



PATIENT PRESENTING CLINICAL SIGNS

Guiness Dworetzky History: 4-day history of lethargy and decreased appetite. Patient has vomited 2x. History of osteoarthritis managed with carprofen and Adequan and hypothyroidism managed with levothyroxine.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: PE: Large space occupying structure on mid abdominal palpation. Chem/CBC - pending Radiographs shows a large space occupying mass like lesion in the mid abdomen at the level of the spleen deviating intestines caudally.

BREED

German Shepherd

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

The urinary bladder wall is normal in thickness. The mucosal surface is slightly irregular. The bladder is mildly-to-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.

AGE

13

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

WEIGHT

52.4 lbs

The left kidney is normal in size (6.53 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.

INTERPRETED BY

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

The right kidney is normal in size (6.99 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.

IMAGING PERFORMED BY

Dr. Vincent Tavella

Adrenal Glands

The left adrenal gland is normal in size (0.59 cm at cranial pole) (0.66 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.

HOSPITAL NAME

Williamsburg VC

The right adrenal gland is mildly enlarged at the cranial pole and normal-in-size at the caudal pole (1.35 cm at cranial pole) (0.70 cm at caudal pole). A 1.89 x 1.35 cm hyperechoic-to-heterogenous nodule is observed at the cranial-to-mid-aspect. Glandular echogenicity and detail at the caudal aspect are normal. Surrounding vasculature appears normal.

REFERRING VET

Dr. Vincent Tavella

Spleen

A >8.0 cm heterogenous, slightly-cavitated mass is observed. The mesentery effacing the serosal surface of the mass is hyperechoic. In the remainder of the spleen, the margins are curvilinear. A >2.0 cm ill-defined, hypoechoic-to-slightly-cavitated area is observed at the lateral aspect, approximately mid-body. Splenic vasculature is normal with no evidence of thrombosis.

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Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

DATE

12-22-25

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The gastric lumen is mildly-to-moderately distended with 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 colonic wall is normal. There is no evidence of an obstructive pattern.

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.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

Trace free fluid is observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

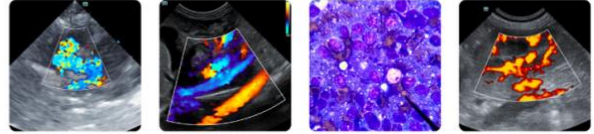
- Large cavitated splenic mass, with a smaller nodule/mass also seen. Neoplasia (i.e., hemangiosarcomas, hemangiomas) is suspected, with a lower possibility of a non-neoplastic process. Adjacent peritonitis is present.
- The hepatic parenchymal changes could be consistent with benign, age-related parenchymal remodeling, regenerative nodular hyperplasia, metastatic disease, inflammatory disease, hepatotoxicosis (i.e., copper), fibrosis, and/or other hepatopathy.
- The right adrenal nodule could be consistent with focal nodular hyperplasia, adenoma, emerging adenocarcinoma, pheochromocytoma, other.

Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Minor, bilateral age-related renal changes
- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If there is no evidence of pulmonary metastatic disease, a splenectomy with submission of the spleen for histopathology is recommended. Liver biopsies should also be obtained at the time of surgery to assess for micrometastatic disease.



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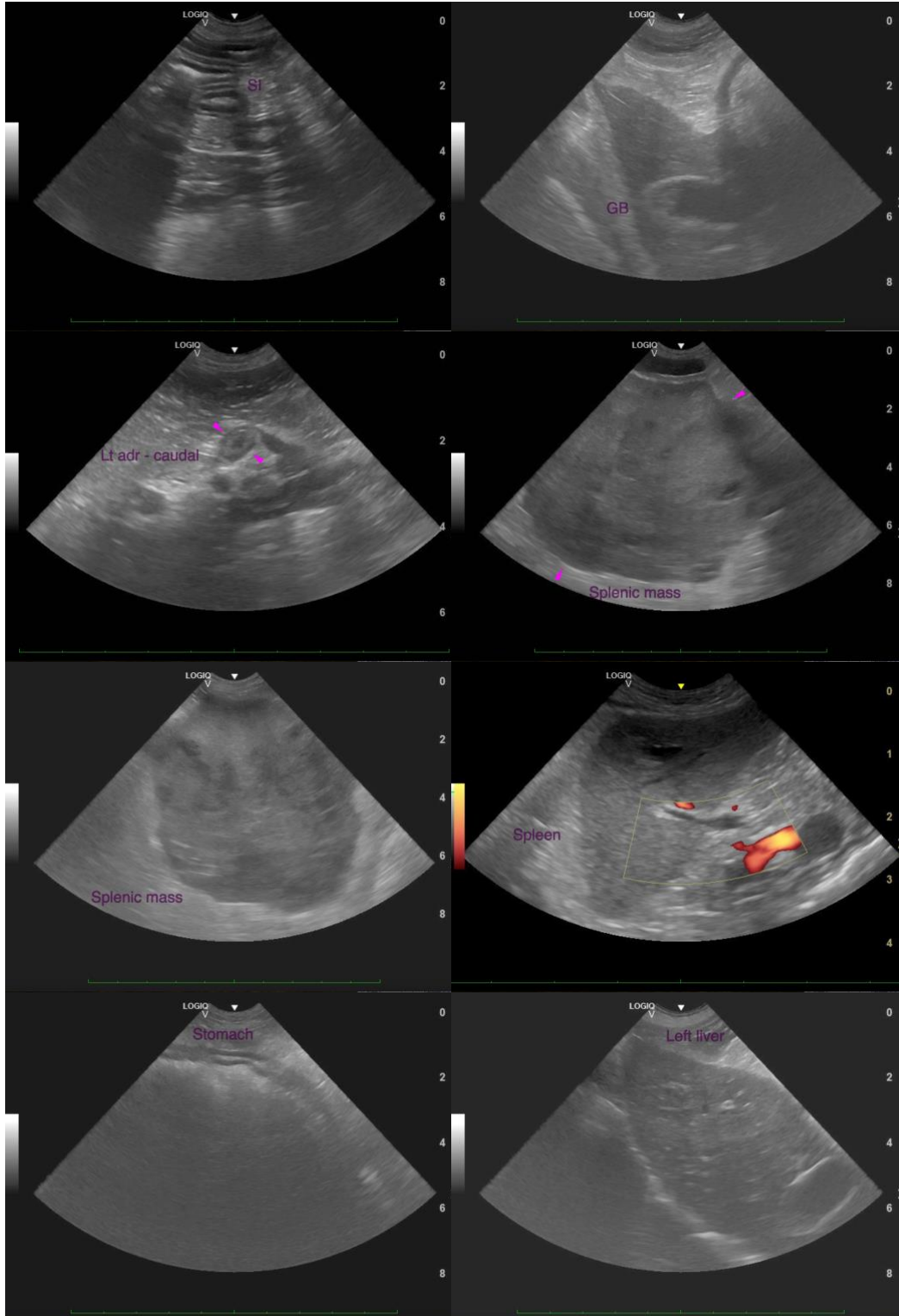
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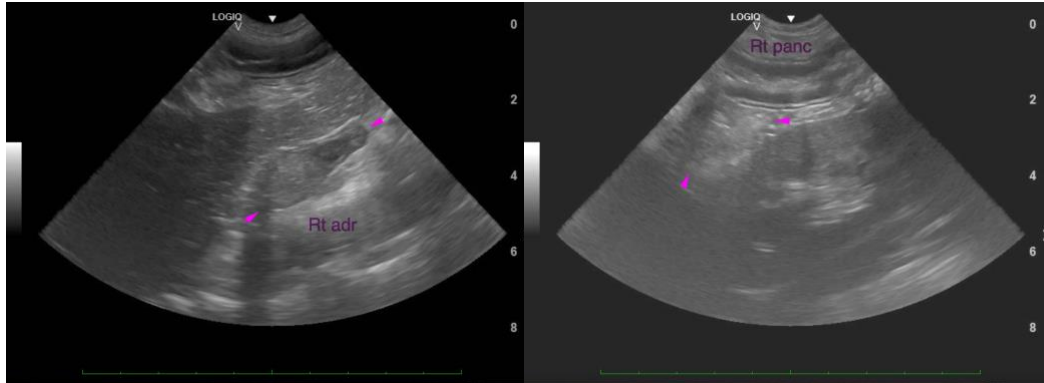
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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