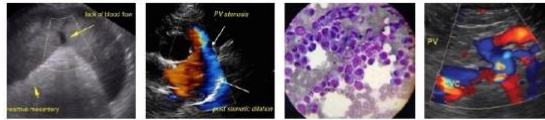
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- Suspected caudal thoracic mass with compression of the diaphragm.
- Possible nodule/mass in the right cranial quadrant, the origin of which is unclear. It may be arising from pancreas, liver, mesentery, other. This lesion is concerning for neoplasia. However, benign pathology cannot be completely excluded.

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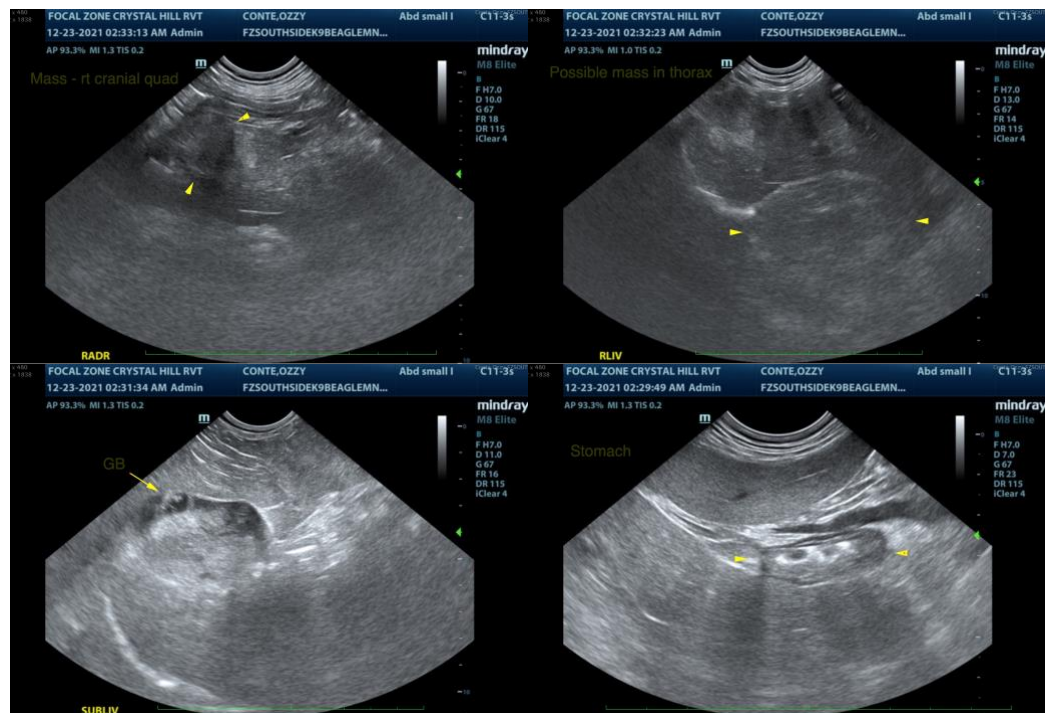
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Secondary Findings

- Gallbladder sludge, non-mucocele
- Bilateral age-related renal changes
- The significance of the focal fluid filled area in what is thought to be the colonic lumen is unclear. Additional imaging would be necessary to further define this lesion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If an aggressive approach is desired, consider thoracic and abdominal CT scans to further define the multiorgan pathology.
- A fine needle aspirate of the hepatic mass can be considered if clotting status is appropriate. A 25-gauge needle should be used.
- Regarding the splenic mass, a splenectomy with submission of the spleen for histopathology can be considered. However, given the concern for multifocal neoplasia, this may not be in the patient's best interest. Prognosis is considered guarded.





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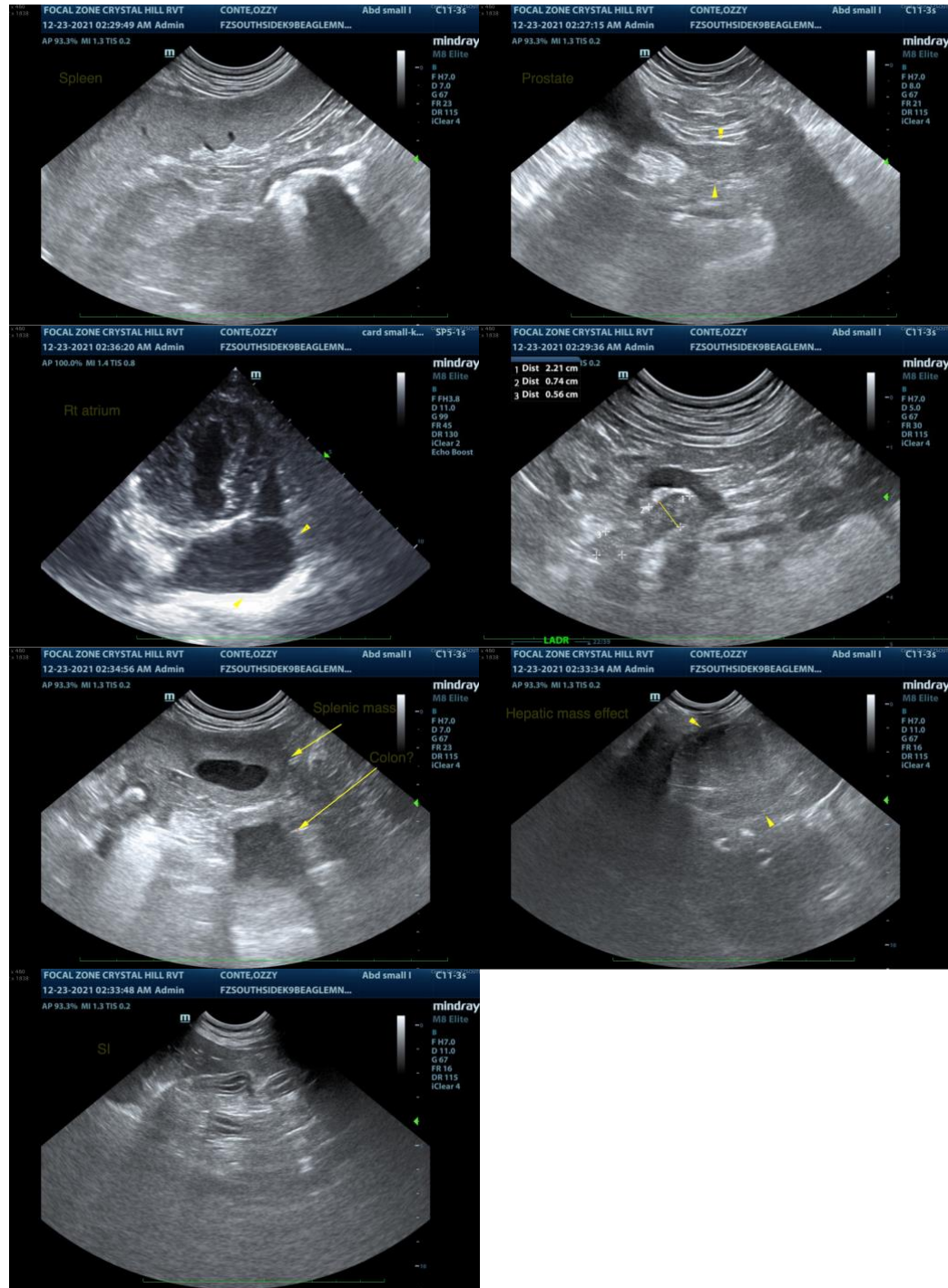
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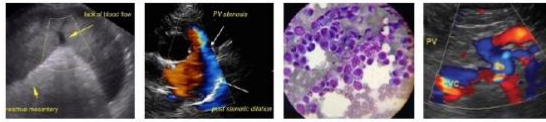
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



PATIENT

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

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