



**PATIENT**

Jameson Last

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Male, neutered

**AGE**

5 Yrs. 1 month

**WEIGHT**

30.6 kg.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

Dr. Lovejoy

**INVOICE**

13776

**DATE**

7/26/22

**PRESENTING CLINICAL SIGNS**

**History:** For the past 1.5 weeks, Jameson has had a decreased appetite. Last week, he had multiple episodes of vomiting several days in a row. He developed soft stool that progressed to diarrhea. He has been acting lethargic/weak/slow, and this has been progressive. Over the weekend, owner noticed that his cranial abdomen seemed firm and distended. Today, his temp was 103.8F with rDVM, and abdominal radiographs showed a large soft tissue structure occupying the majority of the cranial abdomen. On the VD view, one of the kidneys also looks subjectively enlarged. He was transferred to MVS for blood work, ultrasound, and further supportive care.

**Abnormal PE/Chem/CBC/UA Results:** HCT - 33.4 (37.3-61.7) WBC - 19.75 (5.05-16.76) NEU- 15.71 (2.95-11.64) Mono- 2.68 (0.16-1.12) PLT - 581 (148-484) SDMA- 19 (0-14) ALB- 2.2 (2.3-4.0) GLOB- 4.7 (2.5-4.5)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly 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 (1.26 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 (6.96 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (7.00 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

*Adrenal Glands*

The left adrenal gland is normal size (0.36 cm at cranial pole) (0.59 cm at caudal pole); 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 right adrenal gland is normal size (0.48 cm at cranial pole) (0.55 cm at caudal pole); 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.

*Spleen*

The spleen is enlarged with irregular peripheral contours. A >22 cm heterogeneous lobulated cavitated mass is arising from the parenchyma. 1-2 of the peripheral lobules appear attached but may represent separate masses. The mesentery surrounding the spleen is hyperechoic.

*Liver*



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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. The gall bladder lumen is moderately distended. 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 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.

**Pancreas**

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

**Free Abdomen**

A small amount of anechoic free fluid is seen. The medial iliac lymph nodes are visualized, the left measuring 1.71 x 0.58 cm, the right measuring 2.75 x 0.55 cm. The nodes are normal in shape and echogenicity. In addition, at least 2 prominent mesenteric lymph nodes are seen, the largest measuring 2.01 cm in length.

**ULTRASONOGRAPHIC FINDINGS**

- Large splenic mass +/- attached and/or adjacent masses. Neoplasia (i.e., hemangiosarcoma, round cell tumor) is suspected with a low possibility of benign pathology. Adjacent peritonitis is present.
- Mild ascites, likely secondary to splenic pathology.

**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.



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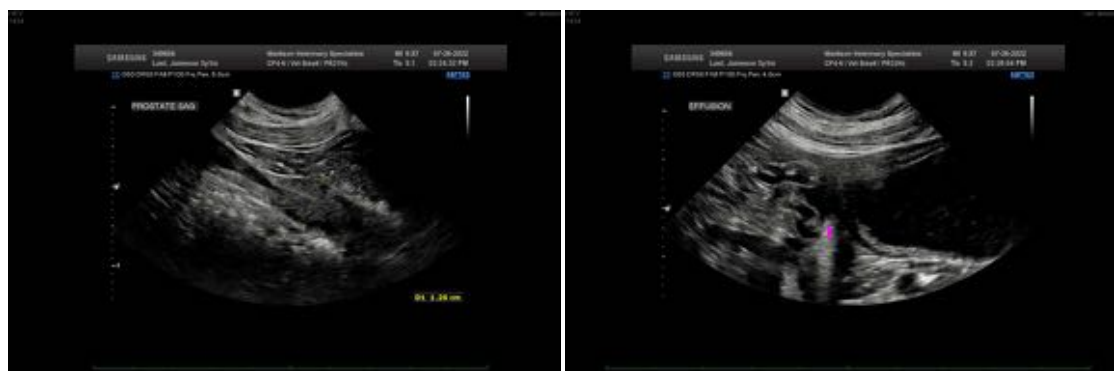
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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