



**PATIENT PRESENTING CLINICAL SIGNS**

Wyatt Fanelli  
History: Off and on energy/app for several weeks  
Abnormal PE/Chem/CBC/UA Results: CBC/Chem WNL

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED** The urinary bladder is mildly distended with anechoic urine. The wall is thickened (up to 0.65 cm), particularly in the region of the apex. The mucosal surface is irregular. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

Lab Mix

**SEX**

The prostate is normal in size (1.25 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

Intact Male

**AGE**

The left kidney presented normal size (6.27 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 hydroureter.

10 years

The right kidney presented normal size (7.33 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 hydroureter. Renal vasculature is normal.

**WEIGHT**

70 lbs

**Adrenal Glands**

The caudal pole of the left adrenal gland is visualized and is normal in size (0.55 cm in width), with normal shape, glandular echogenicity, and detail. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**

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

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

**IMAGING PERFORMED BY**

Dr. Scott

**Spleen**

The spleen is enlarged with irregular peripheral contours. An approximately 8 cm irregular, heterogenous, cavitated mass is arising from the parenchyma. The mesentery effacing the serosal surface of the mass is hyperechoic. The remaining parenchyma is relatively homogenous in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

**HOSPITAL NAME**

Ho Ho Kus VH

**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.

**REFERRING VET**

Dr. Eisenberg

The gall bladder is not definitively visualized in the available images.

**Gastrointestinal**

The gastric lumen in the region of the fundus is mildly distended with ingesta. The gastric wall in this region is normal in thickness with a normal layering pattern. The region of the pyloric antrum is not well-visualized. The small intestinal lumen is segmentally dilated with chyme. 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.

**INVOICE**

10765

**DATE**

4/18/22

***Pancreas***

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

***Free Abdomen***

A small amount of free fluid is present. The abdominal lymph nodes are normal/not visible.

***Other***

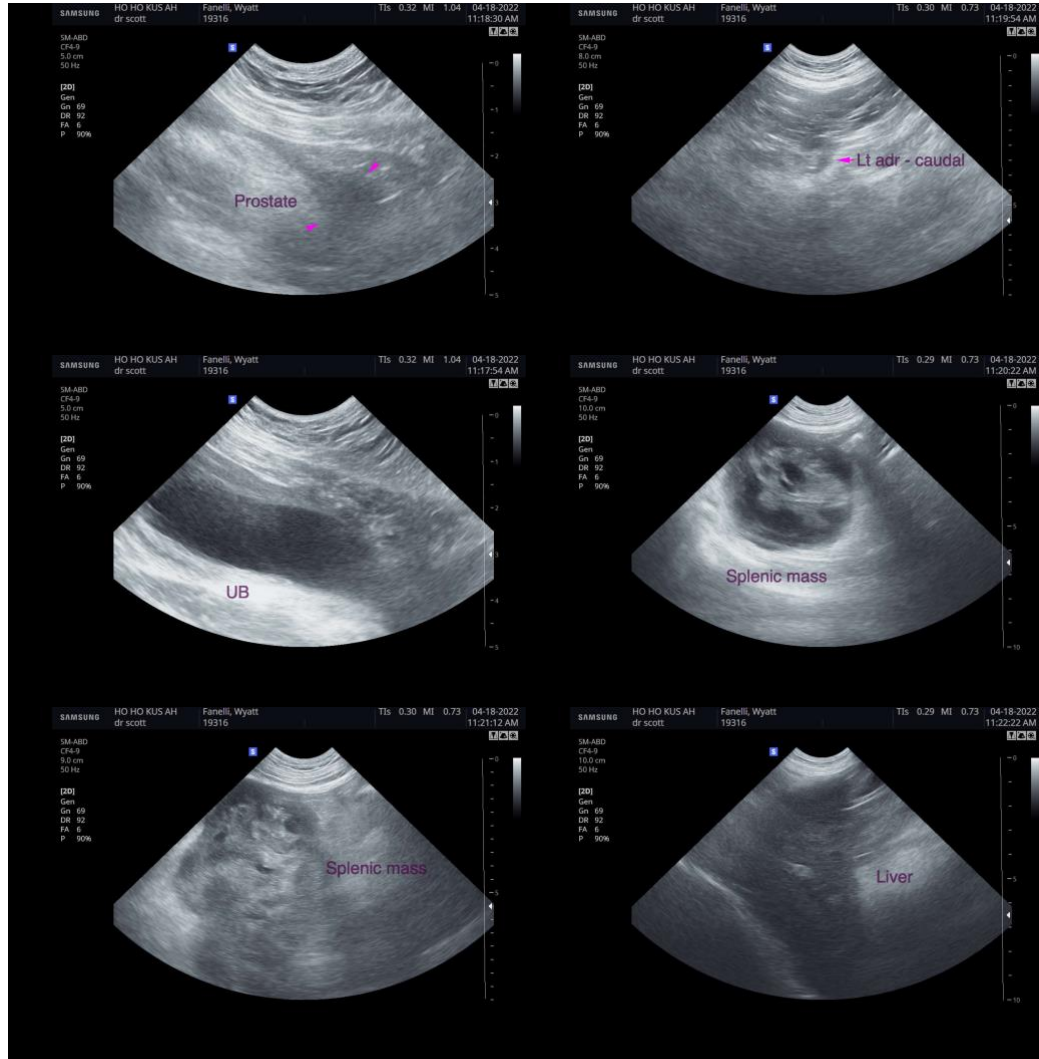
A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

**ULTRASONOGRAPHIC FINDINGS****Primary Findings**

- Splenic mass. Neoplasia (i.e., hemangiosarcoma, hemangioma) is suspected with a lower possibility of benign pathology. Regional peritonitis is present.
- The urinary bladder wall thickening may be artifactual due to lack of full repletion. Alternatively, cystitis may be present. Correlation with the patient's clinical history is recommended.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Three-view thoracic radiographs are recommended to assess for pulmonary metastases. If there is no evidence of pulmonary metastatic disease, a splenectomy with submission for histopathology can be considered. A liver biopsy should also be obtained to assess for micro metastatic disease.



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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