



PATIENT PRESENTING CLINICAL SIGNS

Chase Dean

SPECIES

Canine

BREED

Border Collie X

SEX

Neutered Male

AGE

10 years

WEIGHT

23 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hamilton Regional EC

REFERRING VET

Dr. Alami

INVOICE

11020

DATE

6/3/22

History

ADR

R/o pancreatitis (had steak gristle few days ago; O also adds bacon fat to Chase's food s/t) vs toxin vs IBD vs infectious vs FB

vs systemic (renal values mildly inc prev- although well conc urine) vs endocrine vs neoplasia vs other
Stable in hosp today

Radiographs

- stomach full; appears to be normal ingesta

- lots of stool in colon

- no FB or masses identified

- subjective hepatomegaly. Started Cerenia and a bland diet, as well as Gabapentin for abdominal pain.

Abnormal PE/Chem/CBC/UA Results

Platelets 103 143 - 448

Hemoglobin 132 134 - 207 g/L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.79 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 (6.16 cm in length); normal shape and architecture with 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.05 cm in length); normal shape and architecture with 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 hydronephrosis. Renal vasculature is normal.

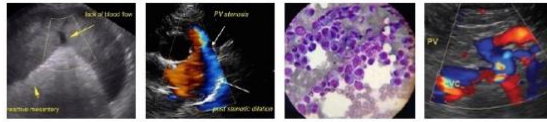
Adrenal Glands

The left adrenal gland is normal size (0.63 cm at cranial pole) (0.57 cm at caudal pole) (2.07 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.

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

Spleen

A >5 cm irregular, cavitated mass is arising from the caudal pole. The mass causes capsular expansion. The remainder of the spleen has normal curvilinear peripheral contours and a slightly mottled



PATIENT

parenchyma. Splenic vasculature appears normal with no evidence of thrombosis.

Chase Dean

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.

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The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of gravity dependent, echogenic to mineralized debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

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.

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Pancreas

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

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Free Abdomen

A moderate to large amount of echogenic free fluid is present within the abdomen. The mesentery is hyperechoic. The abdominal lymph nodes are normal/not visible.

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(Small Animal Internal
Medicine)

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Splenic mass. Neoplasia (i.e., hemangiosarcoma, hemangioma) is considered likely, with a lower possibility of benign pathology.
- The ascites may be secondary to hemorrhage, neoplastic effusion, other.
- Peritonitis is present, likely secondary to splenic pathology.

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Secondary Findings

- Minor, age-related renal changes

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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, consider a splenectomy with submission of the spleen for histopathology. A liver biopsy should also be obtained at the time of surgery to assess for micro-metastatic disease.

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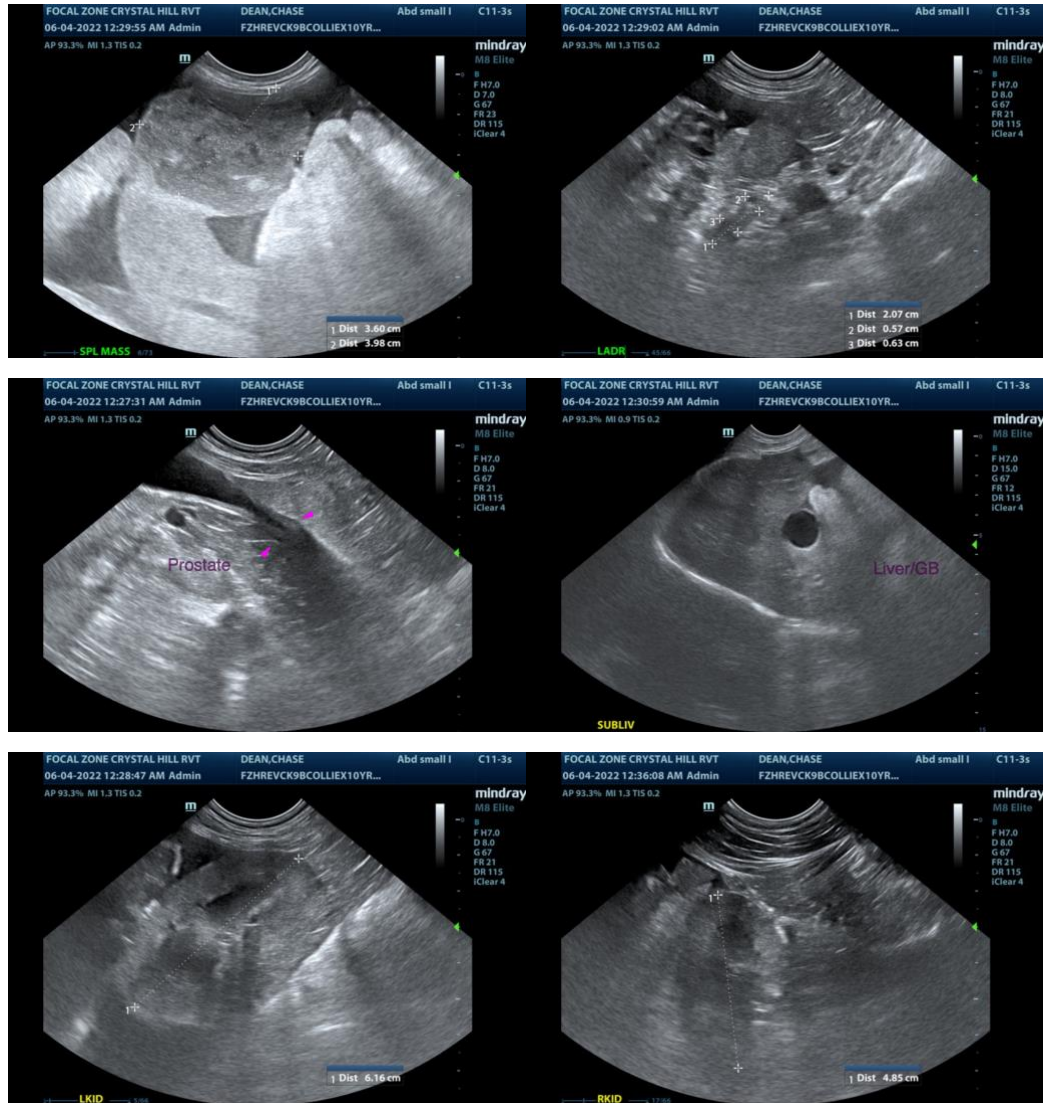
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com



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