



**PATIENT**

Rex Wood

**SPECIES**

Canine

**BREED**

Rottweiler mix

**SEX**

Male, neutered

**AGE**

8 Yrs.

**WEIGHT**

43.5 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Barnes

**HOSPITAL NAME**

Westview VH

**REFERRING VET**

Dr. Barnes

**INVOICE  
13053**

**DATE  
2/28/22**

**PRESENTING CLINICAL SIGNS**

History: Had TTA left Knee Sept 2020, Had Medial meniscal removal Had TTA right Knee Oct 2019 2020, Had Medial meniscal removal Last 2 months has been limping and favoring the right stifle. Some discomfort with direct palpation over the right TTA plate and Forks. On Xray study some concern for splenic mass

Abnormal PE/Chem/CBC/UA Results: 1. Worsening of right stifle effusion could be compatible with recurrence of instability of the stifle or development of an additional intra-articular injury such as meniscal damage. 2. Static right stifle arthritis. 3. Unremarkable and healed tibial tuberosity advancement procedures. 4. Moderate left stifle effusion and subtle arthritis compatible with the prior diagnosis of a cruciate ligament rupture. 5. Suspect early onset of splenic mass. Splenic neoplasia such as hemangiosarcoma is the primary differential. The possibility of a hematoma or extramedullary hematopoiesis cannot be ruled out. 6. Otherwise unremarkable abdomen. 7. Unremarkable thorax.

**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 prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (8.50 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

The right kidney is normal size (8.54 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

*Adrenal Glands*

The left adrenal gland is normal size (0.64 cm at cranial pole) (0.59 cm at caudal pole) (3.89 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 (1.57 cm at cranial pole) (0.82 cm at caudal pole) (4.33 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*

The spleen is subjectively normal in size (1.73 cm in width at the level of the hilus) with a folded contour and smooth curvilinear peripheral contours. The parenchyma is subtly mottled in appearance. No distinct focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

*Liver*



**PATIENT**

Rex Wood

**SPECIES**

Canine

**BREED**

Rottweiler mix

**SEX**

Male, neutered

**AGE**

8 Yrs.

**WEIGHT**

43.5 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Barnes

**HOSPITAL NAME**

Westview VH

**REFERRING VET**

Dr. Barnes

**INVOICE**

13053

**DATE**

2/28/22

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of echogenic to mineralized gravity-dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

***Gastrointestinal***

The gastric lumen is mildly gas 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. No obstructive disease is noted.

***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.

***Free Abdomen***

There is questionable trace free fluid. The abdominal lymph nodes are normal/not visible.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- The splenic changes trend toward the benign (i.e., lymphoid hyperplasia, extramedullary hematopoiesis or splenitis). Emerging neoplasia (i.e., lymphoma) is possible but considered less likely. There is no obvious evidence of a distinct splenic mass.

**Secondary Findings:**

- Non-specific age-related renal changes.
- Questionable trace ascites.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A fine needle aspirate of the spleen can be considered (if clotting status is appropriate) to help rule out infiltrative neoplasia.



**PATIENT**

Rex Wood

**SPECIES**

Canine

**BREED**

Rottweiler mix

**SEX**

Male, neutered

**AGE**

8 Yrs.

**WEIGHT**

43.5 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Barnes

**HOSPITAL NAME**

Westview VH

**REFERRING VET**

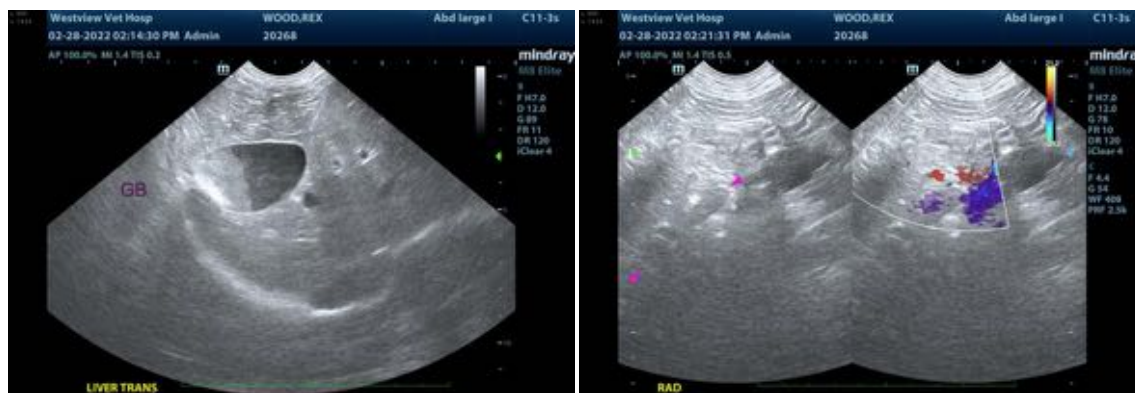
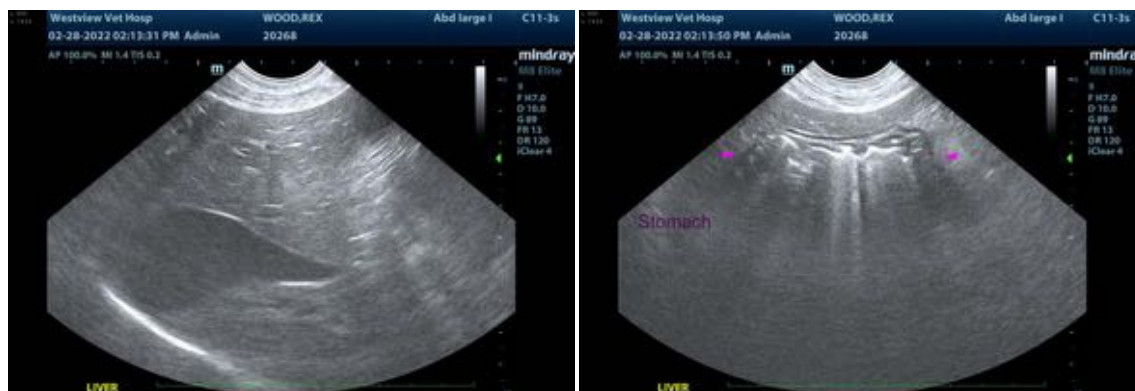
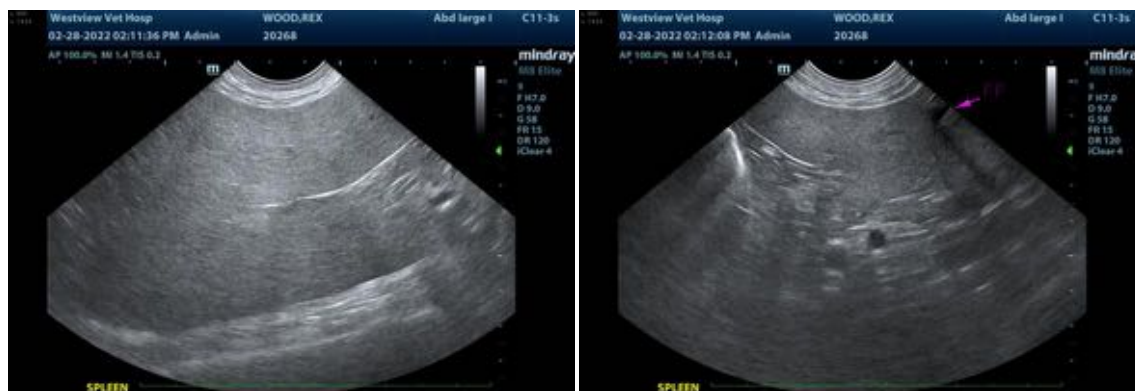
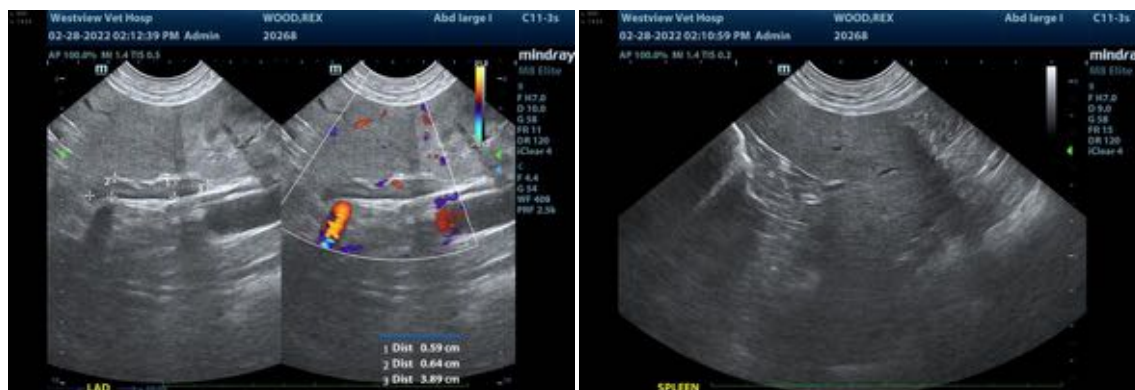
Dr. Barnes

**INVOICE**

13053

**DATE**

2/28/22



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



**PATIENT**

Rex Wood

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.

**SPECIES**

Canine

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

Andrea.nicastro@sonopath.com

**BREED**

Rottweiler mix

**SEX**

Male, neutered

**AGE**

8 Yrs.

**WEIGHT**

43.5 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Barnes

**HOSPITAL NAME**

Westview VH

**REFERRING VET**

Dr. Barnes

**INVOICE  
13053**

**DATE  
2/28/22**