



PATIENT

Mellie Yancey

SPECIES

Canine

BREED

Geman Shepherd

SEX

Spayed Female

AGE

6 years

WEIGHT

78 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr. Swanson

DATE

3/7/22

INVOICE

10511

PRESENTING CLINICAL SIGNS

History: acting off, poor appetite, some discomfort hind end. Has a grade 3 systolic heart murmur that was never previously noted:

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 left kidney presented normal size (8.66 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 hydronephrosis. Renal vasculature is normal.

The right kidney presented normal size (6.86 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.52 cm at cranial pole) (0.57 cm at caudal pole) (2.49 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 (0.66 cm at cranial pole) (0.73 cm at caudal pole) (2.21 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 enlarged, with irregular peripheral contours. A >7 cm heterogenous mass is arising from the parenchyma. The remaining peripheral margins are slightly irregular. The parenchyma is subtly mottled in appearance in some areas. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

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 amount of



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Mellie Yancey gravity dependent, echogenic to mineralized debris is observed within the lumen. The cystic and common bile ducts are normal.

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Gastrointestinal

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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are 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

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A portion of the pancreas is obscured by the splenic mass. In the visualized portions, no obvious pathology is seen.

Spayed Female

Free Abdomen

AGE

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

6 years

Other

WEIGHT

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

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ULTRASONOGRAPHIC FINDINGS

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

Primary Findings

- Large splenic mass. Neoplasia (i.e., hemangiosarcoma, hemangioma, round cell tumor), is considered likely, with a lower possibility of a benign process. Regional peritonitis is present.
- The ascites may be due to abdominal hemorrhage (i.e., from the splenic mass), neoplastic effusion, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Q Street AH

- 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 assess for the presence of a hemoabdomen.
- If there is no evidence of pulmonary metastatic disease, a splenectomy with submission of the spleen for histopathology can be considered. A liver biopsy should also be obtained to assess for micro metastatic disease.
- Baseline lab work, including a CBC Chemistry panel and urinalysis is recommended, prior to surgery, to assess overall metabolic function.

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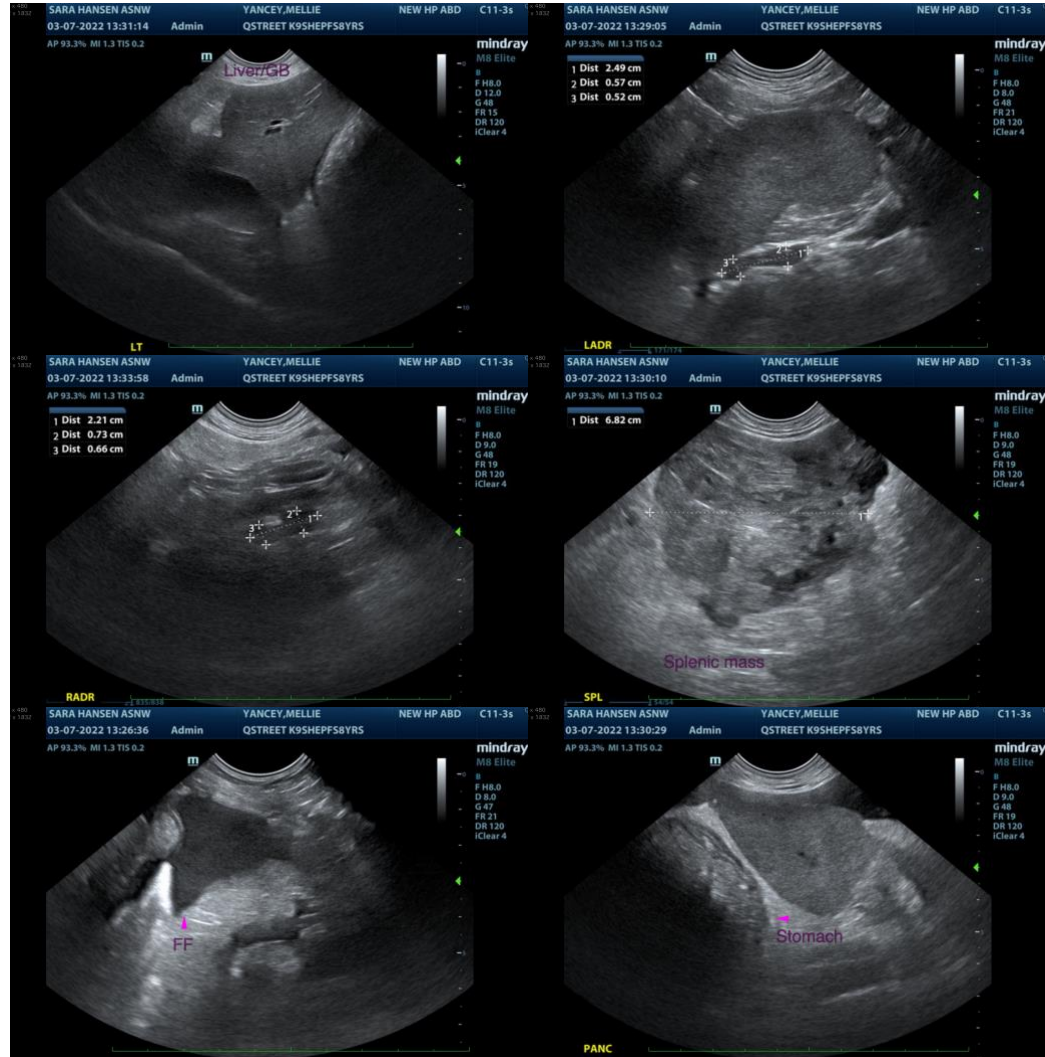
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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