



PATIENT PRESENTING CLINICAL SIGNS

Eva Welechenko History: intermittent episodes lethargy, pale MM. Chest rads raise concern for sternal lymphadenopathy

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine *Urinary System*

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

BREED

Labrador Retr

The left kidney is normal in size (7.50 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

SEX

Female Spayed

The right kidney is normal in size (7.10 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

12

WEIGHT

27.1 kg

Adrenal Glands

The left adrenal gland is normal in size (0.73 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.

INTERPRETED BY

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

The right adrenal gland is normal in size (0.58 cm at cranial pole) (0.64 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

Dr Sarah Barthelemy

Spleen

A >12.0 cm heterogenous, slightly cavitated vascular mass appears to be arising from the splenic parenchyma. In the remainder of the spleen, the margins are curvilinear and the parenchyma is mottled in appearance. splenic vasculature appears normal with no evidence of thrombosis.

HOSPITAL NAME

Falconridge AH

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.

REFERRING VET

Dr Rix

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small polypoid-like lesions is arising from the mucosal surface. A small-to-moderate amount of aggregated, echogenic, mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

DATE

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The gastric lumen is not distended. 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 not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.



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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.

SPECIES

Canine

Lymph Nodes

A 1.99 x 0.51 cm medial iliac lymph node is visualized. In addition, a 1.54 x 0.60 cm, slightly cystic lymph node is observed in the right mid- to caudal abdomen.

BREED

Labrador Retr

Free Abdomen

The mesentery in the cranial- to mid-abdomen is hyperechoic. A small amount of free fluid is observed.

SEX

Female Spayed

ULTRASONOGRAPHIC FINDINGS

Primary Findings

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- Large, cavitated midabdominal mass, suspected to be of splenic origin. Neoplasia (i.e., hemangioma, hemangiosarcoma) is suspected, with a low possibility of a non-neoplastic process.
- Cranial- to mid-abdominal peritonitis likely secondary to the splenic mass
- The hepatic parenchymal changes could be consistent with benign age-related parenchymal remodeling, regenerative nodular hyperplasia, inflammatory disease, metastatic disease, hepatotoxicosis (i.e., copper), fibrosis, and/or other hepatopathy.

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Secondary Findings

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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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, consider a splenectomy with submission of the spleen for histopathology. Liver biopsies should also be obtained at the time of surgery to assess for micrometastatic disease.

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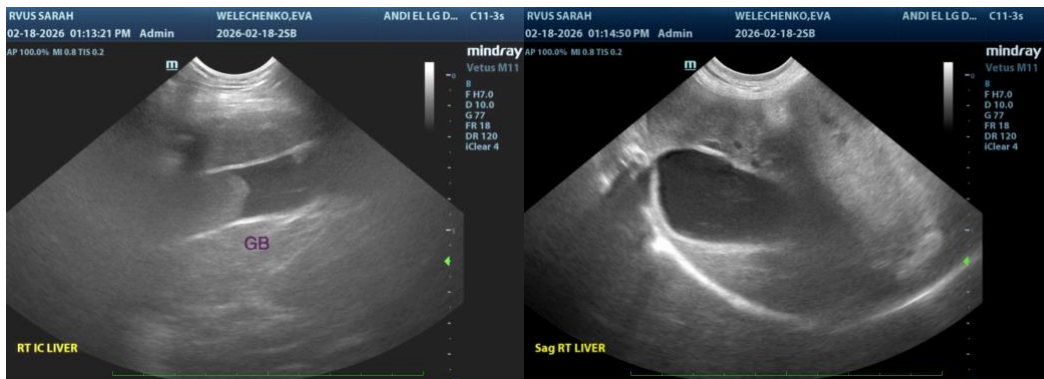
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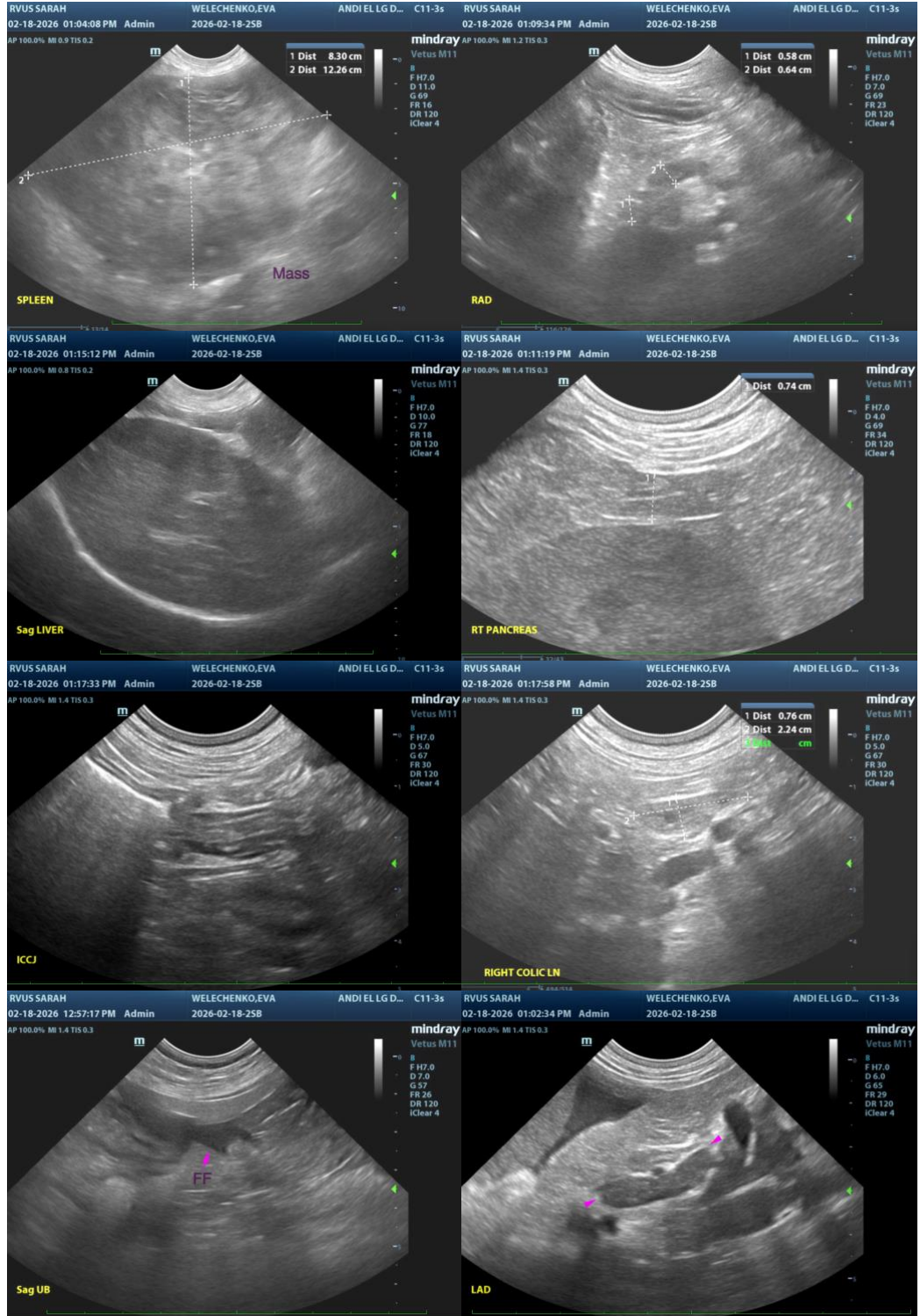
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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