

**PATIENT PRESENTING CLINICAL SIGNS**

Bella Tracy

History: PE- Possible cranial abdominal mass. Radiographic conclusions: 1. Diffuse Broncho interstitial pattern -This likely represents age-related fibrosis which is exacerbated by the patient's expiratory phase of respiration, however heartworm disease, eosinophilic bronchopneumopathy, metastatic bronchitis are also considered. 2. The soft tissue opacity caudal to the stomach is concerning for a splenic mass, however a pedunculated hepatic mass or pancreatic mass is also considered. 3. Microhepatia -Differentials include a normal patient variant, chronic hepatitis, portosystemic shunt, cirrhosis. 4. Extra thoracic soft tissue nodule - Both benign and malignant etiologies are considered. Elevated ALT 254, ALP 344, AST 57.

**SPECIES**

Canine

**BREED**

Boxer Mix

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Spayed Female

The urinary bladder wall is normal in thickness and 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**

11 years

The left kidney is normal in size (6.24 cm in length) with a normal shape, architecture and 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 hydronephrosis.

**WEIGHT**

63 lbs

The right kidney is normal in size (6.27 cm in length) with a normal shape, architecture and 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 hydronephrosis.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal in size (0.49 cm at cranial pole) (0.61 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.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

The right adrenal gland is in normal size (0.64 cm at cranial pole) (0.68 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.

**HOSPITAL NAME**

Chase VC

**Spleen**

The spleen is enlarged with irregular peripheral contours. A >9.00 cm irregular heterogenous mass is arising from the medial aspect. The mesentery effacing the serosal surface of the mass is mildly hyperechoic. In the remainder of the spleen, the margins are curvilinear and the parenchyma is subtly mottled in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

**REFERRING VET**

Lauren Brown, DVM

**Liver**

The liver is normal to borderline small in size with slightly irregular 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.

**INVOICE**

12734

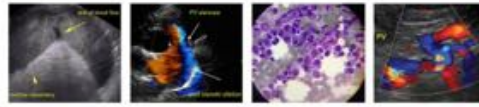
The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is adhered to the luminal surface. The cystic and common bile ducts are normal/not seen.

**DATE**

4.10.23

**Gastrointestinal**

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



**PATIENT**

Bella Tracy

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 ileoceccocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

**SPECIES**

Canine

**Pancreas**

The right limb of the pancreas is normal in size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

**BREED**

Boxer Mix

**Free Abdomen**

Trace free fluid is observed. A 1.91 cm mesenteric lymph nodes is visualized. The node is normal in shape and echogenicity.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Large splenic mass. Neoplasia (i.e., round cell tumor, sarcom) is suspected with a lower possibility of a non-malignant process. Adjacent peritonitis is present.
- The hepatic parenchymal changes are nonspecific and could be secondary to age-related remodeling, regenerative nodular hyperplasia, inflammatory disease (i.e., chronic hepatitis, bacterial cholangiohepatitis), hepatotoxicosis (i.e., copper), metastatic disease, other hepatopathy.

**AGE**

11 years

**WEIGHT**

63 lbs

**Secondary Findings**

- Minor age-related pancreatic remodeling
- The prominent mesenteric lymph node is likely reactive.
- Minor bilateral chronic age-related renal changes

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine-needle aspirate of the splenic mass (if clotting status is normal). A 25-gauge needle should be used. If the cytology results are inconclusive or if aspiration is not performed, consider, a splenectomy with submission of the spleen for histopathology. If surgery is pursued, liver biopsies should also be obtained at the time of surgery, along with aerobic and anaerobic bile cultures and hepatic copper quantitation.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Chase VC

**REFERRING VET**

Lauren Brown, DVM

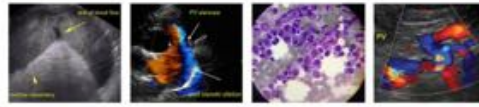
**INVOICE**

12734

**DATE**

4.10.23





**PATIENT**

Bella Tracy

**SPECIES**

Canine

**BREED**

Boxer Mix

**SEX**

Spayed Female

**AGE**

11 years

**WEIGHT**

63 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

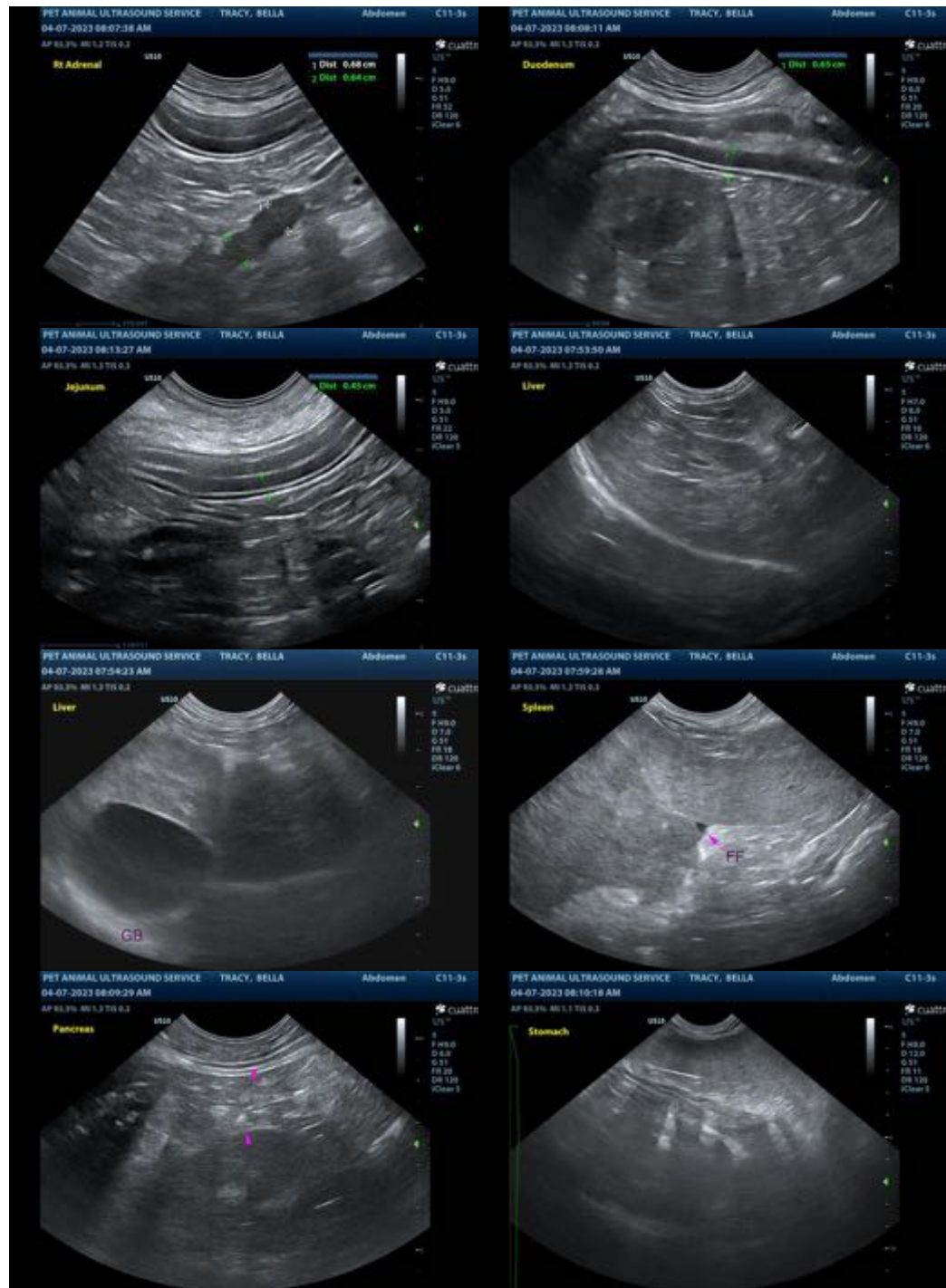
Pamela Harrigan, RDCS

**HOSPITAL NAME**

Chase VC

**REFERRING VET**

Lauren Brown, DVM

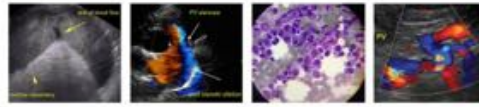


**INVOICE**

12734

**DATE**

4.10.23



**PATIENT**

Bella Tracy

**SPECIES**

Canine

**BREED**

Boxer Mix

**SEX**

Spayed Female

**AGE**

11 years

**WEIGHT**

63 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Pamela Harrigan, RDMS

**HOSPITAL NAME**

Chase VC

**REFERRING VET**

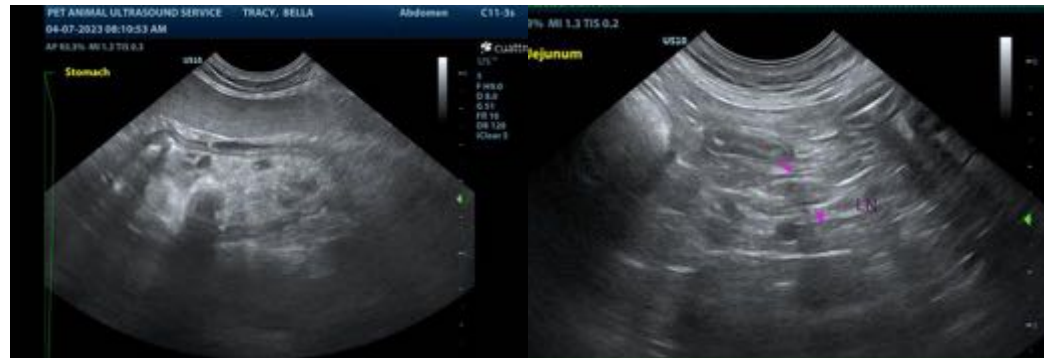
Lauren Brown, DVM

**INVOICE**

12734

**DATE**

4.10.23



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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
[info@SonoPath.com](mailto:info@SonoPath.com)