



PATIENT PRESENTING CLINICAL SIGNS

Patty Kelley

History: lethargic, no V/D, Stopped eating today but was eating yesterday, QAR, mm pink, CRT<2 Sec. Mild dehydrated. Mucous membranes mild moist. Mild prolonged skin tent ~5-7% dehydrated OU - Bilateral cataracts and vision very weak Mod discomfort/ tenses upon abdominal palpation P. has Hx of cardiac enlargement which is likely left-sided in nature

SPECIES

Canine

BREED

Boston Terrier

Abnormal PE/Chem/CBC/UA Results: Please see attached rads and BW
Additional history: SDNA 16. ALP 426. ALT 265. BUN 18.5. Borderline anemia. Hematocrit is 36%. RADS cardiomegaly. Possible cranial abdominal mass.

SEX

Spayed Female

AGE

12 years

WEIGHT

10 kg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney presented normal size (5.05 cm in length); with a slightly irregular shape The cortex is mildly thickened and hyperechoic relative to the spleen. There is mild to moderate loss of corticomedullary distinction. A 0.46 cm cortical cyst is observed at the cranial pole. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (5.49 cm) with a slightly irregular shape. The cortex is mildly thickened and hyperechoic relative to the spleen. There is mild to moderate loss of corticomedullary distinction. A 0.46 cm cortical cyst is observed at the cranial pole. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is borderline enlarged (0.73 cm at cranial pole) (0.67 cm at caudal pole) (3.01 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 normal size (1.20 cm at cranial pole) (0.68 cm at caudal pole) (2.59 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.

Spleen

A >10 cm irregular heterogenous cavitated mass is arising from the parenchyma. The mesentery effacing the serosal surface in this region is hyperechoic. The remaining parenchyma is relatively homogenous in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen. A few cystic nodules/lesions are observed deep-left to mid-liver (the largest measuring 3.00 cm in length). In addition, a 3.20 cm cyst is observed adjacent to the gall bladder on the right side. In addition, a 0.53 cm cyst is observed in the caudate process. The remaining

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REFERRING VET

Dr. Al- Sultan

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parenchyma appears homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are 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.

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Pancreas

A portion of the pancreas is obscured by the large splenic mass. In the visualized portions no obvious pathology is seen.

AGE

12 years

Free Abdomen

A small amount of free fluid is present. The abdominal lymph nodes are normal/not visible.

WEIGHT

10 kg

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large splenic mass. Neoplasia (i.e., hemangiosarcoma, hemangioma), is suspected with a lower possibility of a benign process such as a hematoma. Regional peritonitis is present. The 3 cm cystic hepatic lesion deep on the left side is concerning for a metastatic lesion. The other cystic areas could be consistent with benign cysts or metastases.

Secondary Findings

- Bilateral nonspecific nephropathy.
-
- Borderline bilateral adrenomegaly

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Depending on the results of the thoracic radiographs and echocardiogram, a splenectomy with submission of the spleen can be considered, as well as a biopsy of the hepatic lesions. However, the client should be warned of the possibility of metastatic disease prior to surgery.

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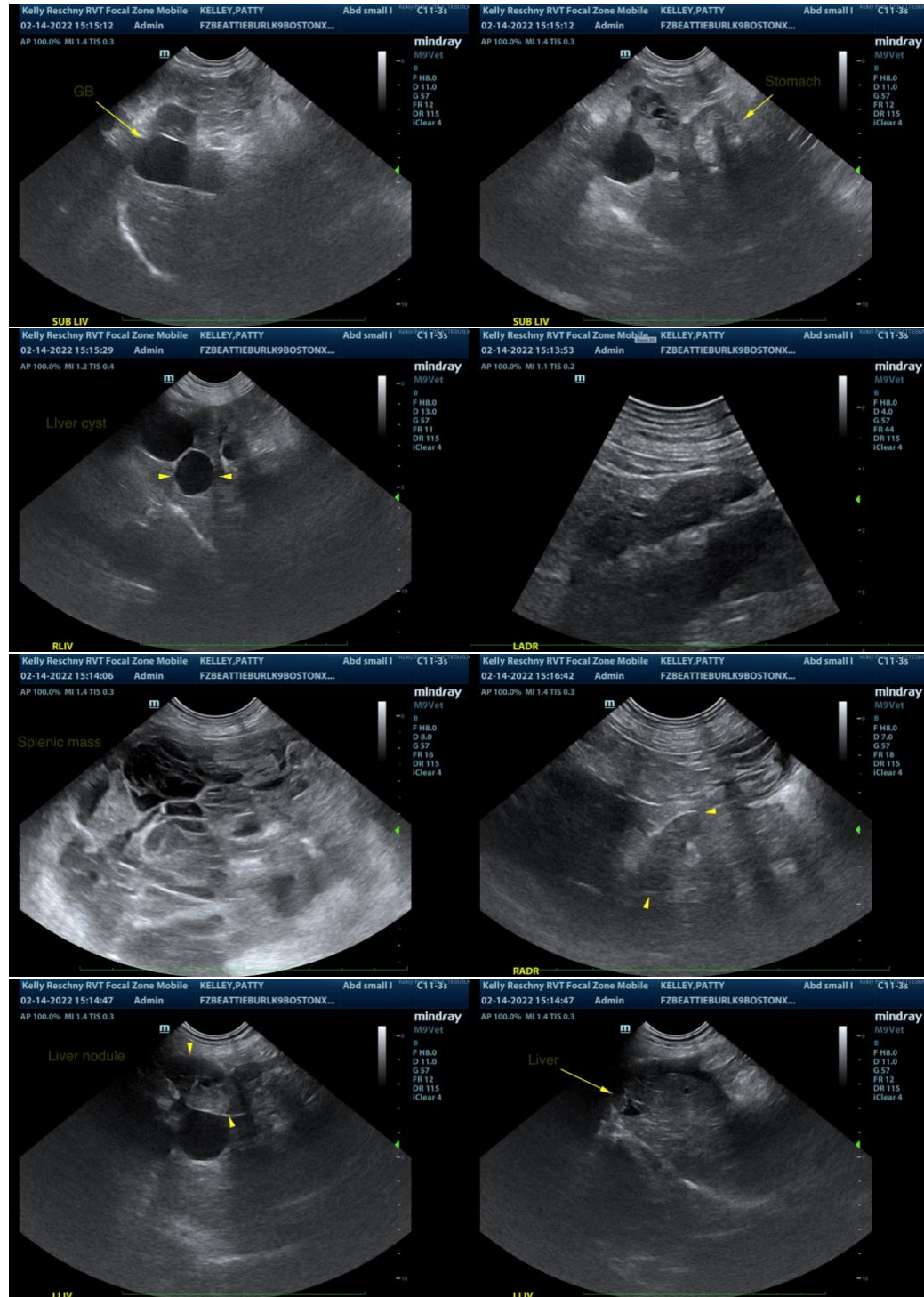
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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