

PATIENT PRESENTING CLINICAL SIGNS

Daisy Dembeck History: Potential splenic mass, grade III murmur, pendulous abdomen, inguinal masses, suspect lymph nodes
SPECIES Current meds: Rimadyl, gabapentin
 Neutered Male Abnormal PE/Chem/CBC/UA Results: Lyme +, anaplasma +, CBC/profile NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED
Urinary System

Mixed The urinary bladder wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Female Spayed The left kidney is normal in size (6.00 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.

AGE

12

WEIGHT

58 lbs

The right kidney is normal in size (6.69 cm in length) with a normal shape, architecture and 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

INTERPRETED BY

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

The left adrenal gland is normal in size (0.52 cm at cranial pole) (0.63 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.

The right adrenal gland is normal in size (1.28 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.

IMAGING PERFORMED BY

Meghan Morse LVT CVT

Spleen

The spleen is normal in size (1.74 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 3.1 x 1.8 cm ill-defined, hypochoic-to-heterogenous macronodule/mass is observed at the lateral aspect approximately mid-body. Hyperechoic-to-mineralized foci are observed w/ the lesion. Splenic vasculature is normal.

HOSPITAL NAME

Walden Animal Clinic

REFERRING VET

Dr. Kelly

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypochoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

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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 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 segmentally dilated with chyme (mild). 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



PATIENT evidence of an obstructive pattern.

Daisy Dembeck

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic 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.

SPECIES

Neutered Male

Lymph Nodes

BREED The abdominal lymph nodes are normal/not visible.

Mixed

Free Abdomen

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

SEX

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Other

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

WEIGHT

58 lbs

- The splenic lesion could be consistent with an emerging tumor (i.e., round cell tumor, sarcoma) or a benign focus (i.e., lymphoid hyperplasia or similar).

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Secondary Findings

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

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Meghan Morse LVT CVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine-needle aspiration of the splenic lesion (assuming normal clotting status). A 25-gauge needle should be used. If splenic cytology results are inconclusive, a splenectomy or serial sonographic monitoring of the spleen should be considered.

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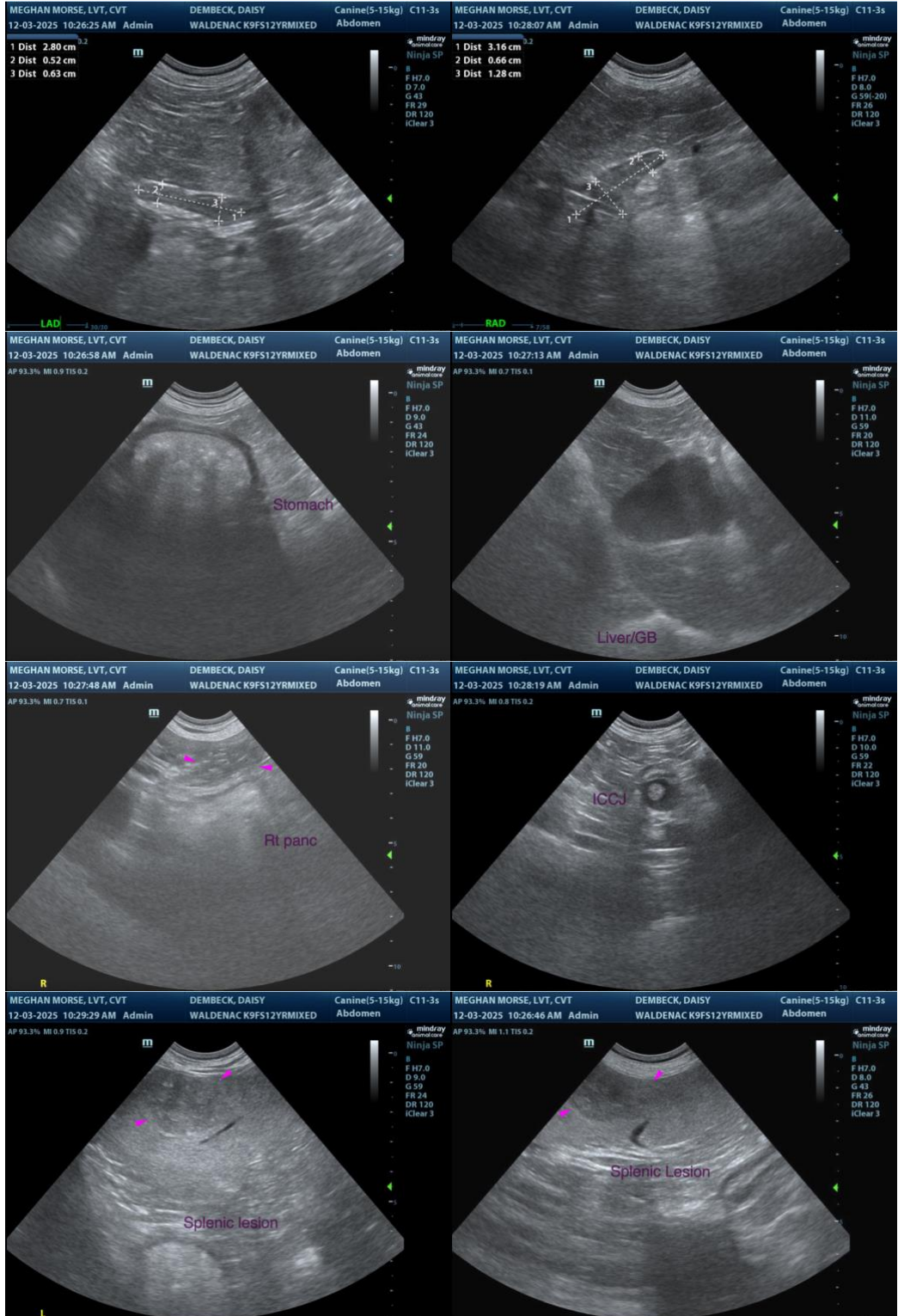
Dr. Kelly

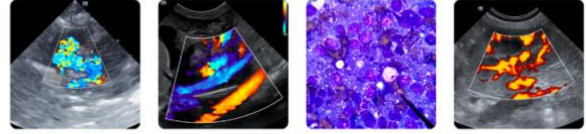
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PATIENT

Daisy Dembeck

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.

SPECIES

Neutered Male

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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Mixed

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