



**PATIENT**

Lava Paul

**SPECIES**

Canine

**BREED**

Golden Retriever Mix

**SEX**

Female Spayed

**AGE**

1/19/2019

**WEIGHT**

45

**INTERPRETED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**IMAGING  
PERFORMED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**HOSPITAL NAME**

Animal Hospital of SC

**REFERRING VET**

Dr. Matthew Stone

**INVOICE**

22791

**DATE**

4-1-26

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: Dog presents BAR and IGC for exam. "O" notes 1 month duration of lethargy, reduced appetite (less than half of offered food). Gained 6# over last 7 months. 101.1, mm pale, tacky, LN wnl, abdomen bloated.

Abnormal lab-work values: Hematocrit 24%. Regenerative anemia (emailed).

Current Medications: Yunnan Bayaio

Radiographic Findings: Reveal a loss of serosal detail (emailed).

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**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 the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (5.91 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.

The right kidney is normal in size (5.93 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.

**Adrenal Glands**

The left adrenal gland is normal in size (0.58 cm at cranial pole) (0.60 cm at caudal pole) with a normal shape and 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 in size (0.56 cm at cranial pole) (0.45 cm at caudal pole) with a normal shape and 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 overall normal in size (2.18 cm in width at the level of the hilus). At the mid- to caudal aspect, a 3.4 x 3.2 cm heterogenous, expansile, cavitated mass is visualized. In the remainder of the spleen, the margins are curvilinear, and the parenchyma is homogenous. Splenic vasculature is normal with no evidence of thrombosis.

**Liver**

The liver is prominent-in-size, with irregular peripheral contours. At the caudal aspect, mid- to right-liver, a 6.6 x 6.2 cm heterogenous, cavitated, expansile mass is visualized. Several, smaller heterogenous nodules are also observed throughout the organ. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

The gastric lumen is minimally distended with ingesta and gas. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is



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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.

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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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***Lymph Nodes***

The abdominal lymph nodes are normal/not visible.

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***Free Abdomen***

The mesentery throughout the abdomen is hyperechoic. A large amount of echogenic free fluid is present.

**ULTRASONOGRAPHIC FINDINGS**

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- Cavitated hepatic mass with smaller nodules. Neoplasia (i.e., hemangiosarcoma with metastatic lesions to the other liver lobes) is suspected, with a low possibility of a non-neoplastic process.

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- Splenic mass. Again, neoplasia (i.e., metastatic disease vs a primary tumor) is suspected, with a low possibility of non-neoplastic process.

- The diffuse ascites, in conjunction with the patient's clinical history, is concerning for hemoabdomen. Other considerations include neoplastic effusion, low oncotic pressure, increased hydrostatic pressure, or increased vascular permeability.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider abdominal fluid cytology, along with a PCV on the abdominal fluid, which should be compared to a peripheral blood PCV, to assess for hemoabdomen.
- Consultation with a board-certified oncologist can also be considered.
- If further testing is not pursued, palliative care is recommended.

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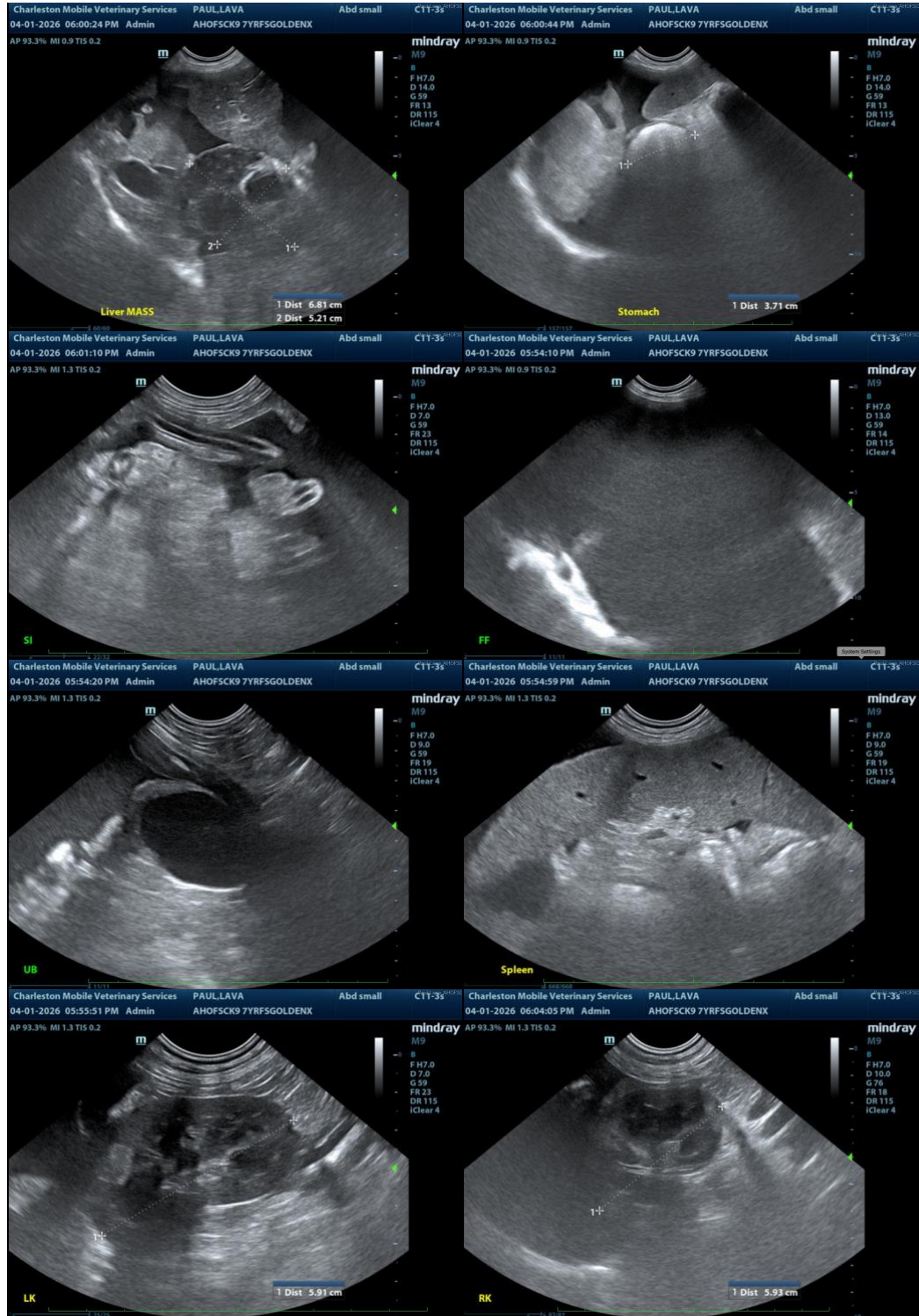
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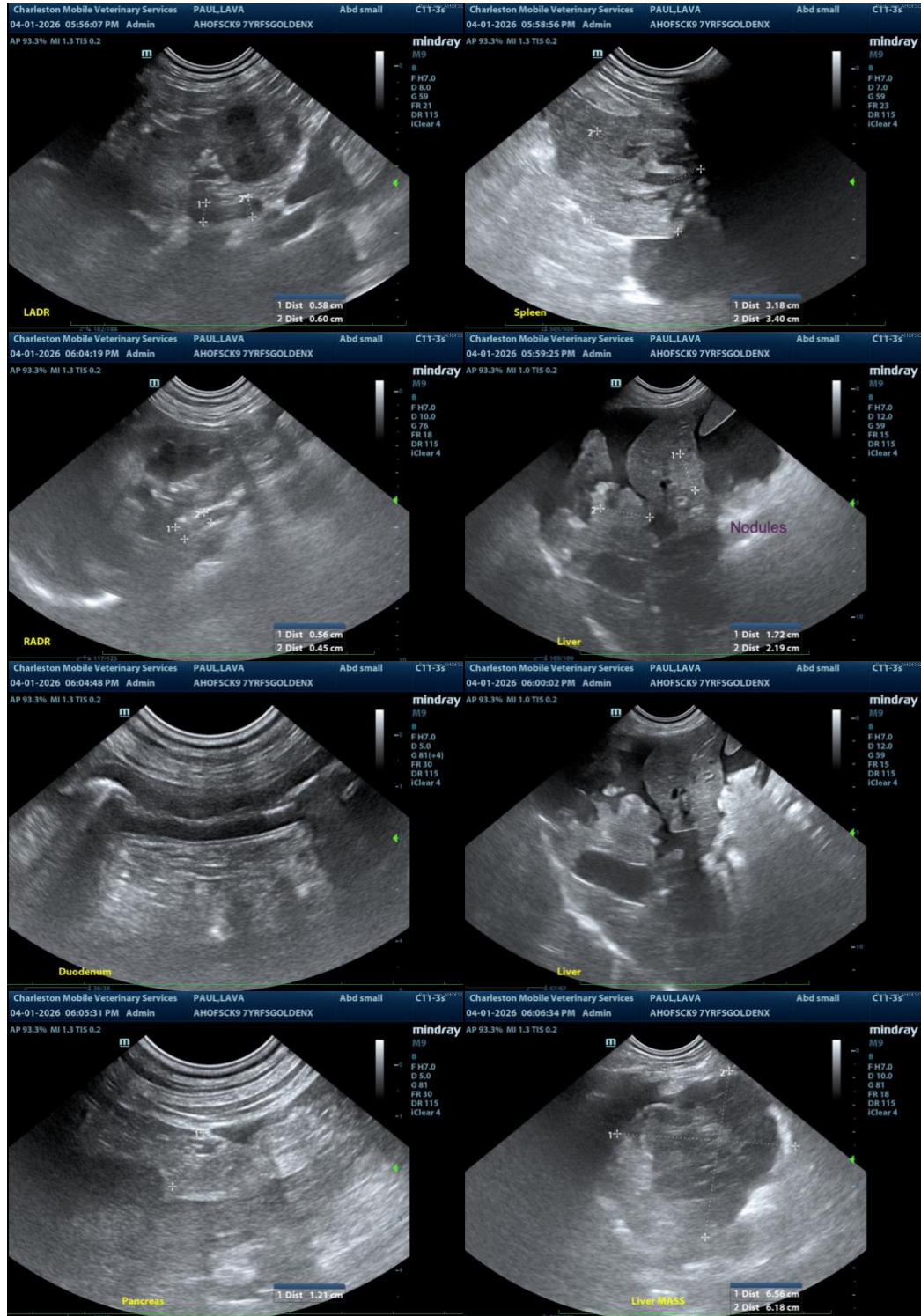
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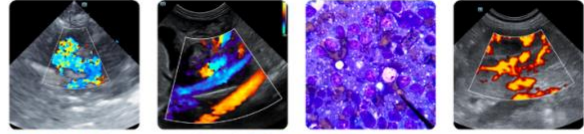
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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