



PATIENT

PRESENTING CLINICAL SIGNS

Simba Velez Umpierre

History: Presented for evaluation as pt became weak lethargic and was collapsing. Pt has a hx of hemangiosarcoma and a splenectomy was done in December 2022. A recheck abdominal ultrasound was done to further evaluate anemia and possible metastasis.

SPECIES

Abnormal PE/Chem/CBC/UA Results: PE: Lethargic depressed, MM PALE BW: Hematocrit 16.5 (37.3 - 61.7 %) WBC 18.40 (5.05 - 16.76 K/ μ L) Platelets 129 (148 - 484 K/ μ L) Neutrophils 15.96 (2.95 - 11.64 K/ μ L) Monocytes 1.33 (0.16 - 1.12 K/ μ L) CHEM: All values were wnl.

Canine

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Golden Retriever

Urinary System

SEX

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is distended with 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.

Male, intact

The prostate is enlarged (3.52 cm in width) with slightly irregular peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and subtly heterogeneous in appearance. A few small, ill-defined cystic areas are observed. The prostatic urethra is not overtly dilated.

AGE

9 Yrs.

The left kidney is normal size (6.76 cm in length); normal shape and architecture with 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.

WEIGHT

64 lbs.

The right kidney is normal size (7.44 cm in length); normal shape and architecture with 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.

INTERPRETED BY

Adrenal Glands

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

The left adrenal gland is normal size (0.48 cm at cranial pole) (0.49 cm at caudal pole) (xxx 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.

IMAGING PERFORMED BY

Dr. Ferrer

The right adrenal gland is normal size (0.48 cm at cranial pole) (0.51 cm at caudal pole) (2.85 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.

HOSPITAL NAME

Paseos VC

Spleen

Previously splenectomized.

REFERRING VET

Dr. Ferrer

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

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The gastric 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.

SPECIES

Canine

Pancreas

BREED

Golden Retriever

The pancreas is largely isoechoic relative to surrounding omental fat. The pancreatic duct is not overtly dilated. See also *Other*.

SEX

Male, intact

Free Abdomen

A small amount of free fluid is present. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.30 cm in length.

AGE

9 Yrs.

Other

A 3.5 cm well circumscribed heterogeneous slightly cavitated mass is observed in the caudal abdomen, adjacent to the cystourethral junction. Surrounding mesentery is hyperechoic.

WEIGHT

64 lbs.

A 0.75 cm hypoechoic nodule is also observed in the left cranial quadrant. Surrounding mesentery is also hyperechoic. A few smaller hypoechoic nodules are also observed in the left cranial quadrant in the region of the splenic fossa. An irregular (1.52 cm) hypoechoic nodule is also observed in the right cranial quadrant. Surrounding mesentery is hyperechoic. A few smaller nodules are also observed in this region. A few hypoechoic nodules are also observed in the mesenteric root.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The caudal abdominal mass is concerning for a metastatic lesion. The origin of the hypoechoic nodules in the left and right cranial abdomen is unclear. They may be arising from mesentery, pancreas, other. These are also concerning for metastatic lesions. Multifocal areas of peritonitis are present, adjacent to the nodular lesions.

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- Trace ascites.

Secondary Findings:

- Mild bilateral age-related renal changes.

HOSPITAL NAME

Paseos VC

- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.

- The mesenteric lymphadenopathy may represent reactive change or metastatic disease.

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- The hepatic parenchymal changes are non-specific and may be secondary to a benign process (i.e., regenerative nodular hyperplasia). However, metastatic disease cannot be completely excluded.

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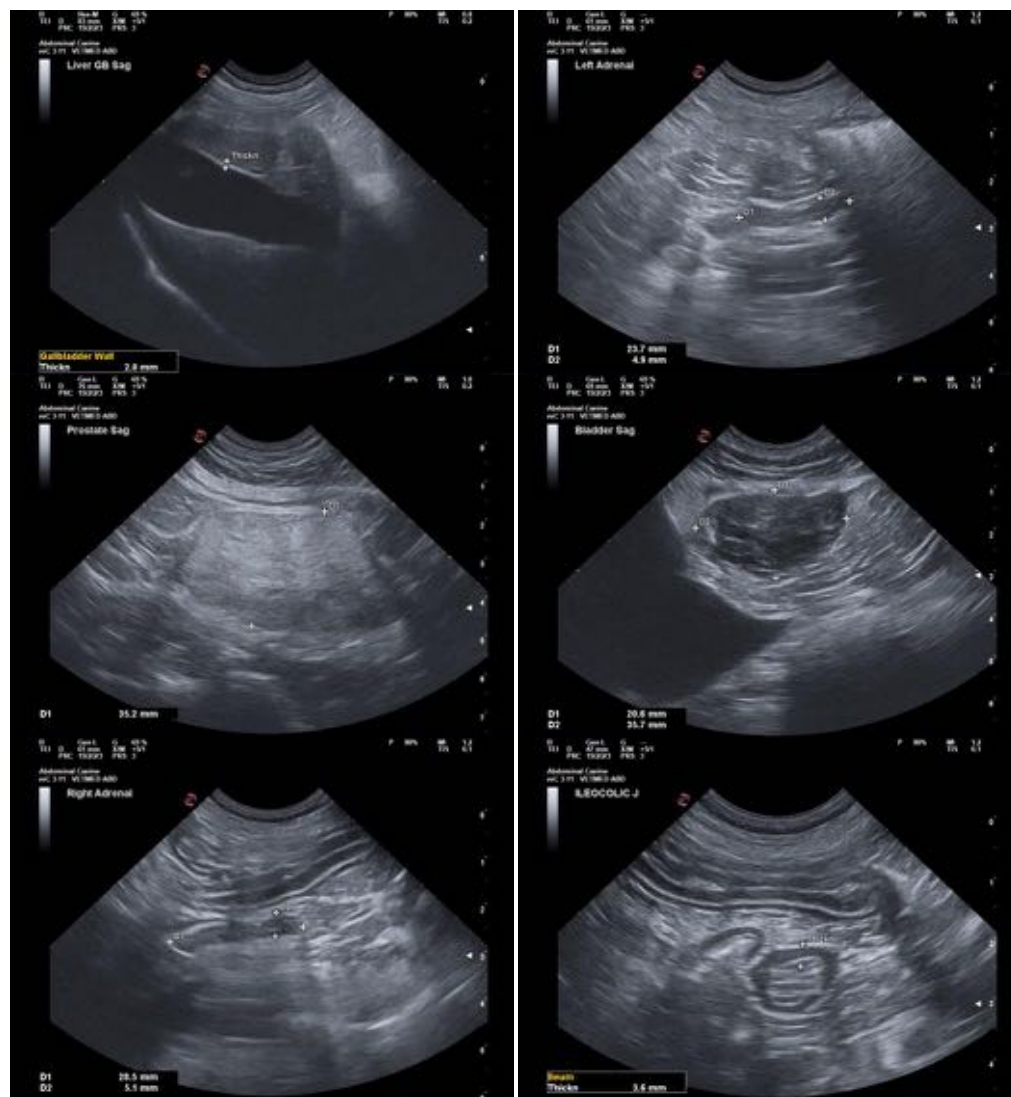
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

· Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

· Further diagnostics/treatments should be based on the thoracic radiograph results as well as the cytology from the nodules at the mesenteric root. Consultation with a board certified oncologist may be warranted. Given the likelihood of metastatic disease, however, palliative care (i.e., Yunnan Baiyao) should be considered in lieu of aggressive diagnostic/treatments.





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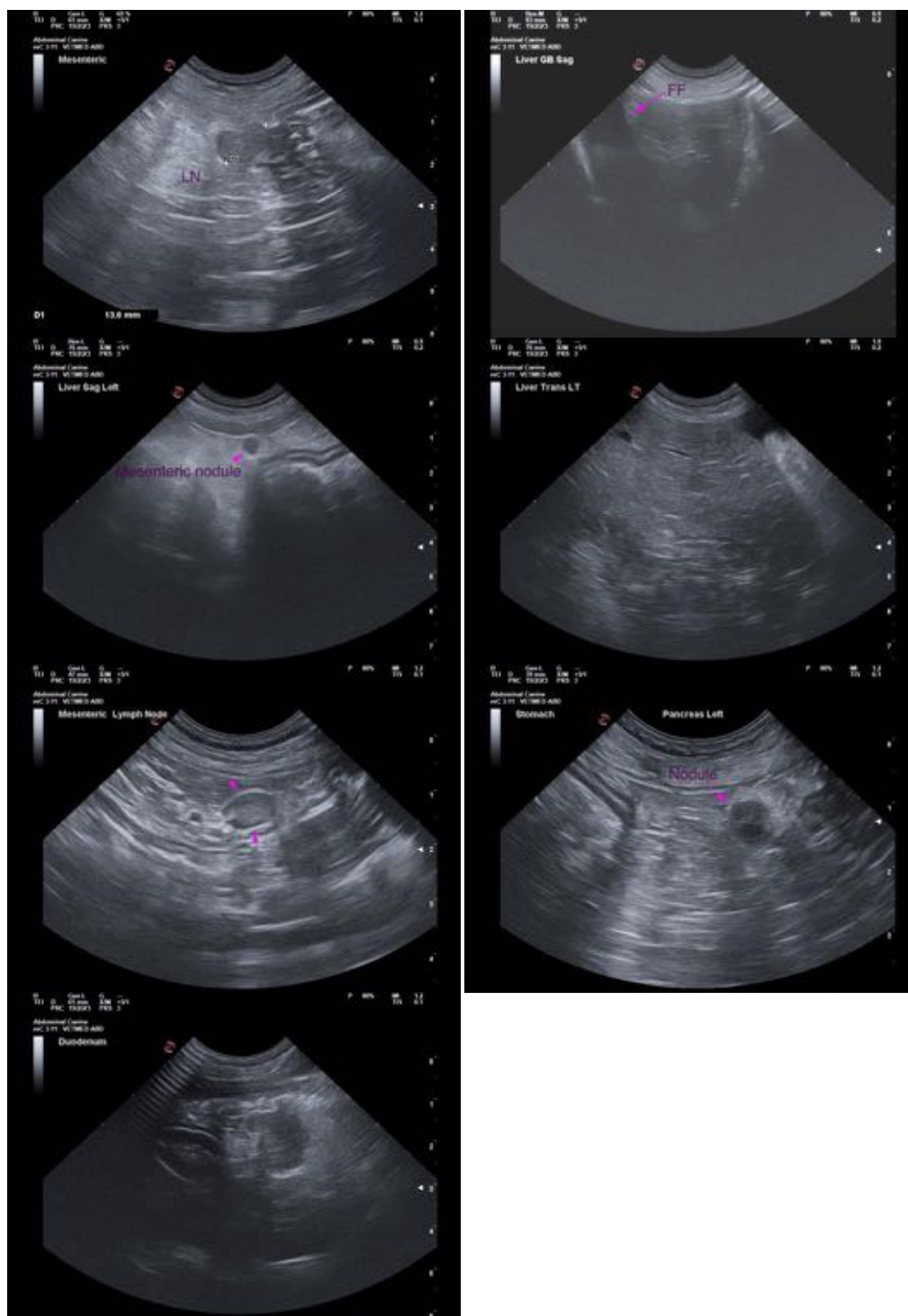
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

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