

PATIENT PRESENTING CLINICAL SIGNS

- Leo Lopes
- ADR, hyporexic, lethargic, pale MMs and potbelly
 - Hemoabdomen? AFAST and abdominocentesis revealed frank blood
- SPECIES**
- Start Gabapentin and Yunnan Bayaio

Canine
BREED Abnormal PE/Chem/CBC/UA Results: Rads revealed loss of detail, borders of liver and spleen not detected, poorly defined oval soft tissue structure mid ventrally, concerns for enlarged right heart. HCT 22% PLT 41K/uL PCT 0.07% TT4 11 rest WNL

Austr Shepherd X **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

SEX *Urinary System*

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

AGE The region of the prostate is not visualized due to its pelvic location.

11

WEIGHT The left kidney is normal in size (7.26 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.

32 kg

The right kidney is normal in size (7.06 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.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Sm Animal Internal Med)

Adrenal Glands

The left adrenal gland is mildly enlarged (0.82 cm at cranial pole) (0.90 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

Crystal Hill

HOSPITAL NAME No images provided of the right adrenal gland.

Spleen

The spleen is normal in size (1.80 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.97 x 0.66 cm multiseptated cystic nodule is observed approximately mid-body. Splenic vasculature is normal.

Beatties PH
Stoney Creek

REFERRING VET

Beckstead

Liver

The liver is prominent-in-size, with irregular peripheral contours. Numerous, varying-sized, heterogenous, cavitated masses/nodules are visualized (one of the largest measuring 4.8 cm in its longest dimension). Several of these lesions are resulting in capsular expansion. The remaining parenchyma is mottled in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

INVOICE

22600

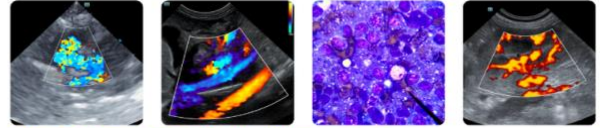
DATE

2-23-26

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.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering



PATIENT

Leo Lopes

pattern. 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 colonic wall is normal. There is no evidence of an obstructive pattern.

SPECIES

Canine

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.

BREED

Austr Shepherd X

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

SEX

Neutered Male

Free Abdomen

The mesentery throughout the abdomen is variably hyperechoic. A moderate amount of slightly echogenic debris is observed.

ULTRASONOGRAPHIC FINDINGS

AGE

11

- Multiple cavitated hepatic masses/nodules. Neoplasia (i.e., hemangiosarcoma, carcinoma) is suspected with a low possibility of a non-neoplastic process (i.e., multifocal inflammatory disease).

WEIGHT

32 kg

- The small splenic nodule could be consistent with a metastatic lesion, an emerging primary splenic tumor, or a benign cyst.
- Ascites with peritonitis, likely secondary to hepatic pathology

INTERPRETED BY

Andrea Nicastro, DVM,
 Diplomate ACVIM
 (Sm Animal Internal Med)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A PCV on the abdominal fluid, with comparison to the peripheral PCV is recommended to further assess for hemoabdomen. Cytologic evaluation of the abdominal fluid can also be considered. Depending on the results, consultation with a board-certified oncologist may be warranted. In the meantime, symptomatic care is recommended.

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beatties PH
 Stoney Creek

REFERRING VET

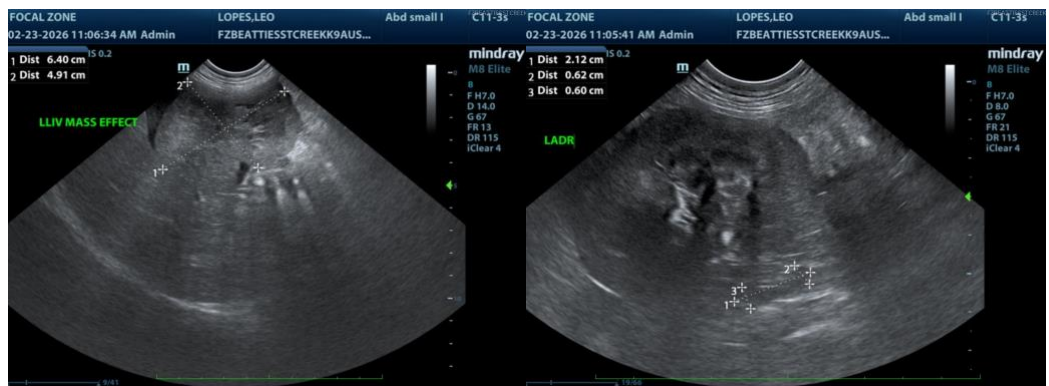
Beckstead

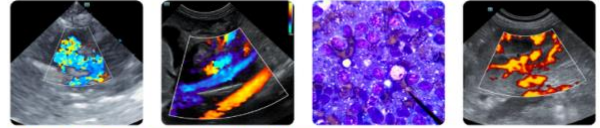
INVOICE

22600

DATE

2-23-26





PATIENT

Leo Lopes

SPECIES

Canine

BREED

Austr Shepherd X

SEX

Neutered Male

AGE

11

WEIGHT

32 kg

INTERPRETED BY

Andrea Nicastro, DVM,
 Diplomate ACVIM
 (Sm Animal Internal Med)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beatties PH
 Stoney Creek

REFERRING VET

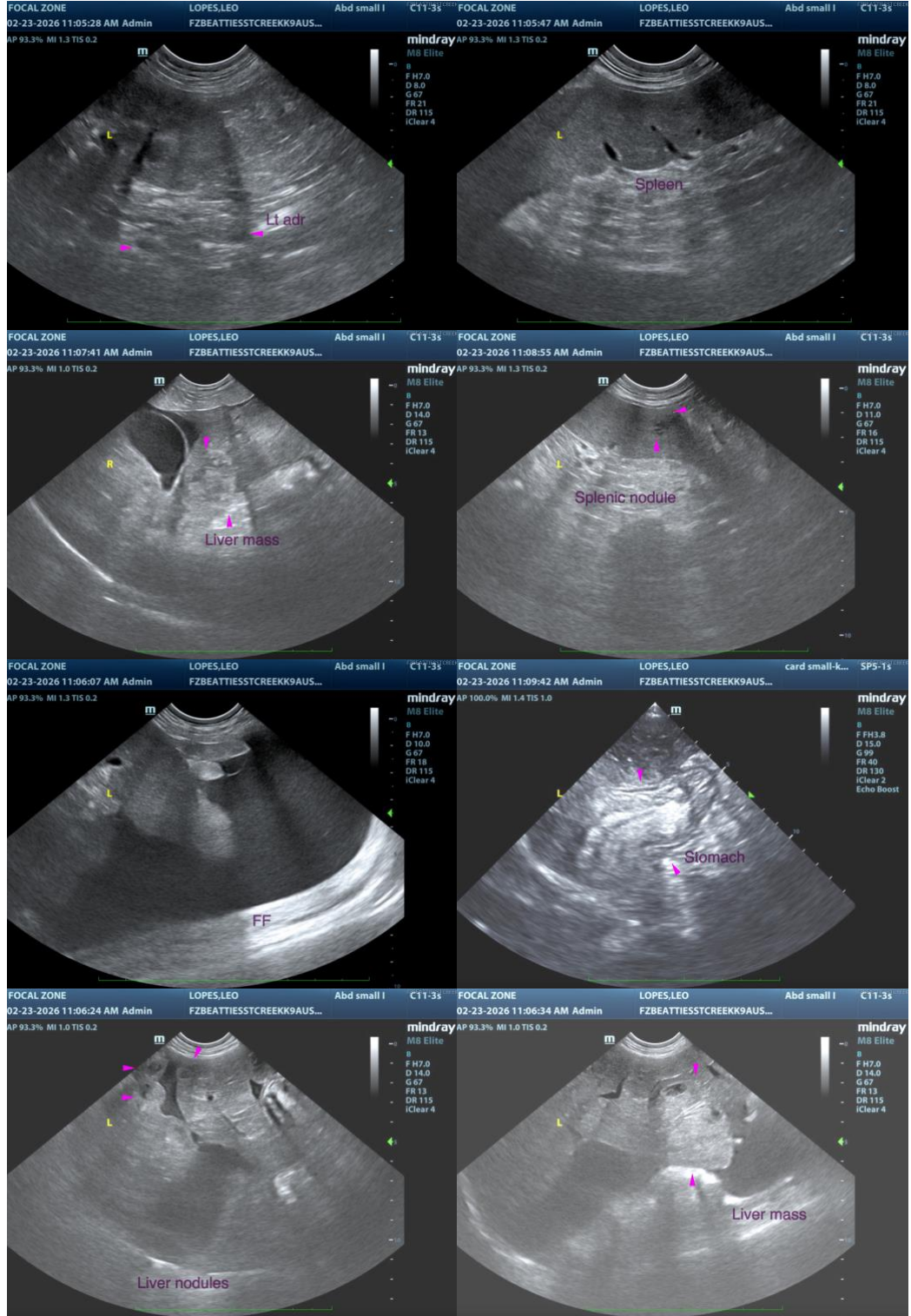
Beckstead

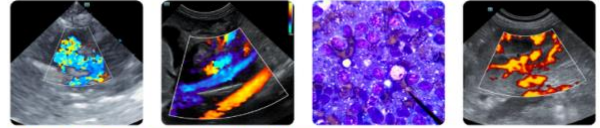
INVOICE

22600

DATE

2-23-26





PATIENT

Leo Lopes

SPECIES

Canine

BREED

Austr Shepherd X

SEX

Neutered Male

AGE

11

WEIGHT

32 kg

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Beatties PH
Stoney Creek

REFERRING VET

Beckstead

INVOICE

22600

DATE

2-23-26



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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com