



## PATIENT PRESENTING CLINICAL SIGNS

**Tanger Rogers** History: Presented two weeks ago for vomiting and diarrhea. Last week developed a fever of 104.8 and fever has been constant for a week. P is lethargic and not interested in food. Decreased BM.

## SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: RBC 5.29 5.82 - 8.90  $10^6/uL$  LOW PLT 102 126 - 660  $10^3/uL$  LOW PCT 0.12 0.14 - 0.55 % LOW Cholesterol 323 120 - 310 mg/dl HIGH Total Bilirubin 0.9 0.0 - 0.5 mg/dl HIGH Calcium 8.2 9.0 - 12.2 mg/dl LOW Corrected Ca 8.9 9.0 - 12.2 mg/dl LOW

## BREED

Golden Doodle

## SEX

Neutered Male

## AGE

9

## WEIGHT

53 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Milad Gendi

## HOSPITAL NAME

Severn River AH

## REFERRING VET

Milad Gendi

## INVOICE

23083

## DATE

5-30-26

## 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. A small amount of suspended echogenic debris is observed within the lumen. 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 (0.92 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is subjectively normal in size with a normal shape, architecture and 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 in size (7.01cm in length) with a normal shape, architecture and 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.

### Adrenal Glands

No images provided.

### Spleen

The spleen is overall normal in size (1.72 cm in width at the level of the hilus). There is appropriate echogenicity and echotexture. A 2.7 x 2.3 cm isoechoic- to slightly hypoechoic, mildly heterogeneous, expansile, vascular mass is observed at the medial aspect, approximately mid-body. Splenic vasculature is normal.

### Liver

The left mid-liver is visualized and is normal- to prominent-in-size with smooth peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. No focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

In the visualized portion of the gallbladder, the wall is normal in thickness. The lumen is moderately-distended. A moderate amount of suspended echogenic debris/sludge is observed within the lumen. The wall is thin and smooth. Luminal contents are anechoic. 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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is



**PATIENT** normal. There is no evidence of an obstructive pattern.

Tanger Rogers **Pancreas**

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.

**SPECIES**

Canine **Lymph Nodes**

A 1.87 x 0.67 cm lymph node is observed on the left mid- to caudal aspect.

**BREED**

**Free Abdomen**

Golden Doodle There is no obvious evidence of free fluid.

**SEX**

## ULTRASONOGRAPHIC FINDINGS

Neutered Male

- Splenic mass. Neoplasia (i.e., sarcoma, round cell tumor) is suspected. However, a benign process (i.e., lymphoid hyperplasia) cannot be completely excluded.

**AGE**

9

- The prominent lymph node in the left mid- to caudal abdomen trends toward the benign (i.e., reactive node). However, emerging neoplasia cannot be excluded.

**WEIGHT**

\*An obvious cause for the patient's fever is not definitively identified in this study. Broad considerations include infectious, inflammatory, and immune-mediated neoplastic diseases.

53 lbs

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

**INTERPRETED BY**

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

- Regarding the splenic lesion consider the following:

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Fine-needle aspiration if accessible and if clotting status is appropriate. A 25-gauge needle should be used.

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- Regarding the fever, consider the following:

1. Thoracic radiographs (as stated above)
2. Additional sonographic images of the right liver and gallbladder to further evaluate for pathology
3. Urinalysis with a culture and sensitivity
4. Orthopedic and neurologic examinations
5. cPLI
6. +/- comprehensive tick panel
7. +/- echocardiogram to assess for valvular endocarditis
8. +/- arthrocentesis with submission of the joint fluid for cytologic evaluation and culture
9. +/- CSF tap to assess for meningitis

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**PATIENT**

Tanger Rogers

**SPECIES**

Canine

**BREED**

Golden Doodle

**SEX**

Neutered Male

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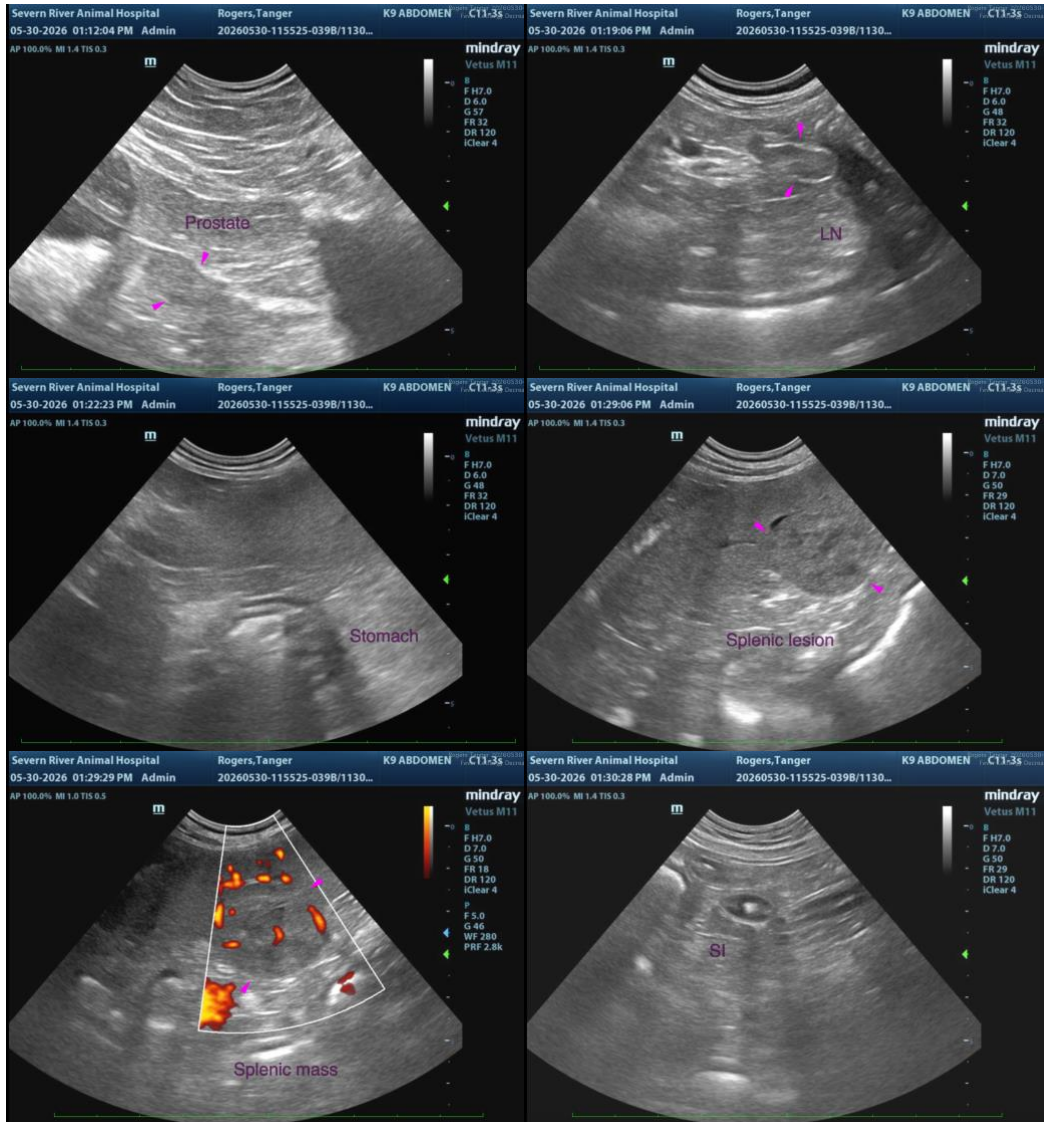
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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