



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Rico Metteer

**SPECIES**  
Canine

**BREED**  
Pitbull

**SEX**  
Male, neutered

**AGE**  
11 Yrs.

**WEIGHT**  
81 lbs.

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

**IMAGING PERFORMED BY**  
Dr. Chrissy Krell

**HOSPITAL NAME**  
Paws & Prairie Animal  
Clinic

**REFERRING VET**  
Dr. Chrissy Krell

**INVOICE**  
11876

**DATE**  
8/12/21

**HISTORY:** Owner noted coughing start over the past 2 months, developed some coughing with frank blood clots more recently. On exam on 8/5 Noted some harsh sounds in the chest initially, vitals otherwise normal. He had a mass removed previously in March - diagnosed as dermal hemangiosarcoma. No other obvious changes other than limping in the right forelimb.

**ABNORMAL PE/CHEM/CBC/UA RESULTS:** 8/5/21 Radiographs: multiple nodular changes/masses noted in the left pulmonary views, one on the right, VHS increased and heart shape rounded. Brief US of chest - noted masses in pulmonary fields and what appears to be a dilated left ventricle with some reduced function. Blastomycosis - negative. 3/15/21 Chem 10 panel - wnl Histopath from dermal mass excision: Dermal hemangiosarcoma Mitotic count: 6 per 10 high-powered fields Margins: 6 mm (lateral); 4 mm (deep) - completely excised

**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 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 (0.78 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 (6.56 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (5.24 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal size (0.66 cm at cranial pole) (0.74 cm at caudal pole) (2.38 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 right adrenal gland is normal size (1.02 cm at cranial pole) (0.57 cm at caudal pole) (1.71 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.

**Spleen**

The spleen is normal in size (2.63 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.



**PATIENT**

*Liver*

Rico Metteer

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

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*Gastrointestinal*

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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*

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11 Yrs.

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.

*Free Abdomen*

**WEIGHT**

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The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

*Other*

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

**ULTRASONOGRAPHIC FINDINGS**

- Minor age-related renal and hepatic pathology.
- There is no obvious evidence of neoplasia in the abdomen.
- The ring down lesions in the thorax are consistent with pulmonary parenchymal disease.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Consider a bronchoalveolar lavage with cytology and cultures to further assess for pulmonary neoplasia and other lung diseases.

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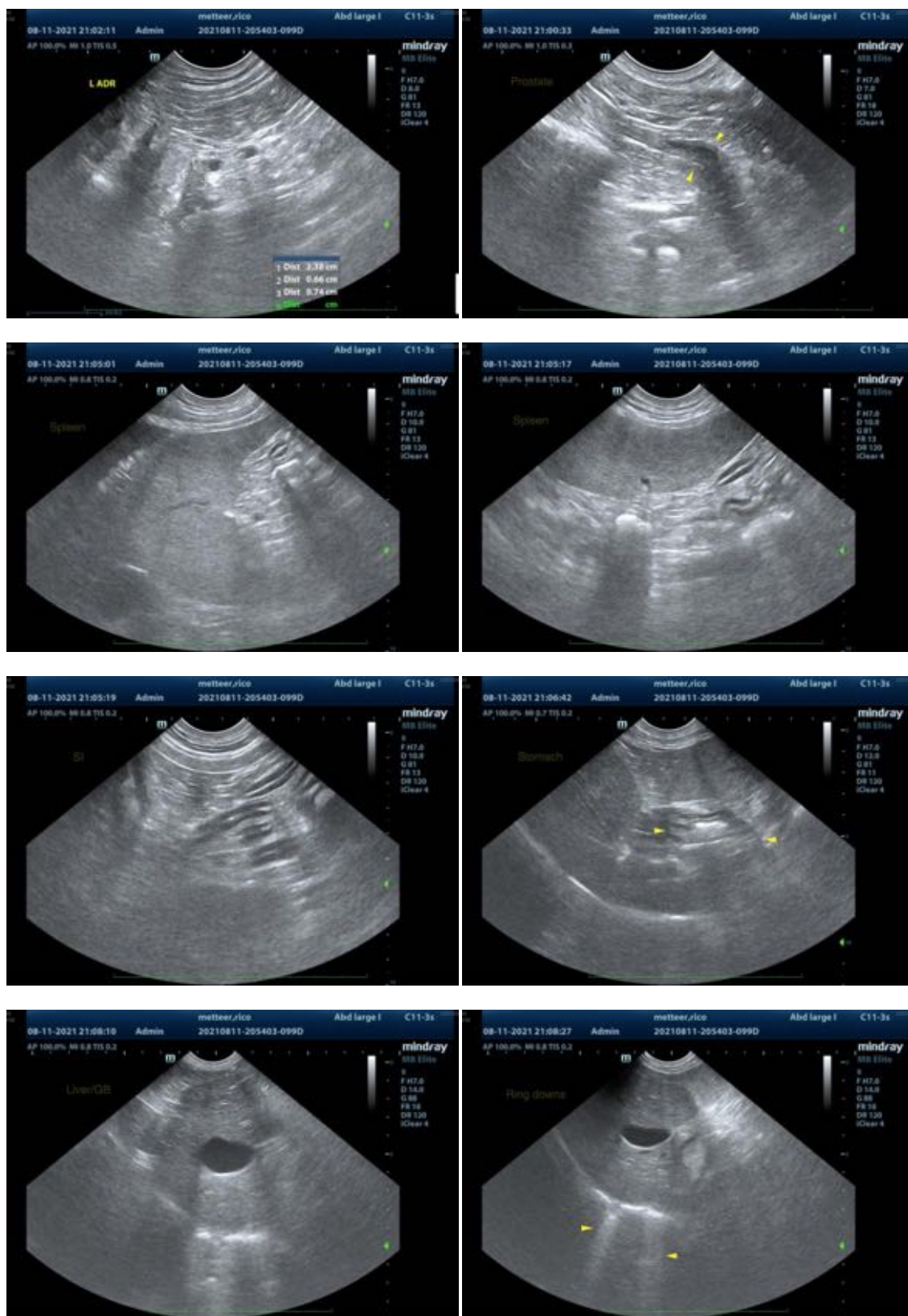
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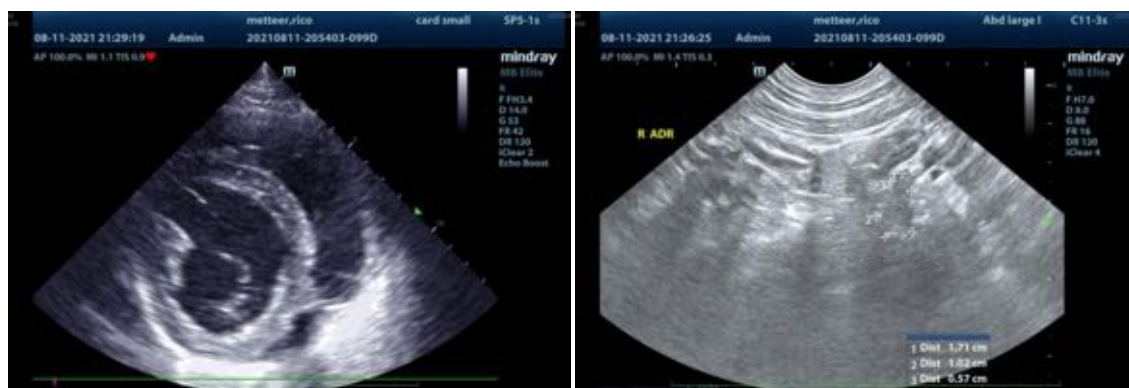
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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