



**PATIENT**

Toby Traer

**PRESENTING CLINICAL SIGNS**

History: Previous AUS 2/28/2022, R/C splenic mass that was noted on last scan  
Abnormal PE/Chem/CBC/UA Results: Dog has PDH as Dx with LDDST. and Hypothyroidism.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Lab

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.

**SEX**

Neutered Male

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

**AGE**

7 years, 1 mo

The left kidney is normal size (7.80 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**WEIGHT**

54.1 kg

The right kidney is normal size (8.84 cm in length); normal shape and architecture with 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.

**Adrenal Glands**

The left adrenal gland is normal size (0.74 cm at cranial pole) (0.85 cm at caudal pole) (4.19 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.

**INTERPRETED BY**

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

The right adrenal gland is normal size (0.68 at cranial pole, (0.80 cm at caudal pole) (3.08 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.

**IMAGING PERFORMED BY**

Dr. Brian Barnes

**Spleen**

The spleen is normal in size (2.08 cm in width at the level of the hilus) with a normal capsular contour. A light micronodular pattern is present throughout the parenchyma.. No focal lesions are observed. Splenic vasculature is normal.

**HOSPITAL NAME**

Westview VH

**Liver**

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

**REFERRING VET**

Dr. Brian Barnes

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

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**Gastrointestinal**

The gastric lumen is not 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

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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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Canine

**Pancreas**

The left limb of the pancreas is visible, with minimal deviation from the normal peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

**BREED**

Lab

**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

**SEX**

Neutered Male

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia). The previously observed isoechoic nodule is no longer visible. It may have been an imaging artifact or an inflammatory or other benign focus that has since resolved.

**AGE**

7 years, 1 mo

**Secondary Findings**

- Suspected benign diffuse hepatopathy
- Age-related pancreatic remodeling in the left limb.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- No further evaluation of the spleen is indicated at this time. However, further evaluation may be warranted in the future if problems arise.

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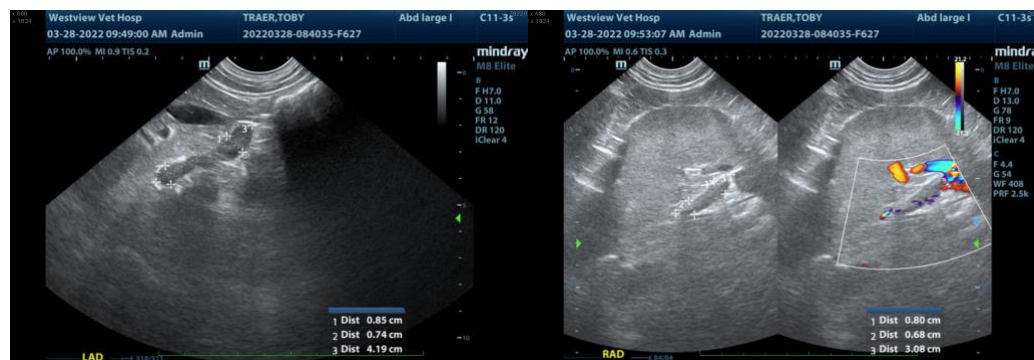
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**SPECIES**

Canine

**BREED**

Lab

**SEX**

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**AGE**

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**WEIGHT**

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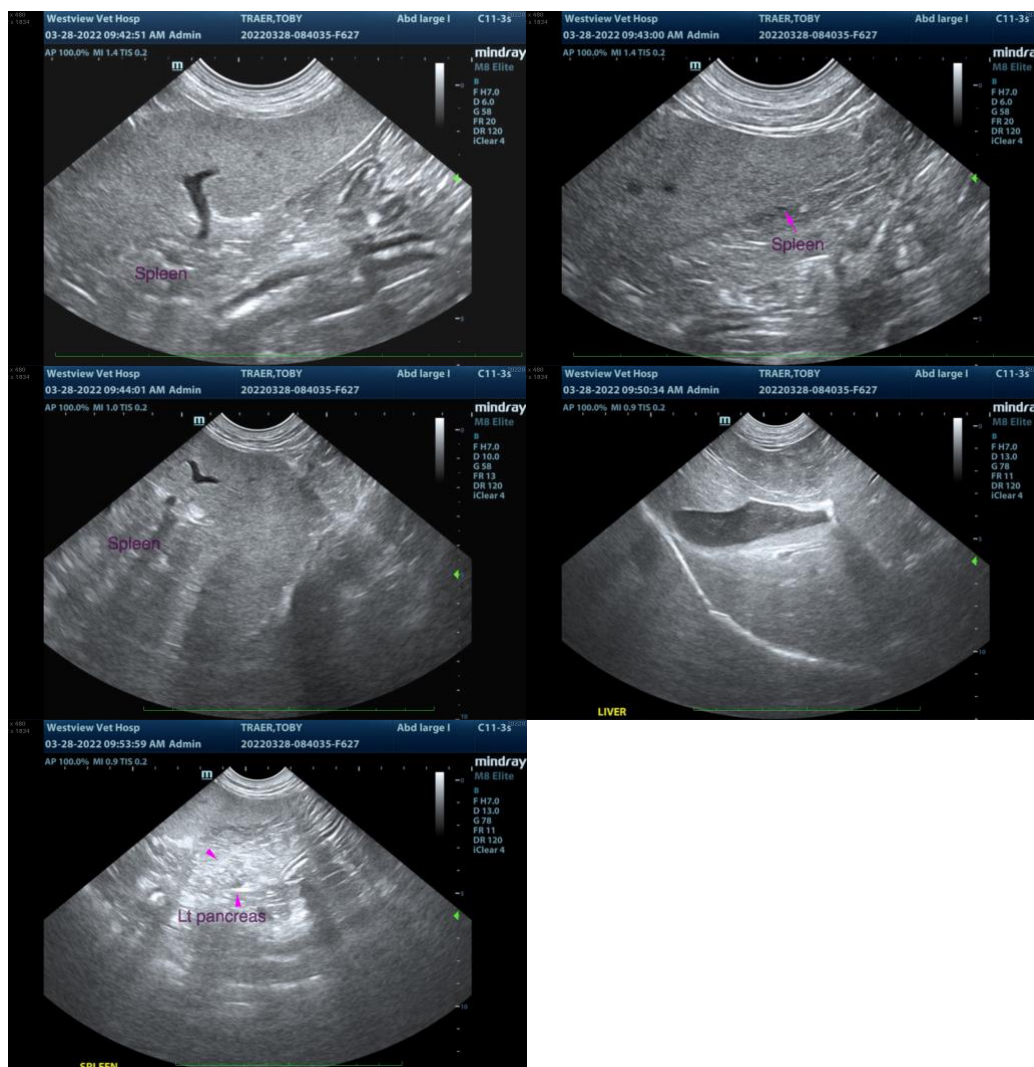
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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