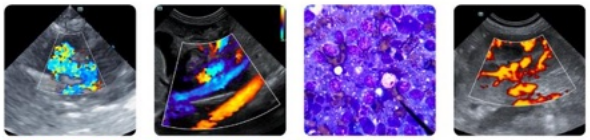


PATIENT
Felix Horne

SPECIES
Canine

BREED
Labrador

SEX
Male, neutered

AGE
6 Yrs. 2 months

WEIGHT
72 lbs.

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

IMAGING PERFORMED BY
Dr. Myers

HOSPITAL NAME
Hershire AH

REFERRING VET
Dr. McMahon

INVOICE
13571

DATE
5/26/26

PRESENTING CLINICAL SIGNS

History: ADR + decreased appetite for about a month. Started vomiting at park after swimming and came to vet hosp. O add protein powder to food. Has always had loose stool. CPL normal. Fecal neg. 4dx snap neg x4. HCT 37% HGB 12.3 MCV 51.4 MCH 16.9 Retics HGB 20.9 Neu 13.2 Mono 1.33 TP 8.5 Glob 4.6 HP 190 no xrays, went straight to AUS. meds; bravecto, dasuquin, protein powder in food (O discontinue right now)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The prostate is normal in size (1.03 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (8.11 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 hydroureter. Renal vasculature is normal.

The right kidney is normal in size (8.11 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.42 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.

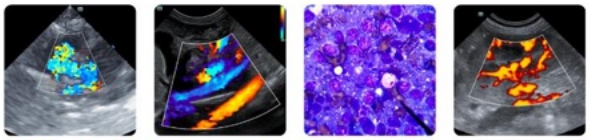
The right adrenal gland is normal in size (1.24 cm at cranial pole) (0.70 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is overall enlarged with irregular peripheral contours. Multiple coalescing (vs one large lobulated) cavitated mass(es) are observed. One of the largest mass like areas of the spleen measures > 12 cm in its longest dimension. The omentum surrounding the spleen is hyperechoic. In the remainder of the spleen, the parenchyma is mottled in appearance. A scant amount of subcapsular fluid is observed. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with smooth peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly mottled and heterogeneous in appearance. A 0.62 x 0.30 cm hypoechoic to anechoic nodule is observed on the left side. Vascular and biliary tracts are of normal volume with no evidence of congestion.



PATIENT
Felix Horne

SPECIES
Canine

BREED
Labrador

SEX
Male, neutered

AGE
6 Yrs. 2 months

WEIGHT
72 lbs.

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

IMAGING PERFORMED BY
Dr. Myers

HOSPITAL NAME
Hershire AH

REFERRING VET
Dr. McMahon

INVOICE
13571

DATE
5/26/26

The gall bladder lumen is moderately distended. The wall is thin and smooth. A few polypoid like lesions are arising from the mucosal surface. A small to moderate amount of aggregated, echogenic, gravity-dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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. There is no 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
The abdominal lymph nodes are normal/not visible.

Free Abdomen
Trace free fluid is observed.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Large heterogeneous cavitated mass(es). Neoplasia (i.e., hemangiosarcoma, hemangioma, round cell tumor) is suspected with a low possibility of a non-neoplastic process. Mild adjacent peritonitis is present.
- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.

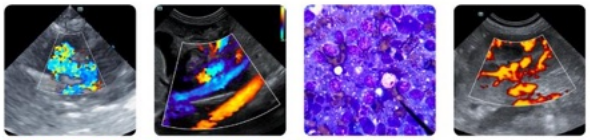
Secondary Findings:

- Gallbladder sludge, non-mucocele
- Minor bilateral nonspecific, age-related renal changes
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. If there is no evidence of pulmonary metastatic disease, consider a splenectomy with submission of the spleen for histopathology. Liver biopsies should also be obtained at the time of surgery to assess for micrometastatic disease.

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com | info@sonopath.com | 1.800.838.4268

PATIENT

Felix Horne

SPECIES

Canine

BREED

Labrador

SEX

Male, neutered

AGE

6 Yrs. 2 months

WEIGHT

72 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

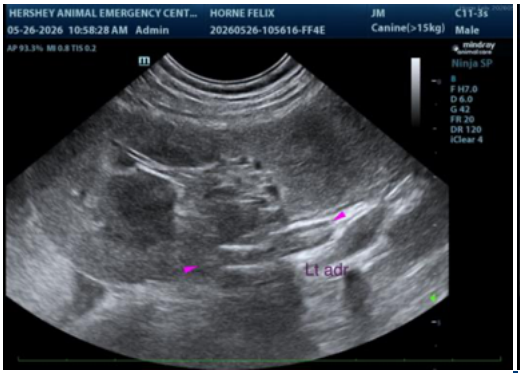
Dr. McMahon

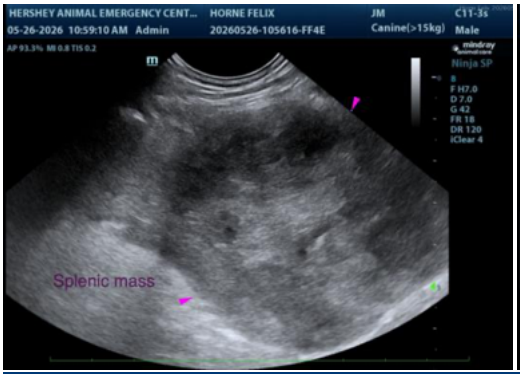
INVOICE

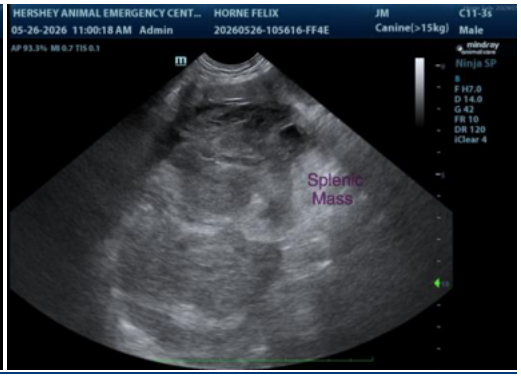
13571

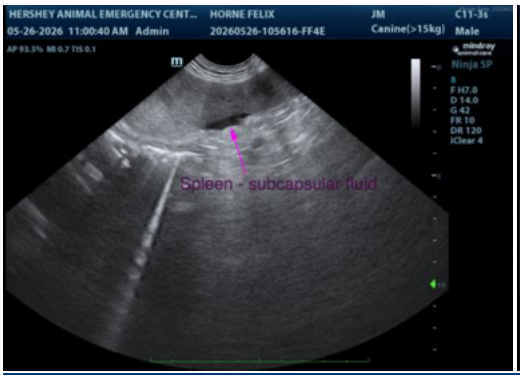
DATE

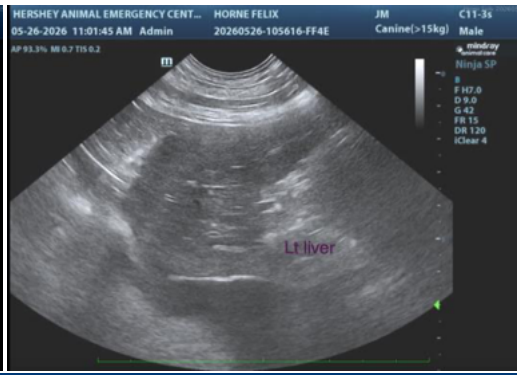
5/26/26

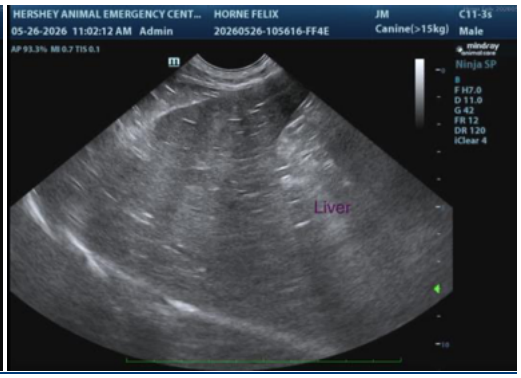












PATIENT

Felix Horne

SPECIES

Canine

BREED

Labrador

SEX

Male, neutered

AGE

6 Yrs. 2 months

WEIGHT

72 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

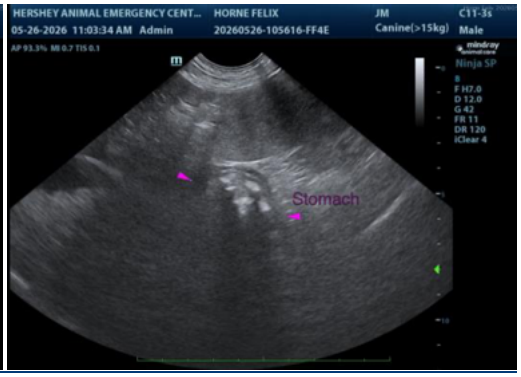
Dr. McMahon

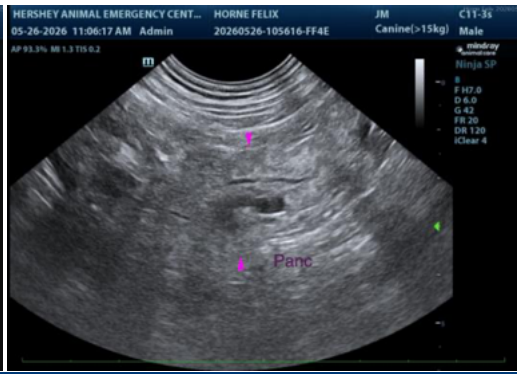
INVOICE

13571

DATE

5/26/26





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