



PATIENT

Lizzie Cece

SPECIES

Canine

BREED

Staffordshire Bull Terrier

SEX

Female, spayed

AGE

13 Yrs.

WEIGHT

75.3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Ashley Fatzer

HOSPITAL NAME

Andover AH

REFERRING VET

Dr. Hummel

INVOICE

13043

DATE

2/23/22

PRESENTING CLINICAL SIGNS

History: Possible mass found on sedated exam

Abnormal PE/Chem/CBC/UA Results: 4in firm intra- abdominal mass ventral abdomen, grade 2 dd
CBC: nsf CHEM: alk phos 395 (5-131) UA: pH7, 1.018, prot 1+, microalbuminuria 9.7 (>2.5)

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 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 is normal size (8.27 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (7.59 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.65 cm at cranial pole) (0.60 cm at caudal pole) (2.57 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 (0.82 cm at cranial pole) (0.79 cm at caudal pole) (2.54 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 >5 cm irregular hyperechoic to slightly heterogeneous mass is observed at the cranial aspect. The mass causes capsular expansion. The mesentery effacing the serosal surface is mildly hyperechoic. The remainder of the spleen is homogeneous in appearance with normal curvilinear peripheral contours. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is slightly mottled in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately



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

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Gastrointestinal

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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 pyloric outflow tract is patent. 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 disease is noted.

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Pancreas

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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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Free Abdomen

AGE

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

13 Yrs.

Other

WEIGHT

A brief visualization of the heart reveals no obvious evidence of pericardial effusion.

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INTERPRETED BY

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

Andrea Nicastro, DVM,
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(Small Animal Internal
Medicine)

- Splenic mass. Neoplasia (i.e., round cell tumor, sarcoma) is considered likely with a lower possibility of benign pathology.

Secondary Findings:

- Suspected benign hepatopathy (i.e., age-related remodeling, regenerative nodular hyperplasia and/or vacuolar hepatopathy). However, metastatic disease cannot be completely excluded.

IMAGING PERFORMED BY

Ashley Fatzner

HOSPITAL NAME

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the splenic is recommended (if clotting status is appropriate). A 25-gauge needle should be used. If cytology results are inconclusive, a splenectomy with submission of the spleen for histopathology may be necessary to get a definitive diagnosis. If surgery is pursued a liver biopsy should also be obtained to evaluate for micrometastatic disease.

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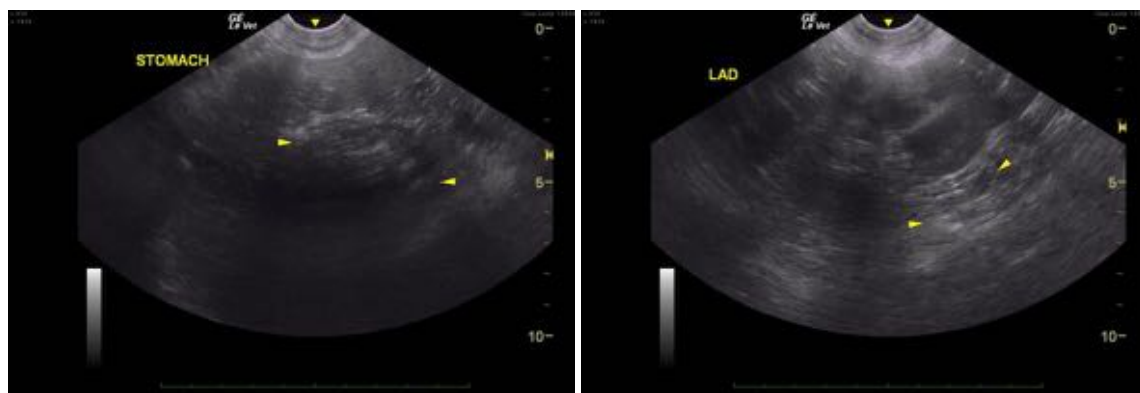
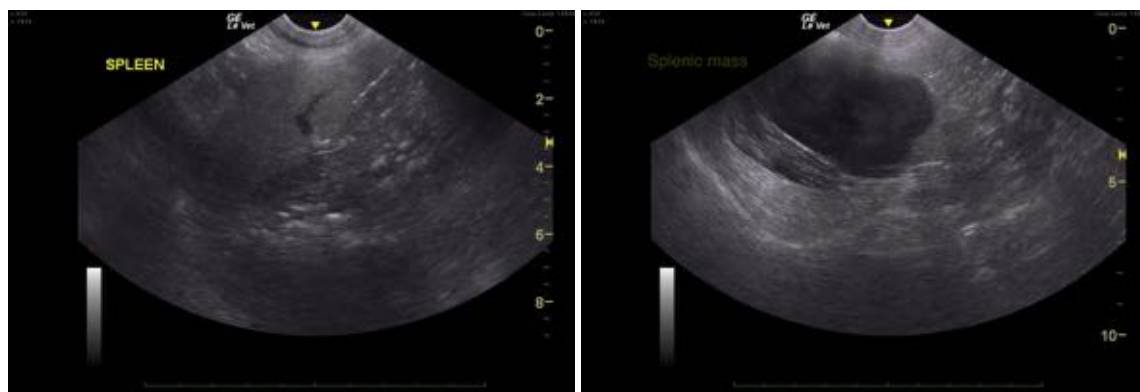
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The information and recommendations provided are based on the images presented by the



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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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