



**PATIENT**

Oakley Weiss

**SPECIES**

Canine

**BREED**

Viszla

**SEX**

Neutered Male

**AGE**

11 years

**WEIGHT**

63.7 lbs/28.9 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Marti Williams

**HOSPITAL NAME**

Limestone VH

**REFERRING VET**

Dr. Masha McCarthy

**INVOICE**

10545

**DATE**

3/16/22

**PRESENTING CLINICAL SIGNS**

History: Intermittent lethargy x 3 days. Tense mid abdomen. Non-clotting blood on abdominocentesis.

Abnormal PE/Chem/CBC/UA Results/Labwork:  
Neuts 12k, Plates 75, Glob 2.1, Alb 4.1, else NSF

**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 normal in size (1.96 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (6.42 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.

The right kidney presented normal size (7.02 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 caudal pole of the left adrenal gland is well visualized and is normal size (0.50 cm in width), with a normal shape, glandular echogenicity and detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (1.84 cm at cranial pole) (0.83 cm at caudal pole) (3.50 cm in length); with a slightly irregular shape. The parenchyma is slightly heterogenous in appearance with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature appear normal.

**Spleen**

The spleen is enlarged with irregular peripheral contours. A >4 cm irregular, heterogenous cavitated mass is arising from the parenchyma. In the remainder of the spleen, several hypoechoic to heterogenous, cavitated nodules/masses are observed. Splenic vasculature is normal with no evidence of thrombosis.

**Liver**

The liver is subjectively prominent in size with slightly irregular peripheral contours. A 3.46 cm irregular, heterogenous, cavitated mass is observed in the left lateral lobe. The mass causes capsular expansion. In addition, several hypoechoic to target-like nodules are observed throughout the organ. An ill-defined hyperechoic nodule/area is also seen at the caudal aspect. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.



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The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated, echogenic, mostly gravity dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

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**Gastrointestinal**

The gastric lumen is moderately distended with ingesta. 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 or overt infiltrative disease is noted.

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**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.

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**Free Abdomen**

A moderate amount of free fluid is present. The mesentery surrounding the spleen is hyperechoic. The abdominal lymph nodes are normal/not visible.

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**Other**

A brief echocardiogram reveals no evidence of pericardial effusion.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Splenic masses. Neoplasia (i.e., hemangiosarcoma), is suspected.
- The hepatic nodules/masses are concerning for metastatic disease.
- Ascites - differentials include hemoabdomen versus other effusion.

**Secondary Findings**

- The right adrenal changes are most consistent with hyperplasia.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Given the likelihood of metastatic disease in the abdomen, palliative care (i.e., Yunnan Baiyao, blood transfusions as needed, symptomatic treatment), should be considered.
- If an aggressive approach is desired, an abdominal exploratory with splenectomy and biopsies of the hepatic lesions can be considered. However, given the likelihood of metastatic disease, a splenectomy is unlikely to extend the patient's survival time.

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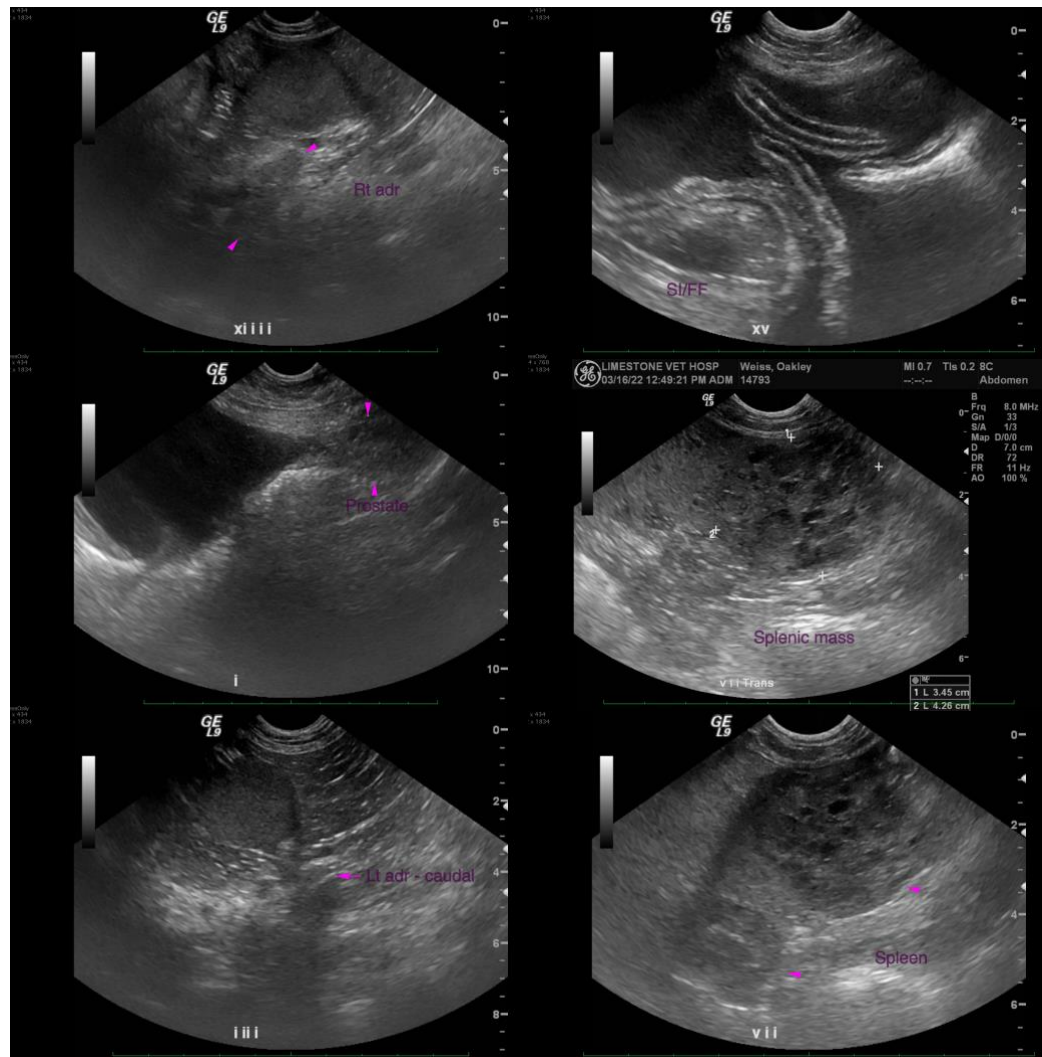
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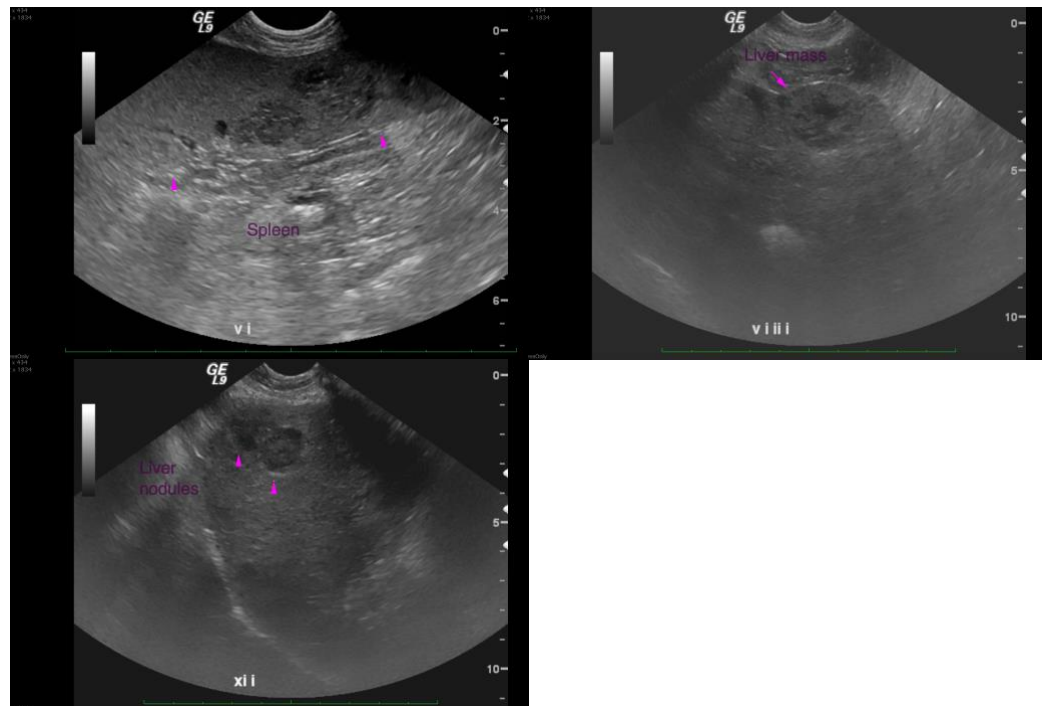
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
info@SonoPath.com