



PATIENT

Gracie Calabrese

SPECIES

Canine

BREED

Yorkie

SEX

Female

AGE

12 yrs.

WEIGHT

5.8 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Lynette Reyes

HOSPITAL NAME

Mobile Vet Ultrasound

REFERRING VET

Dr. Jennifer Fine

INVOICE

13100

DATE

3/8/22

PRESENTING CLINICAL SIGNS

History: Pet has history go a grade 2/6 heart murmur. Recently had abdominal radiographs done and there was a concern for enlarged liver. Pet also has an anemia on CBC. No other concerns
Abnormal PE/Chem/CBC/UA Results: Chem: NSF CBC: WBC: 24.8 HCT: 24%

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 size (3.73 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.

The right kidney is normal size (3.97 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.58 cm at cranial pole) (0.61 cm at caudal pole); 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 (0.74 cm at cranial pole) (0.49 cm at caudal pole) (1.73 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 (1.02 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is mottled in appearance with a 0.89 cm hypoechoic nodule. Splenic vasculature appears normal with no evidence of thrombosis. See *Other*.

Liver

The liver is enlarged with irregular peripheral contours. Several coalescing heterogeneous cavitated masses are observed throughout the organ. An example of a mass on the left side measures 4 cm in diameter. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder is somewhat displaced by the hepatic masses. The lumen is moderately distended. The wall is normal in thickness. a scant amount of gravity dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The proximal duodenal lumen is mildly fluid distended. The remaining small intestinal segments



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are 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.

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Pancreas

The base of the pancreas is prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

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Free Abdomen

The mesentery throughout the abdomen is hyperechoic. A small amount of free fluid is observed. The abdominal lymph nodes are normal/not visible.

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Other

A >8 cm irregular, heterogeneous, slightly cavitated mass is observed in the cranial abdomen and it extends into the caudal abdomen.

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The uterine body is visualized and measures 0.37 cm in width. No obvious pathology is observed.

A brief echocardiogram reveals no evidence of pericardial effusion.

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5.8 lbs.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The origin of the large abdominal mass is unclear. It may be arising from mesentery, spleen, liver, pancreas, lymph node, other. Neoplasia (i.e., sarcoma, round cell neoplasia, other) is highly suspected with a low possibility of a benign process.
- Multiple hepatic masses. Again, neoplasia is suspected.
- The diffuse peritonitis is likely secondary to the multiple abdominal masses.
- The splenic nodule may represent a metastatic lesion. Alternatively, a benign focus of lymphoid hyperplasia, extramedullary hematopoiesis or other benign process is also possible.

Secondary Findings:

- Mild left adrenomegaly.
- Minor, age-related renal changes.
- The pancreatic changes are suggestive of pancreatitis. However, normal variation is a consideration.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine needle aspiration of the hepatic and splenic masses, with care to avoid the cavitated regions, can be considered if clotting status is appropriate. However, given the diffuse

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abdominal pathology and the high likelihood of metastatic neoplasia, palliative care should be considered.

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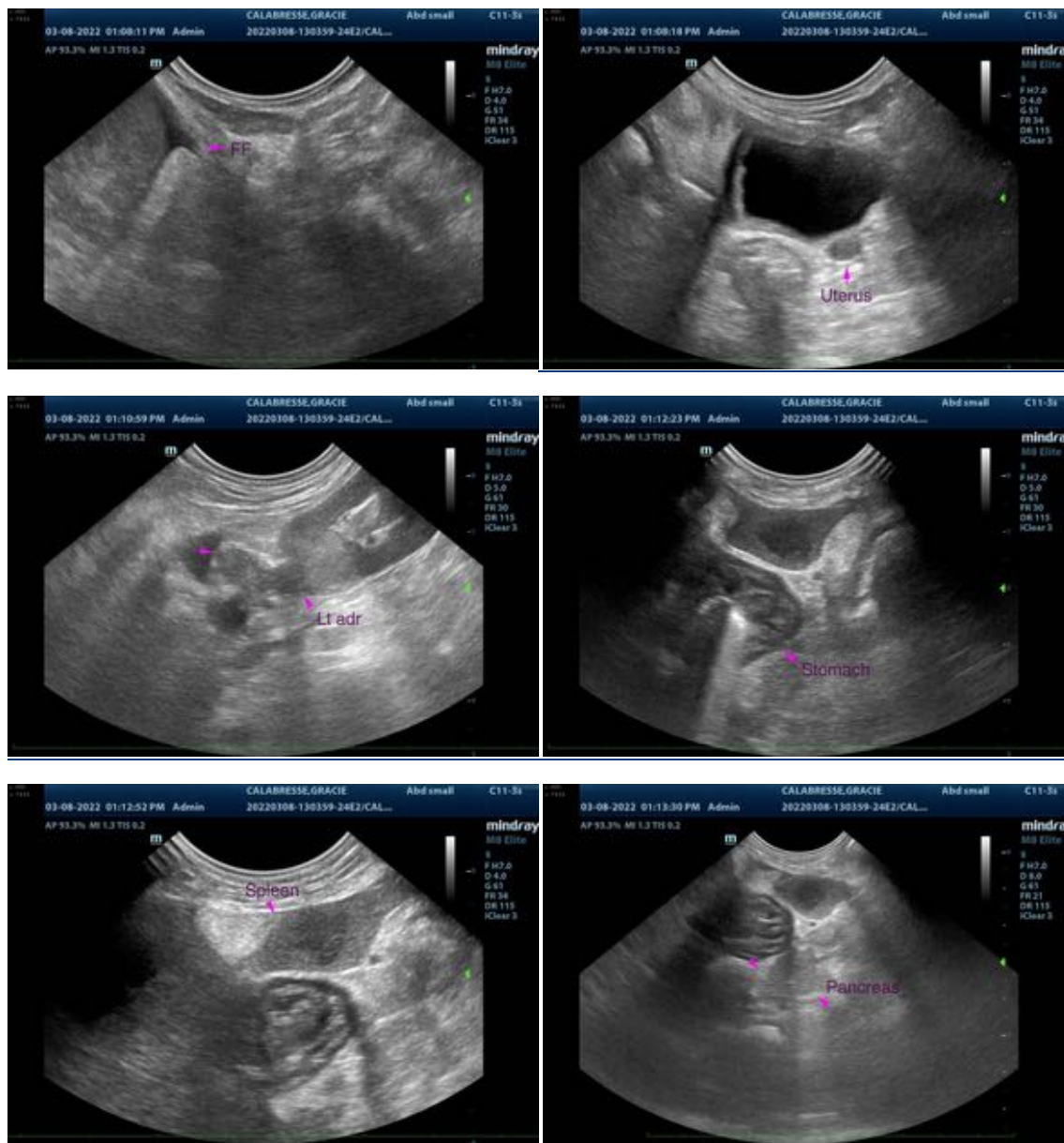
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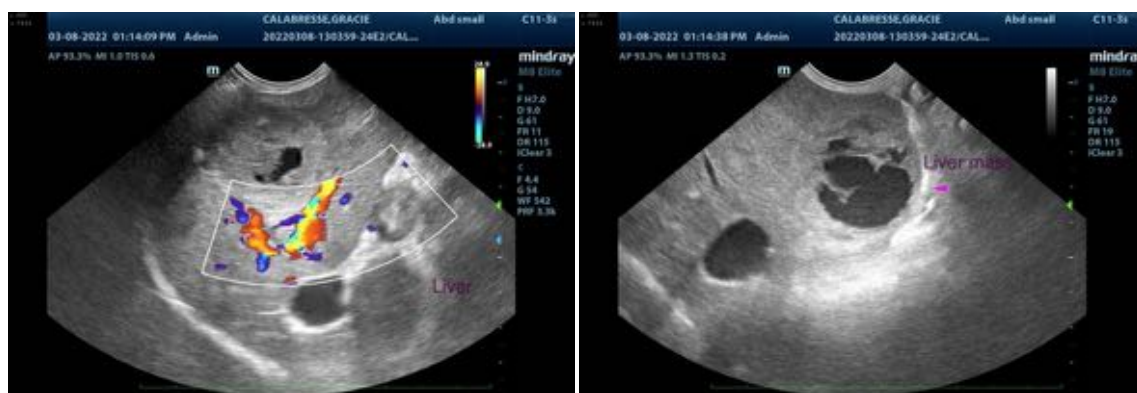
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (Small Animal Internal Medicine)

Andrea.nicastro@sonopath.com