



## PATIENT PRESENTING CLINICAL SIGNS

- Meeko Long
- Addisonian
  - Lethargy
- SPECIES**
- Diarrhea on/off
  - Pot-bellied

Canine

## BREED

Rottweiler

Abnormal PE/Chem/CBC/UA Results: On x-ray an abnormal large mid-abdominal mass most likely associated with liver. Anemia, neutrophilia, monocytosis, Cl low, Alphas 1900, Lipase 437

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### SEX

Neutered Male

### Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

### AGE

6

The region of the prostate is not visualized due to its pelvic location.

### WEIGHT

93

The left kidney is subjectively normal-in-size with a normal shape, architecture and 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.

The right kidney is normal in size (7.72 cm in length) with a normal shape, architecture and 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.

## INTERPRETED BY

Andrea Nicastro, DVM,  
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### Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

## IMAGING PERFORMED BY

Ray Caughman

### Spleen

The spleen is normal in size (2.03 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

## HOSPITAL NAME

Dogwood AH

### Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

## REFERRING VET

Ray Caughman

The gallbladder 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 mildly- to moderately-distended with shadowing material and ingesta. The gastric wall is normal in thickness with a normal layering pattern. 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 colonic wall is normal. There is no evidence of an obstructive pattern.

## DATE

3-9-26



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### **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 heterogenous 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.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.
- Gallbladder debris, non-mucocele
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

### Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The shadowing material within the gastric lumen may represent normal ingesta and/or foreign material.

\*An obvious abdominal mass is not identified in the available images.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the splenic changes, consider fine-needle aspiration (assuming normal clotting status). A 25-gauge needle should be used.
- An abdominal CT scan is recommended to further evaluate for an abdominal mass. Three-view thoracic radiographs are recommended prior to any anesthetic event.



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**HOSPITAL NAME**

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**REFERRING VET**

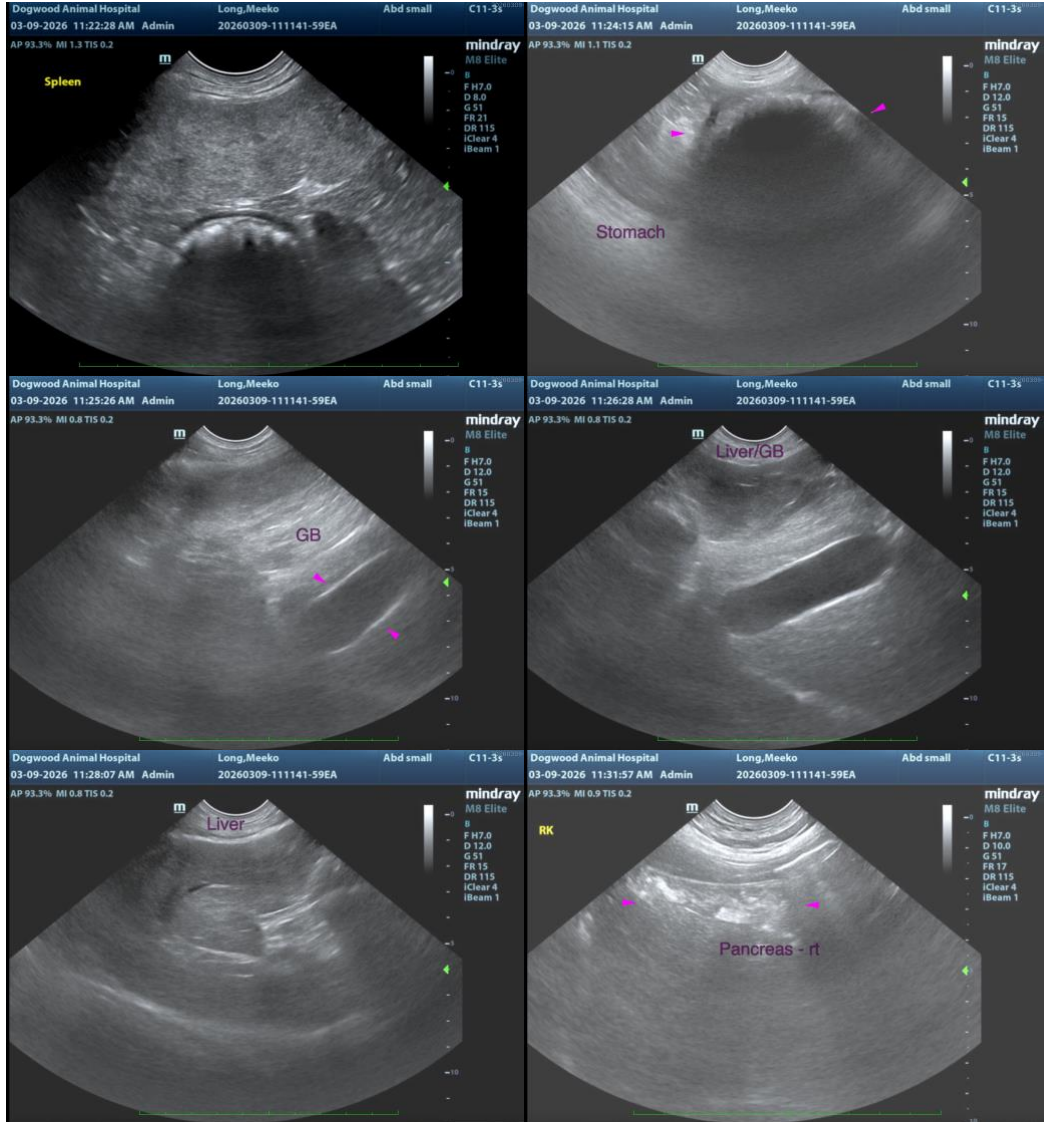
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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