PATIENT

90945a Walter

SPECIES

Canine

BREED

Beagle Mix

SEX

Male

AGE

6

WEIGHT

24.8 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

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(Sm Animal Internal Med)

HOSPITAL NAME

Charleston
Animal Society

REFERRING VET

Dr. Fuller

INVOICE

22802

DATE

4-2-26

PRESENTING CLINICAL SIGNS

Abdominal mass found on abdominal palpation and concurrent abdominal radiographs. Hematocrit 24%. ALP in the 200s.

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 mostly anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3.5-4.0 cm, are normal.

The prostate is mildly enlarged (1.48 cm in width) with smooth peripheral contours. The parenchyma is heterogenous with ill-defined hyperechoic areas. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (5.67 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild- to moderate 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 (6.21 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild- to moderate 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 (0.55 cm at cranial pole) (0.52 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 (0.78 cm at cranial pole) (0.46 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 enlarged with irregular peripheral contours. A >8.5 cm lobulated, heterogenous, slightly cavitated mass is arising from the cranial pole. Smaller nodules/masses are observed adjacent to the larger mass. In the remainder of the spleen, the parenchyma is diffusely mottled, with a “moth-eaten” appearance. Splenic vasculature is normal with no evidence of thrombosis.

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. The portal vein to caudal vena cava ratio is approximately 1: 1.

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.

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 lumen is not

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dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. The colonic lumen contains some granular-appearing fecal material. There is no obvious evidence of an obstructive pattern.

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 mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes
A 3.2 x 1.0 cm hypoechoic medial iliac lymph node is visualized. A 0.85 x 0.46 cm hypoechoic lymph node is observed in the left- mid-abdomen. At least two enlarged hypoechoic lymph nodes are also seen in the cranial abdomen (one measuring 1.5 x 1.1 cm). At least one prominent periportal lymph node is also seen (measuring 1.13 x 0.91 cm). A few prominent mesenteric lymph nodes are also seen (one measuring 2.98 x 0.62 cm).

Free Abdomen
There is no obvious evidence of free fluid.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic masses/nodules and diffuse splenic parenchymal changes are concerning for infiltrative neoplasia. A round cell tumor (i.e., lymphoma) is of top concern.
- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia, lymphadenitis, or lymphoid hyperplasia.

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.
- Bilateral nonspecific age-related renal changes
- The prostate changes could be consistent with late-in-life neutering/hyperplasia (if applicable), prostatitis, emerging neoplasia, other. Correlation with the patient's clinical history is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider fine-needle aspiration of the splenic mass (assuming normal clotting status). A 25-gauge needle should be used.
- Three-view thoracic radiographs are also recommended to assess cardiopulmonary status.
- Depending on the results, consultation with a board-certified oncologist may be indicated. If further testing is not pursued, palliative care is recommended.

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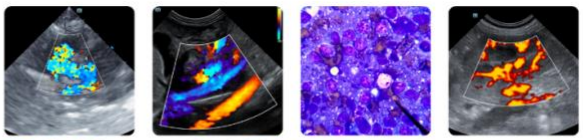

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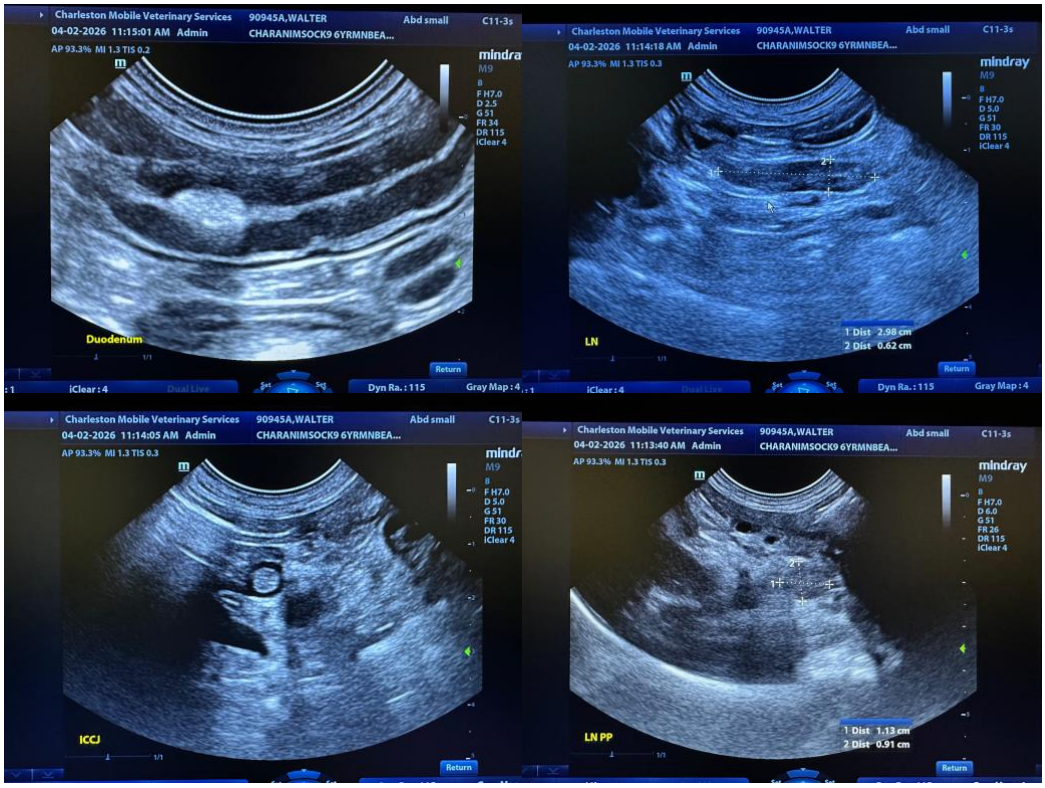

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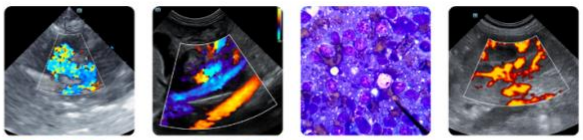

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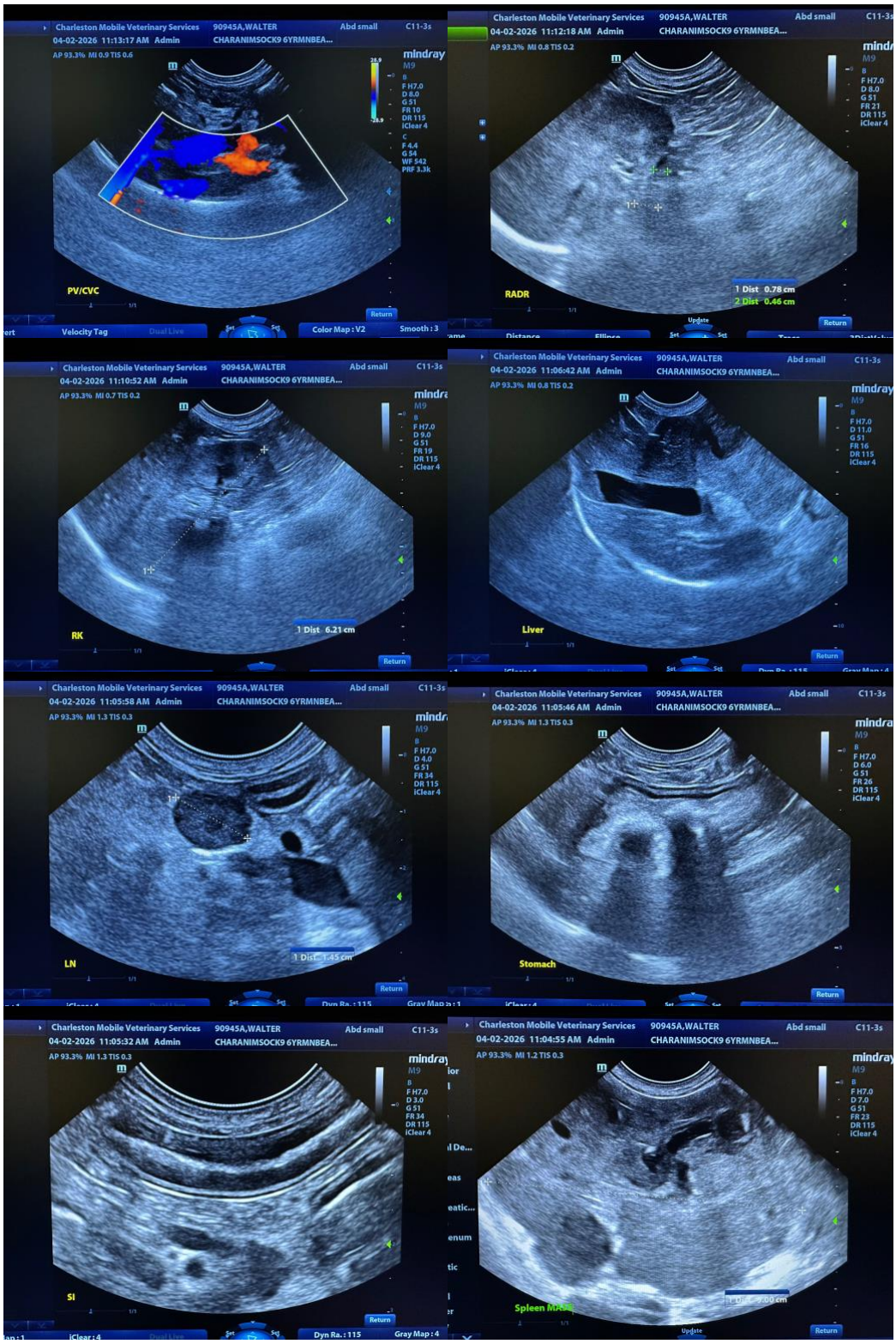

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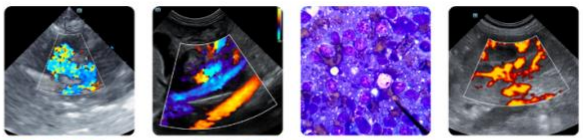

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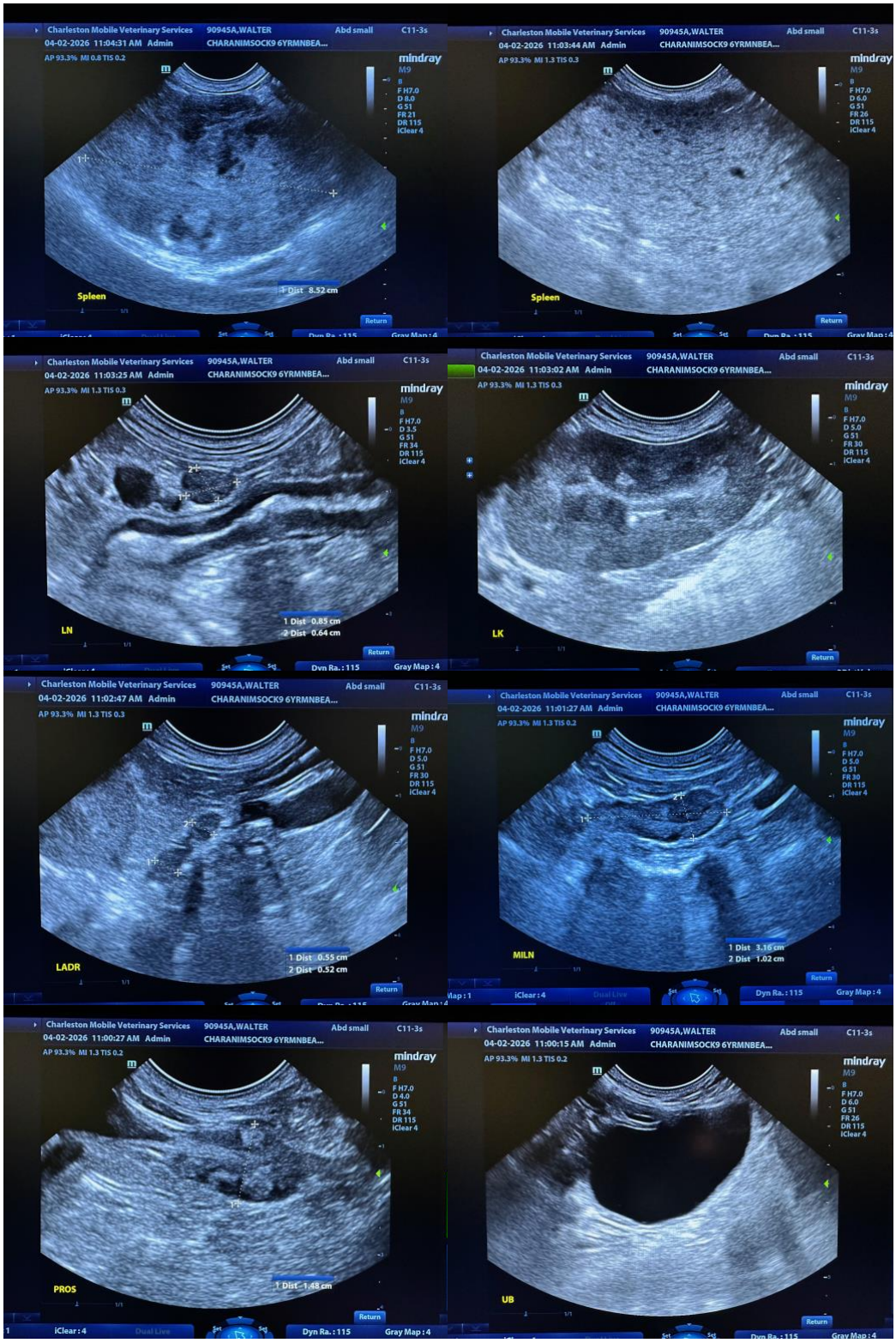

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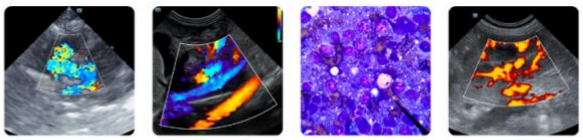

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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