



**PATIENT**

Gus Diep

**SPECIES**

Canine

**BREED**

French Bulldog

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

12 Lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Beatties Burlington  
PH

**REFERRING VET**

Dr. Ruggieri

**INVOICE**

13261

**DATE**

10/6/20

**PRESENTING CLINICAL SIGNS**

History: History of having had back surgery. When in about 2 weeks ago for annual check up and vaccines, no complaints noted other than some weight loss. Today seems lethargic, pale gum colour, not eating, significant weight and muscle loss noted.

Abnormal PE/Chem/CBC/UA Results: Rads done but very difficult to differentiate organs due to fluid? or blood? in abdomen.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is mildly distended. The wall is of appropriate thickness for the level of repletion. At least 2 cystic calculi are present within the bladder lumen, the largest measuring 0.42 cm. A scan amount of suspended echogenic debris is observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (0.76 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (4.41 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Pinpoint hyperechoic to mineralized foci are observed within the cortex. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (4.43 cm in length); normal shape and architecture with 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 hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal size (0.55 cm at cranial pole) (0.33 cm at caudal pole) (2.02 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.

The right adrenal gland is not definitively visualized due to the presence of the large splenic mass.

**Spleen**

The spleen is enlarged with irregular peripheral contours. A >6 cm heterogeneous slightly cavitated mass is arising from the parenchyma. Surrounding mesentery is hyperechoic. Within the remainder of the spleen, the parenchyma is slightly mottled in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

**Liver**

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or



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regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate to large amount of aggregated echogenic gravity dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

**Gastrointestinal**

The gastric lumen is moderately distended with ingesta. 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. No obstructive or overt infiltrative disease is noted.

**Pancreas**

The portion of the pancreas is obscured by the large splenic mass. In the visualized portions, no obvious pathology is observed.

**Free Abdomen**

A moderate amount of free fluid is present within the abdomen. The abdominal lymph nodes are normal/not visible.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Splenic mass. Neoplasia (i.e., hemangiosarcoma, hemangioma, round cell tumor) is considered likely with lower potential for benign pathology. Regional peritonitis is present. The ascites is likely secondary to splenic pathology.
- Cystic calculi

**Secondary Findings**

- Minor bilateral age-related renal changes with dystrophic mineralization

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases. If there is no evidence of pulmonary metastatic disease, a splenectomy with submission of the spleen for histopathology is recommended. A liver biopsy should also be obtained at the time of surgery to assess for micro-metastatic disease. If the patient is stable while under anesthesia, consider a cystotomy with stone removal, analysis and culture.



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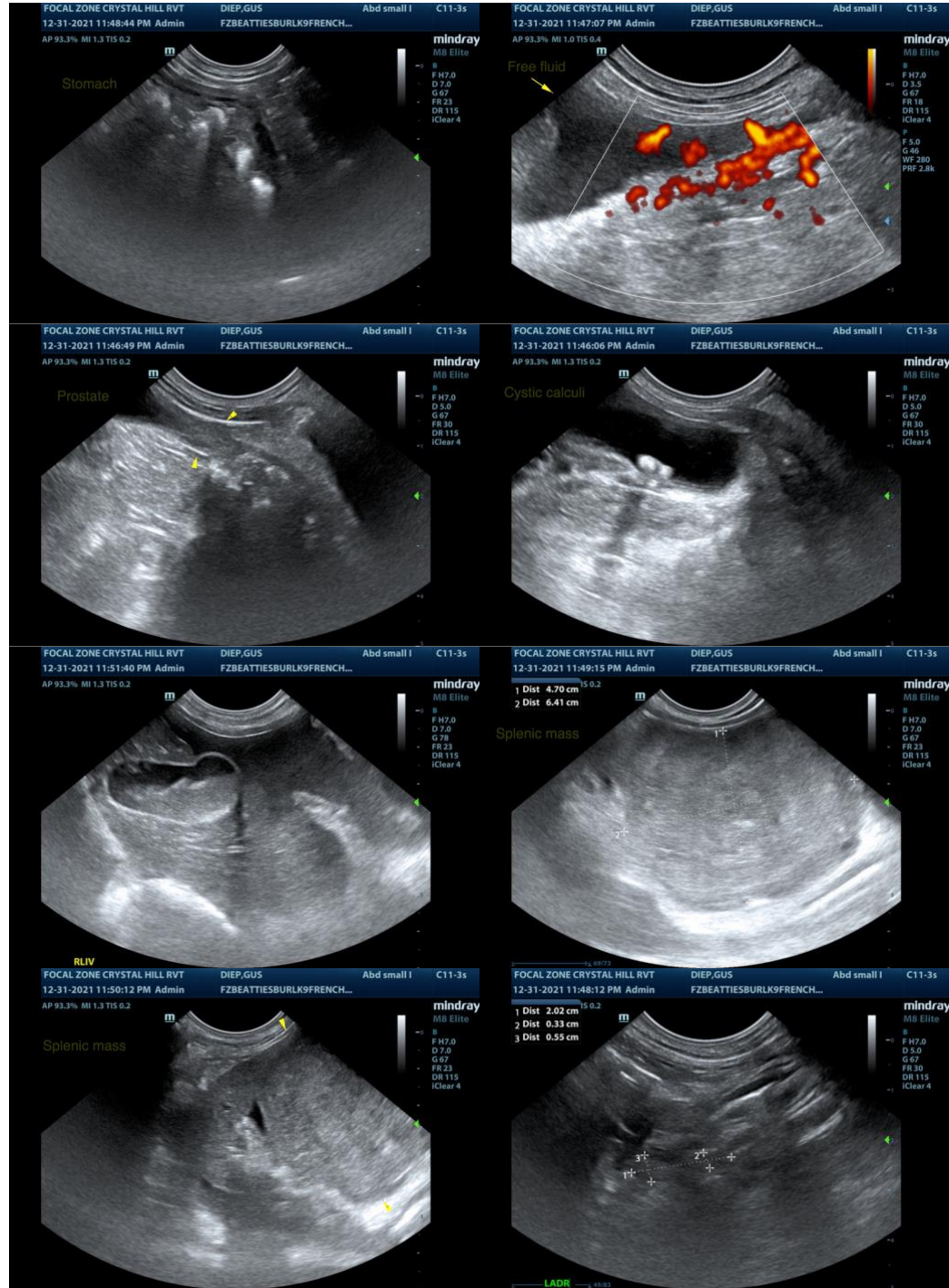
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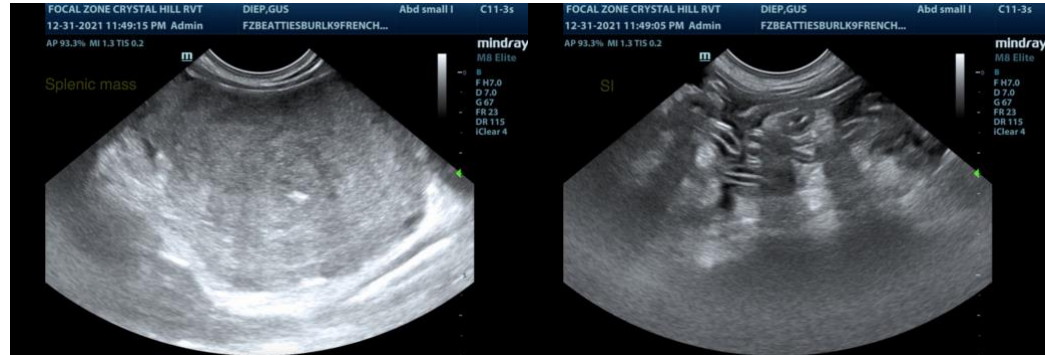
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

andrea\_nicastro2@hotmail.com