



PATIENT PRESENTING CLINICAL SIGNS

Riley Romero

History: Patient was having difficulty walking, wobbling, more prominent on right side. Right caudal mammary gland mass noted. Muscle wasting noted on both hind limbs. O reports this issue has been going on for the past few months, so radiographs were taken. Patient was not sedated for radiographs. Patient is doing well on Amantadine. Radiograph report attached.

SPECIES

Canine

BREED

German Shepherd

Abnormal PE/Chem/CBC/UA Results: Blood work showed elevated liver enzymes and BUN, creatinine and SDMA. Bloodwork attached. ALT 295. BUN 70. Creatinine 3.6. SDMA 48. Phosphorus 9.8. Mild leukocytosis with a neutrophilia. Nucleated red blood cells seen. T4 normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Female Spayed

Urinary System

The urinary bladder is mildly distended with anechoic urine. The wall in the region of the apex is moderately thickened (up to 0.73 cm) with a slightly irregular mucosal surface. The wall tapers to a normal thickness as it extends towards the cystourethral junction. No cystic calculi are observed. The region of the trigone is normal.

AGE

8 years 8 mos

The left kidney is normal in size (6.14 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 corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

WEIGHT

82

The right kidney is normal in size (7.98 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 corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
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Adrenal Glands

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

IMAGING PERFORMED BY

Sreenivasa Maddineni

Spleen

The spleen is enlarged, with irregular peripheral contours. A >10.0 cm heterogenous, slightly cavitated mass is arising from the parenchyma. Surrounding mesentery is mildly hyperechoic. In the remainder of the spleen, the margins are curvilinear, and the parenchyma is slightly mottled in appearance, with a few, small, ill-defined hypoechoic nodules/areas. Splenic vasculature is normal with no evidence of thrombosis.

HOSPITAL NAME

West Babylon AH

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 regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

REFERRING VET

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The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is suspended within the lumen. The cystic and common bile ducts are normal/not seen.

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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. There is no evidence of an obstructive pattern.

DATE

2-1-26



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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.

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Lymph Nodes

The abdominal lymph nodes are normal/not visible.

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German Shepherd

Free Abdomen

A small amount of free fluid is observed.

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Other

A 5.0 x 2.0 cm heterogenous, cavitated mammary mass is visualized in one still image.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mammary mass
- Large splenic mass. Neoplasia (i.e., sarcoma, round cell tumor) is suspected, with a low possibility of a non-neoplastic process. Mild adjacent peritonitis is present.
- Mild bilateral nonspecific age-related renal changes
- Mild ascites

Secondary Findings

- The urinary bladder wall changes could be consistent with cystitis or may be artifactual due to lack of full repletion. Correlation with the patient's clinical history and us findings is recommended.

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, along with removal of the mammary mass, can be considered.
- Regarding the patient's neurologic signs, consider consultation with a board-certified neurologist for further evaluation.

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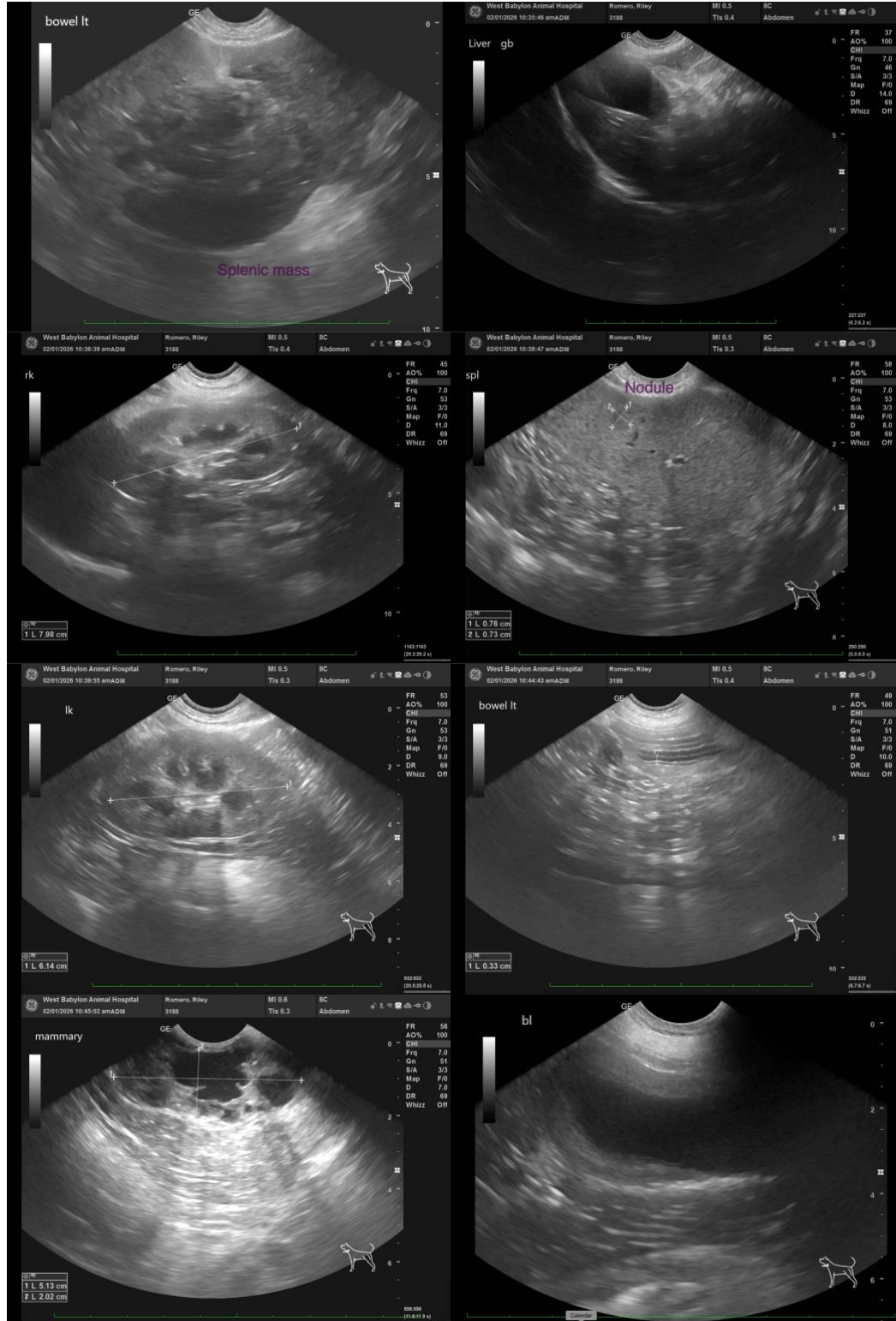
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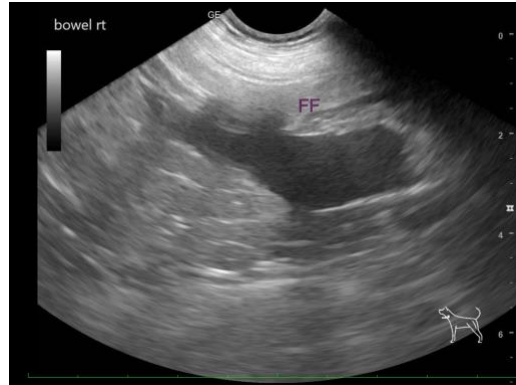
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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