



PATIENT PRESENTING CLINICAL SIGNS

Simon Vilitis History: splenic mass, hemobdome
 Abnormal PE/Chem/CBC/UA Results: PCV/TS 40%/8.2, lab work pending

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

9

WEIGHT

69.3 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall in the region of the apex is mildly-thickened (0.52 cm) with a slightly irregular mucosal surface. The wall tapers to a normal thickness as it extends towards the cystourethral junction. A small amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 5 cm, are normal.

The prostate is normal in size (0.91 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (7.75 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (7.45 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

Adrenal Glands

The left adrenal gland is normal in size (0.51 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.

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

IMAGING PERFORMED BY

Rebecca Hamilton

Spleen

The spleen is enlarged, with irregular peripheral contours. A >13.0 cm heterogenous, cavitated mass is arising from the parenchyma. In the remainder of the spleen, the parenchyma is mottled in appearance. The mesentery effacing the serosal surface of the mass is hyperechoic. Splenic vasculature is normal with no evidence of thrombosis.

HOSPITAL NAME

Cresskill AH

Liver

The liver is subjectively normal in size with an irregular margin at the caudal aspect. The parenchyma is hypoechoic relative to the spleen and diffusely mottled in appearance. A 2.5 x 2.3 cm hypoechoic-to-heter, cavitated, expansile mass is observed on the left side. A 1.0 cm hypoechoic nodule is also seen on the left side. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

REFERRING VET

Dr. Not provided

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The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

DATE

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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.



PATIENT *Pancreas*

Simon Vilutis

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 *Lymph Nodes*

Canine

The abdominal lymph nodes are normal/not visible.

Free Abdomen

BREED

The mesentery throughout the abdomen is hyperechoic. A moderate amount of free fluid is observed.

Mix

Other

A brief echocardiogram reveals no obvious evidence of right atrial or auricular mass. There is no obvious evidence of pericardial effusion.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

AGE *Primary Findings*

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- Splenic mass with reported hemoabdomen. Neoplasia (i.e., hemangioma, hemangiosarcoma) is suspected with a low possibility of a non-neoplastic process.

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- The hepatic nodules are concerning for metastatic disease. However, emerging primary hepatic neoplasia or a benign process (i.e., regenerative nodular hyperplasia, inflammatory disease, other) cannot be completely excluded.

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- Diffuse peritonitis with ascites (hemoabdomen)

Secondary Findings

- Bilateral nonspecific age-related renal changes

IMAGING PERFORMED BY

Rebecca Hamilton

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Cresskill AH

Three-view thoracic radiographs are recommended to assess for pulmonary metastases. If there is no evidence of pulmonary metastatic disease and an aggressive approach is desired, consider a splenectomy with submission of the spleen for histopathology along with biopsies of the hepatic nodules. The client should be warned of the risk of metastatic disease prior to surgery. An abdominal CT scan would be useful in presurgical planning.

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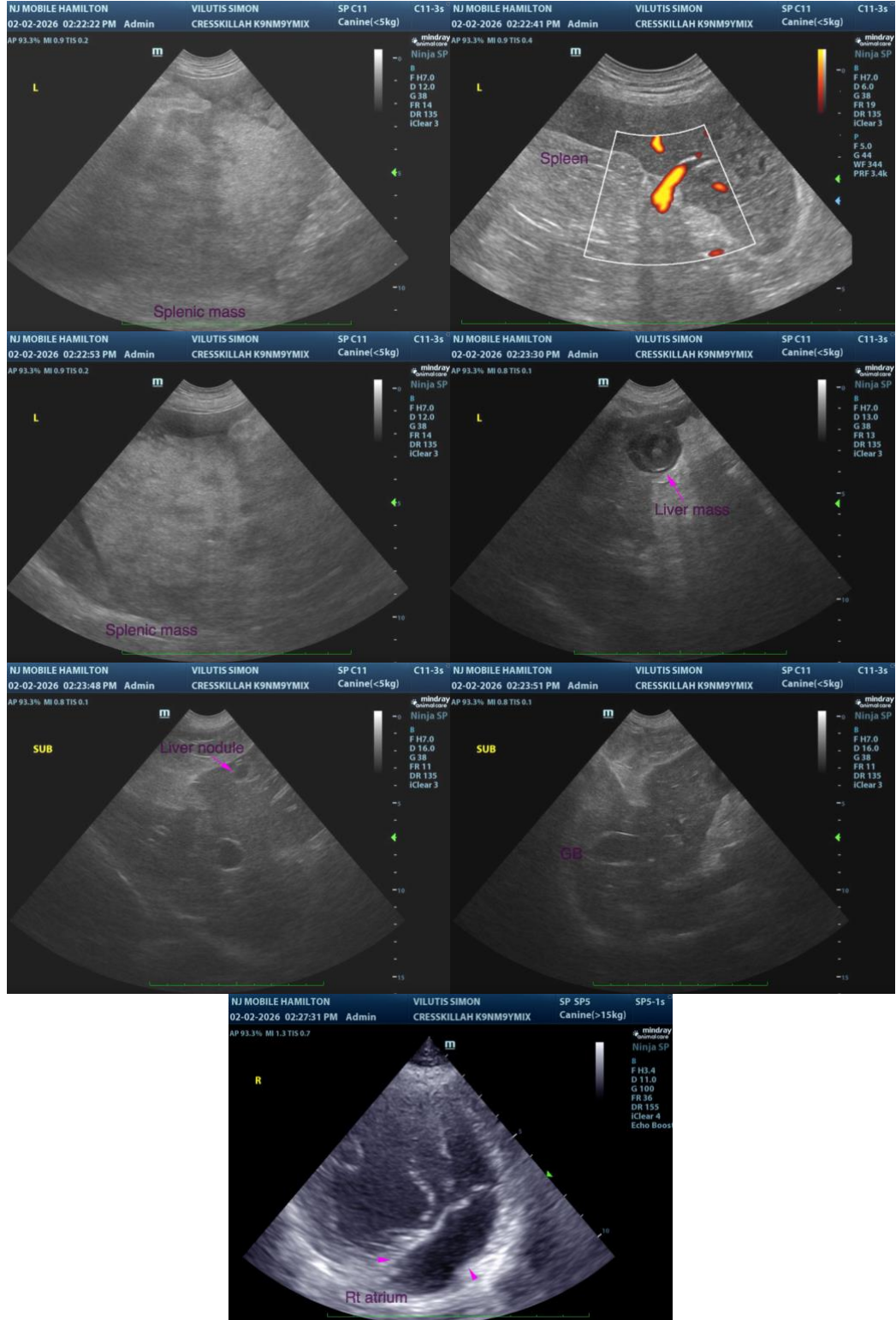
Dr. Not provided

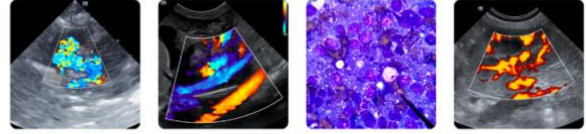
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PATIENT

Simon Vilutis

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.

SPECIES

Canine

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.

BREED

Mix

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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