

PATIENT

Toby Carlin

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

7/21/2010

WEIGHT

27.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Blue Pearl Mt Pleasant

REFERRING VET

Dr. Jeremy Libby

INVOICE

10946

DATE

5/20/22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: PE: Eyes: pupils are equal and responsive with intact menace OU. Oral: MM pale pink, CRT 2 sec. Moderate periodontal disease. LNs: enlarged right submandibular LN (R/O salivary gland enlargement). Ears: clear canals AU. H/L: tachycardic at 150 bpm. No overt murmur or arrhythmia noted. Lungs clear. Resp rate 34/min; not dyspneic/labored. Abdomen: moderately pendulous, tense; difficult to palpate individual organs. Mild fluid wave suspected on palpation. M/S: ambulatory x 4. BCS 6/9. Hx of prior CCL ruptures w/surgery. Neuro: no deficits noted. Skin/coat: multiple SC soft tissue masses on shoulders, trunk, ventrum, hind limbs. Normal skin tent/turgor. GI: formed stool on rectal exam; normal. Urogenital: nm; normal externally.

Further Hx: Toby is a direct transfer from Tidewater Veterinary hospital (Dr. Bostian) for a suspected hemoabdomen/bleeding splenic mass.

Abnormal labwork values: Further Hx: Toby is a direct transfer from Tidewater Veterinary hospital (Dr. Bostian) for a suspected hemoabdomen/bleeding splenic mass. CBC revealed a HCT of 27.3%, WBC count of 28.25, and a PLT count of 71K. Chem profile was normal other than a slightly elevated GLU (149), elevated BUN (49), decreased Na (143) and decreased Cl (102).

Current Medications: cosequin and fish oil

Radiographic Findings: Abdominal and thoracic radiographs were assessed (we do not have images transferred yet) and Dr. Bostian was concerned about an abnormal spleen (r/o mass). She stated that the thorax appeared normal (Possible slight microcardia; no pulmonary metastasis noted).

Toby does have a history of multifocal SC soft tissue masses, seizures, right submandibular LN enlargement.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed.

The prostate is normal in size (1.02 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (5.98 cm in length); normal shape and architecture with 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (7.17 cm in length); normal shape and architecture with 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 hydronephrosis. Renal vasculature



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is normal.

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Adrenal Glands

Canine

The left adrenal gland is normal size (0.33 cm at cranial pole) (0.39 cm at caudal pole) (1.65 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

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The right adrenal gland is normal size (1.79 cm at cranial pole) (0.83 cm at caudal pole) (3.46 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

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Spleen

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The spleen is subjectively normal in size (1.52 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is hypoechoic and subtly mottled in appearance. No distinct focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

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Liver

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The liver is subjectively normal in size with irregular peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely mottled, bordering on a nodular appearance. A 5.72 cm irregular, heterogenous, slightly cavitated mass is observed in the region of the right medial lobe. In addition, an approximately 2 cm mass is observed in the left lateral lobe. Both lesions cause slight capsular expansion. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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The gall bladder 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

Blue Pearl Mt Pleasant

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. 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 dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

REFERRING VET

Dr. Jeremy Libby

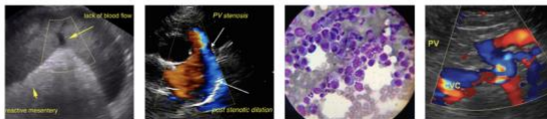
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Pancreas

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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.

Free Abdomen

A moderate amount of anechoic free fluid is present within the abdomen. 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

- Hepatic masses. Neoplasia (i.e., hemangiosarcoma, adenocarcinoma) is suspected with a lower possibility of benign pathology. The diffuse hepatic parenchymal changes are nonspecific and could be consistent with metastatic disease, an inflammatory hepatopathy, copper hepatotoxicosis and/or benign age-related change (i.e., regenerative nodular hyperplasia).
- The ascites may be secondary to hemorrhage, neoplastic effusion, other.
- The splenic parenchymal changes could be consistent with a benign process (i.e., extramedullary hematopoiesis or lymphoid hyperplasia). Alternatively, an emerging neoplastic process cannot be excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If clotting status is appropriate, consider a fine needle aspirate on the abdominal fluid with a PCV on the fluid (to determine if a hemoabdomen is present) +/- cytology.
- An abdominal exploratory with mass removals can be considered. However, due to the likelihood of metastatic disease within the liver, the prognosis for this patient is considered guarded and palliative care should be considered.



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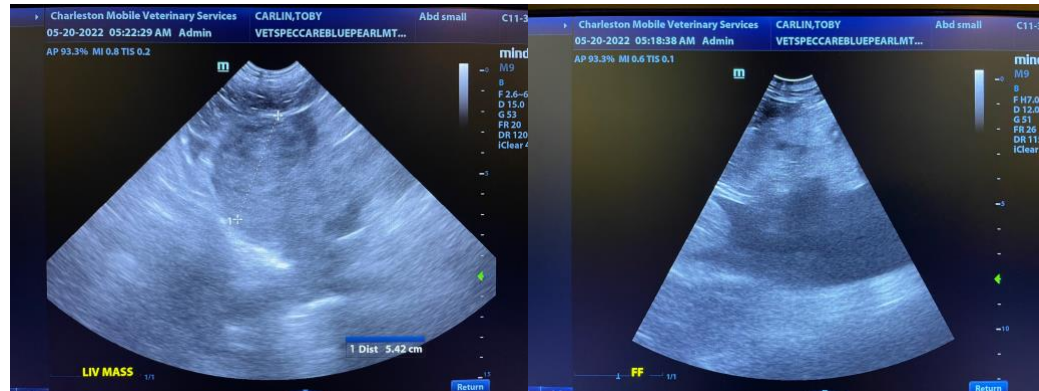
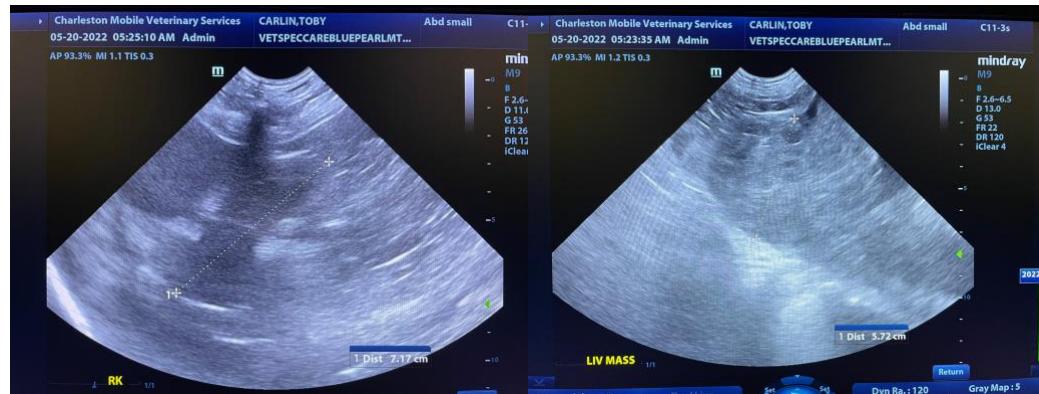
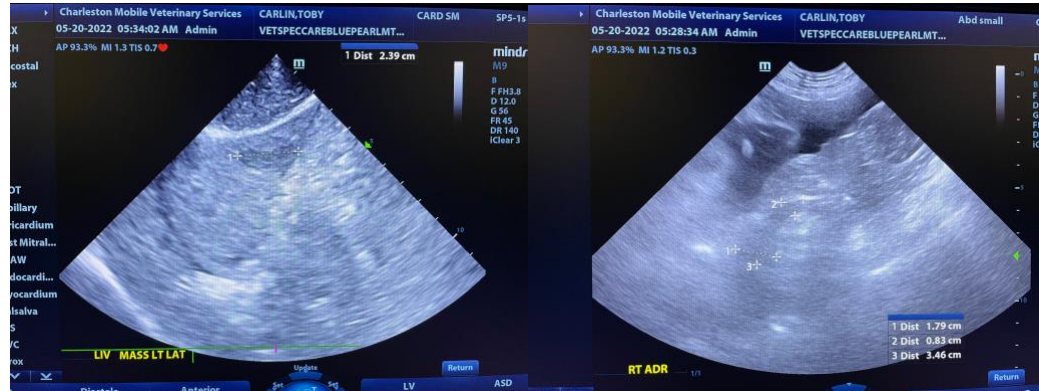
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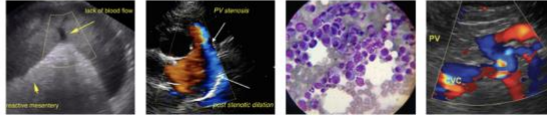
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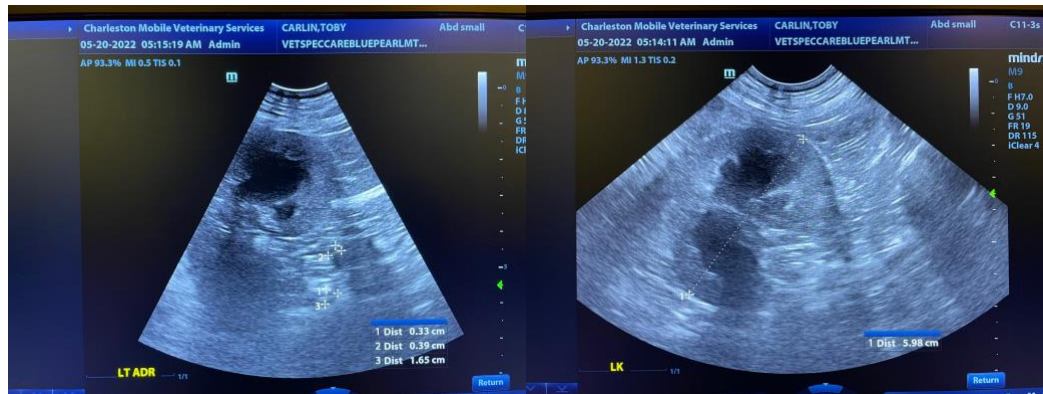
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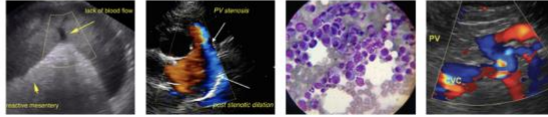
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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info@SonoPath.com

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