

PATIENT PRESENTING CLINICAL SIGNS

Rocky Cassat
SPECIES History from 12/23: Owners noticed around 7:30a patient was panting even with the smallest of movements. Struggling to walk and collapsing sometimes. When laying with patient owner noted increased heart rate. Owner counted around 130-150 BPM. Known to eating things from the owner's children. nausea noted. prior history of gastroenteritis. has been on famotidine and cosequin. Since 12/23 has been eating well, more active.
Canine

BREED Concern for Acute kidney injury (secondary to systemic disease vs infectious (lepto) vs hypoperfusion, metabolic acidosis (inflammation vs other), anemia (secondary to kidney disease vs other)
German Shepherd

SEX Abnormal PE/Chem/CBC/UA Results: PE: abdominal soft and non-painful 12/23: CBC: WBC 18.40, Neu 15.92, EOS 0.00, HCT 30.8%, PLT109 EPOC: Bicarb 15.1, Lact 5.46, BUN 34, Creat 2.15, HCT 27
Neutered Male Chem: BUN 41.4, Creat 1.8, Phos 5.3, TP 4.9, AFAST/TFAST: No free fluid appreciated Blood pressure: 116/76 MAP 96, 121/74 MAP (86) 12/23 rads: There is no evidence of nodular pulmonary infiltrates or thoracic lymphadenopathy. Marked retroperitoneal thickening & diffuse fluid infiltrate. Retroperitoneal hemorrhage is typically associated with rupture of an adrenal or renal neoplasm. Retroperitonitis /abscess w/ ruptured pyelonephrosis or migrating FB possible. Nodular contour to spleen. Differentiating benign change (nodular hyperplasia) from neoplastic infiltration (primary splenic versus metastatic) is not possible radiographically
AGE 10

WEIGHT ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

44 kg

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

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

The left kidney is normal in size (7.10 cm in length) with a normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydroureter. A 8.1 x 6.2 cm organized, hypoechoic-to-heterogenous structure is observed adjacent to the lateral aspect. Surrounding mesentery is hyperechoic.

The right kidney is normal in size (7.30 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

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

Spleen

The spleen is subjectively prominent-in-size with irregular peripheral contours. Throughout the organ, varying-sized, hypoechoic-to-anechoic nodules are visualized. Splenic vasculature appears normal with no obvious evidence of thrombosis. The mesentery surrounding the spleen is hyperechoic

Liver

The liver is normal to slightly prominent-in-size, with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores VEC

REFERRING VET

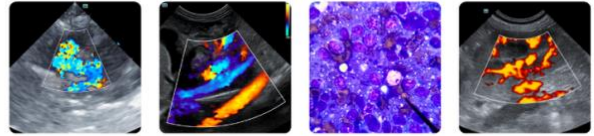
Lisa Miller

INVOICE

22355

DATE

12-29-25



PATIENT

Rocky Cassat

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small-to-moderate amount of aggregated, echogenic-to-mineralized, gravity-dependent debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.

SPECIES

Canine

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. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. There is no obvious evidence of an obstructive pattern.

BREED

German Shepherd

Pancreas

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.

SEX

Neutered Male

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

AGE

10

Free Abdomen

A small amount of free fluid is observed.

WEIGHT

44 kg

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic parenchymal changes are concerning for infiltrative neoplasia (i.e., hemangiosarcoma, round cell neoplasia) with a lower possibility of a benign process (i.e., inflammatory, lymphoid hyperplasia, other). Adjacent peritonitis is present.
- The hypoechoic-to-heterogenous structure adjacent to the lateral aspect of the right kidney may represent a tumor (i.e., hemangioma, hemangiosarcoma), large thrombus, other. Mild retroperitonitis is present.

Secondary Findings

- The diffuse hepatic changes are nonspecific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory disease, infiltrative neoplasia and other hepatopathies are considered less likely.
- Gallbladder debris/sand, non-mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases
- For further evaluation of the splenic and left renal changes, consider an abdominal CT scan +/- abdominal exploratory, with splenectomy, +/- left nephrectomy with submission of the abnormal tissue for histopathology. Fine needle aspiration of the spleen could be considered prior to these diagnostics. However, there is a risk of iatrogenic hemorrhage with the procedure.

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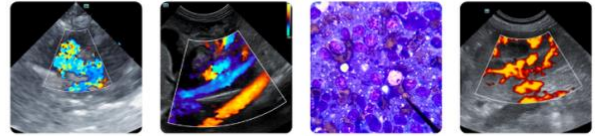
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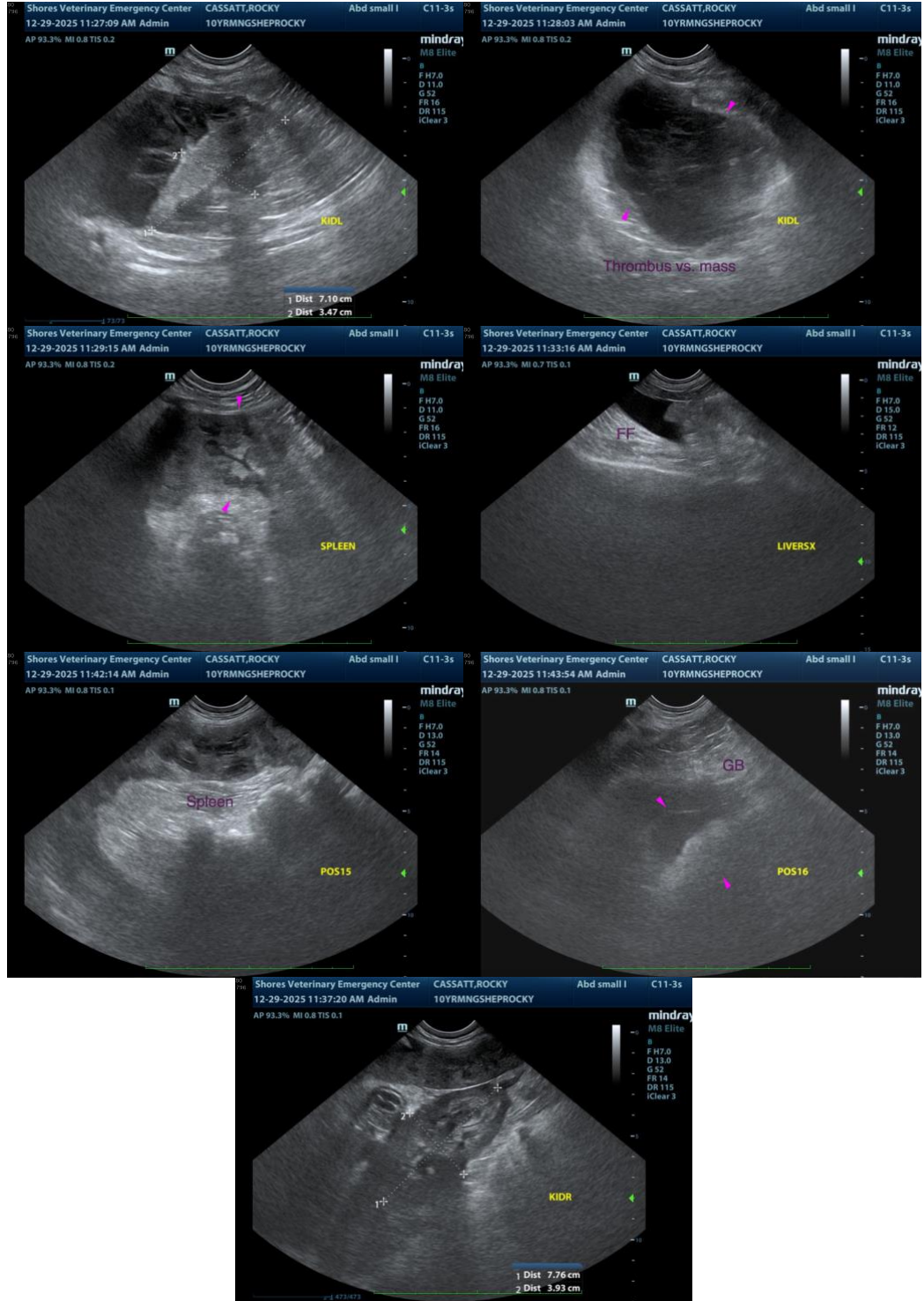
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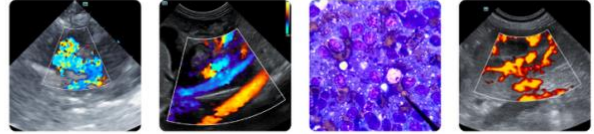
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

Rocky Cassat

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.

SPECIES

Canine

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