



PATIENT PRESENTING CLINICAL SIGNS

Marley Vidal

History: Presented as a referral for an abdominal ultrasound to evaluate a possible abdominal mass noticed on radiographs. Pt presented for evaluation of the joints as pt was having joint changes. After taking radiographs a possible mass was noticed on right side of the cranial abdomen.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: PE: Non provided BW: CBC and CHEM all wnl 6-21-22 U/A: wnl 4DX: all negative Fecal: no parasites seen Radiographs report: 7-16-22 There is a soft tissue mass effect in hte right mid abdomen. There is loos of detainlin the abdomen in this region. The liver is small. There is ingesta and gas in hte stomach consistent with food. There is gas in the small intestines and feces in the colon. The kidneys are normal side and shape. The heart, lungs, trachea, and pulmonary vasculature are within normal limits. there is no evidence of pulmonary metastasis seen on these radiographs. There are osteophytes on the caudal humeral heads. Conclusion: 1. Mid abdominal mass. This is most likely a splenic mass, however, intestinal mass or enlarged lymph nodes cannot be ruled out. Rule out splenic neoplasia, hematoma, or lymphoid hyperplasia. 2. The loss of detail in the abdomen is consistent with free fluids. Rule out hemorrhage by the mass, neoplastic or inflammatory effusion. 3. The small liver may be due to atrophy, cirrhosis or PSS. 4. Normal thorax 5. Degenerative joint disease in the shoulders.

BREED

Golden retriever

SEX

Male, neutered

AGE

13 Yrs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

WEIGHT

72.4 lbs.

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A moderate amount of suspended echogenic debris is observed within the lumen. 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.

INTERPRETED BY

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

The prostate is normal in size (1.59 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

IMAGING PERFORMED BY

Dr. Ferrer

The left kidney is normal size (6.94 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (6.75 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. A small cortical cyst is seen. Mild pyelectasia is present (0.25 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

HOSPITAL NAME

Paseos VC

Adrenal Glands

The left adrenal gland is normal size (0.45 cm at cranial pole) (0.65 cm at caudal pole) (3.41 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.

REFERRING VET

Dr. Rivera-Velez

What is thought to be the right adrenal gland is normal size (0.80 cm at cranial pole) (0.76 cm at caudal pole) (3.32 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. See also *Other*.

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Spleen

DATE

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The spleen is subjectively prominent to enlarged with swollen peripheral contours and rounding at the poles. The parenchyma is subtly mottled in appearance. No distinct focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

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Liver

The liver is subjectively small in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

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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. No obstructive disease is noted. See also *Other*.

AGE

13 Yrs.

Pancreas

The pancreas is diffusely visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is not overtly dilated.

WEIGHT

72.4 lbs.

Free Abdomen

Trace free fluid is observed. The mesentery throughout the abdomen is mildly hyperechoic, particularly in the right cranial quadrant. A 1.16 cm medial iliac lymph node is visualized. The node is normal in shape and echogenicity. 1-2 prominent mesenteric lymph nodes are also visualized, the largest measuring 2.37 cm in length.

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Other

A 3.16 x 1.55 cm irregular, echogenic structure is observed in the right cranial quadrant.

IMAGING PERFORMED BY

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The origin of the echogenic structure in the right cranial quadrant is unclear. It may be arising from vessel, right adrenal gland, mesentery, pancreas, bowel, other. It may represent a tumor, clot (if vascular in origin), granuloma, other. Regional peritonitis is present.
- The splenic parenchymal changes are non-specific and could be secondary to infiltrative neoplasia or a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or similar).

HOSPITAL NAME

Paseos VC

Secondary Findings:

- Bilateral, chronic age-related renal changes.
- The urinary bladder debris could be consistent with cells, crystals and/or exfoliated material.

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- The mild microhepatica may be a normal variant for this patient or may be secondary to chronic liver disease (i.e., fibrosis, congenital portal vein hypoplasia, other). Correlation with the patient's liver values is recommended.
- The pancreatic changes are consistent with age-related remodeling/fibrosis. Concurrent pancreatitis may also be present, particularly if the patient exhibits pain on cranial abdominal palpation.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- To further evaluate the echogenic structure in the right cranial quadrant, an abdominal CT scan is recommended.
- Also consider a fine needle aspirate of the spleen to assess for infiltrative neoplasia (if clotting status is appropriate).
- Consider measuring D-Dimers or performing thromboelastography to assess for a possible hypercoagulable state.

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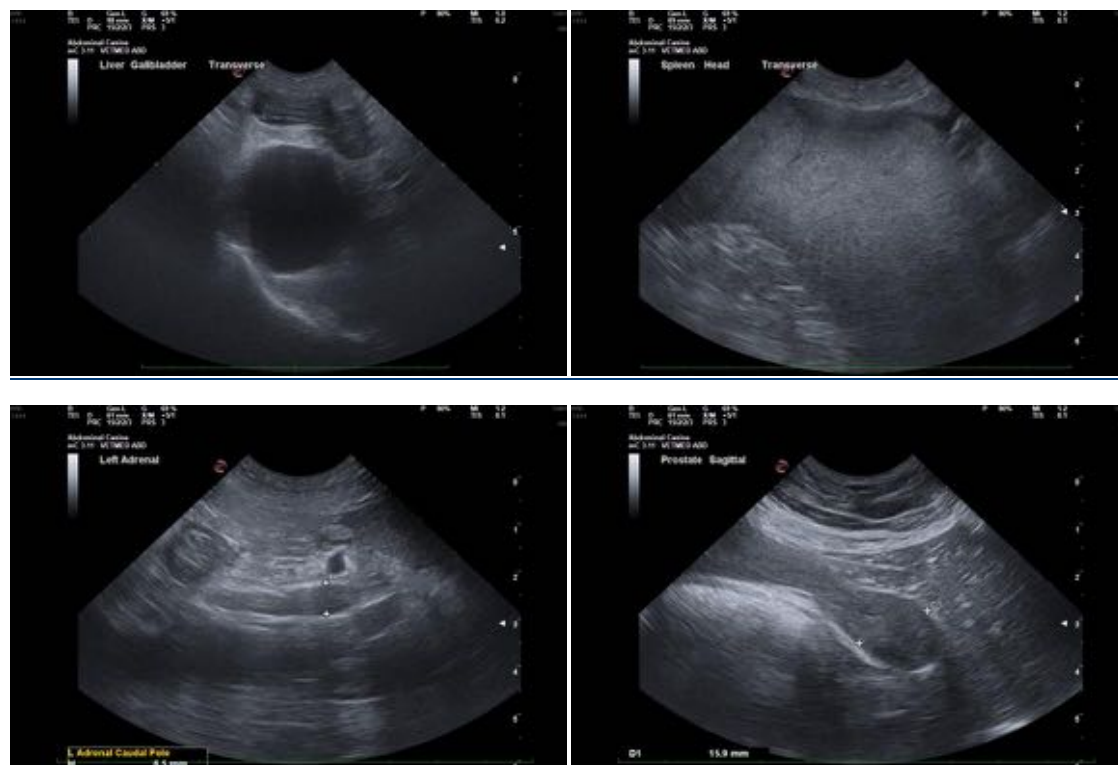
Dr. Rivera-Velez

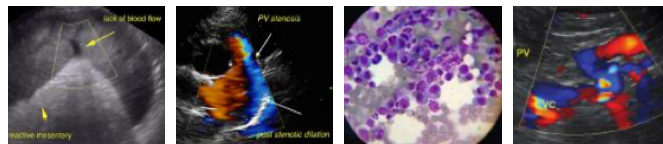
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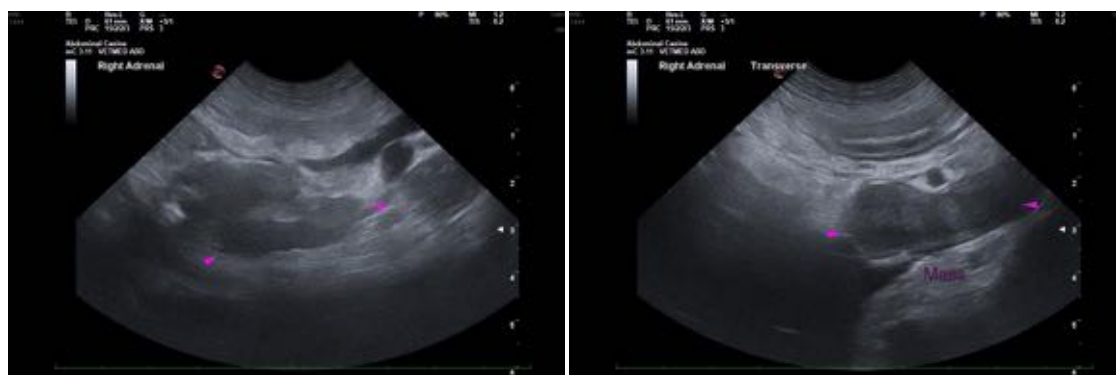
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

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