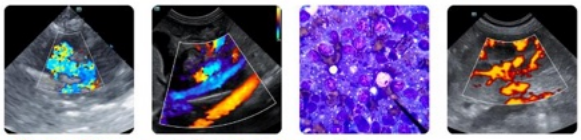


DATE

2/9/26

PATIENT

Sadie Vandommelen

SPECIES

Canine

BREED

Staffordshire terrier

SEX

Female, spayed

AGE

8/12/2012

WEIGHT

43 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Jacksonville VH

REFERRING VET

Dr. Coll

INVOICE

13458

PRESENTING CLINICAL SIGNS

Patient History: Has not been seen by a Vet for 6 years. ADR for 24 hours, moments of instability where p was not allowing owners touch her= atypical. Decreased appetite. Owner made pet vomit with h202- paper wrapper pieces found in vomit.

Current Medications: None listed.
Labwork Results: Labwork not attached, reported as: Abdominal mass suspected on radiographs
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Midazolam and butorphanol.
Stat Report: Declined.
Imaging Performed by: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

The left kidney is normal in size (5.91 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. An ill-defined hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.30 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. An ill-defined hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.94 cm at cranial pole) (0.85 cm at caudal pole) with a normal shape. The glandular echogenicity and detail are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (1.08 cm at cranial pole) (0.87 cm at caudal pole) with slightly swollen irregular peripheral contours. The glandular echogenicity and detail are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is enlarged with irregular peripheral contours. A >7 cm cavitated vascular expansile mass is arising from the parenchyma. In addition, a 1.3 cm hypoechoic nodule is observed near the caudal aspect. The remaining parenchyma is slightly mottled in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is normal to prominent in size with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. Approximately mid-liver, there is a questionable ill-defined hypoechoic nodule measuring 0.82 cm in diameter. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of mobile echogenic to mineralized debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly fluid 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 ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Large cavitated splenic mass. Neoplasia (i.e., hemangiosarcoma, hemangioma) is suspected. The smaller splenic nodule could be consistent with a metastatic lesion, benign focus (i.e., lymphoid hyperplasia or similar, other).
- Possiblehypoechoic hepatic nodule mid-liver. This lesion may represent an imaging artifact (as it is not seen in other video clips) or may represent a true nodule such as a regenerative nodule, inflammatory focus, metastatic lesion, emerging primary tumor, other.

Secondary Findings:

- Bilateral nonspecific, age-related renal changes
- Bilateral adrenomegaly
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

2. 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. The liver should also be biopsied at the time of surgery to assess for micrometastatic disease. If any liver nodules are seen, biopsies should be obtained of these lesions.


IntraPet Imaging RBIILLC
vandommelen,sadie
IntraPet abd...
C11-3s
02-09-2026 03:05:08 PM Admin
JACsvk9staffsf2012
Spleen
1 Dist 6.39 cm
2 Dist 5.09 cm
Mass
mindray
M8 Elite

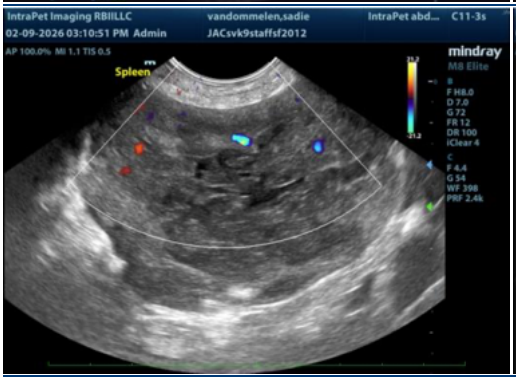

IntraPet Imaging RBIILLC
vandommelen,sadie
IntraPet abd...
C11-3s
02-09-2026 03:05:50 PM Admin
JACsvk9staffsf2012
Spleen
1 Dist 1.28 cm
Nodule
mindray
M8 Elite

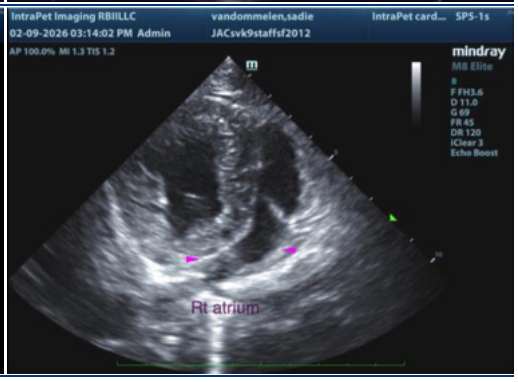

IntraPet Imaging RBIILLC
vandommelen,sadie
IntraPet abd...
C11-3s
02-09-2026 03:06:15 PM Admin
JACsvk9staffsf2012
Liver
mindray
M8 Elite

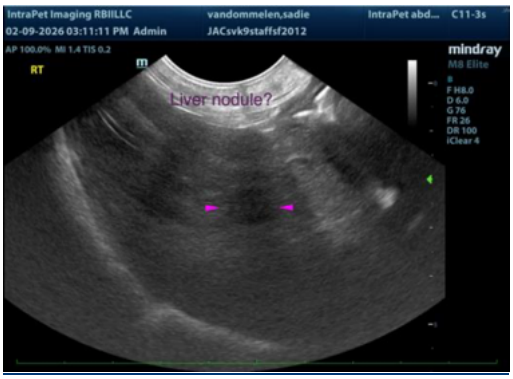

IntraPet Imaging RBIILLC
vandommelen,sadie
IntraPet abd...
C11-3s
02-09-2026 03:08:19 PM Admin
JACsvk9staffsf2012
RT Kidney ADR
1 Dist 2.78 cm
2 Dist 0.98 cm
3 Dist 1.08 cm
mindray
M8 Elite


IntraPet Imaging RBIILLC
vandommelen,sadie
IntraPet abd...
C11-3s
02-09-2026 03:11:44 PM Admin
JACsvk9staffsf2012
RT
Panc
mindray
M8 Elite


IntraPet Imaging RBIILLC
vandommelen,sadie
IntraPet abd...
C11-3s
02-09-2026 03:10:05 PM Admin
JACsvk9staffsf2012
LT ADR
1 Dist 2.86 cm
2 Dist 0.85 cm
3 Dist 0.94 cm
mindray
M8 Elite


IntraPet Imaging RBIILLC
vandommelen,sadie
IntraPet abd...
C11-3s
02-09-2026 03:10:51 PM Admin
JACsvk9staffsf2012
Spleen
mindray
M8 Elite


IntraPet Imaging RBIILLC
vandommelen,sadie
IntraPet card...
SP5-1s
02-09-2026 03:14:02 PM Admin
JACsvk9staffsf2012
Rt atrium
mindray
M8 Elite



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