



**PATIENT**

Teddy Seiter

**PRESENTING CLINICAL SIGNS**

History: Recheck stomach from 8/26/21 (prev. report attached). Doing well clinically. Current meds: Pred.

Abnormal PE/Chem/CBC/UA Results: Repeat bw pending.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

**BREED**

Beagle mix

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

**SEX**

Male, neutered

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.

**AGE**

6 Yrs.

The left kidney is normal size (5.18 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.

**WEIGHT**

39.3 lbs.

The right kidney is normal size (5.86 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*

**INTERPRETED BY**

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

The left adrenal gland is normal size (0.39 cm at cranial pole) (0.43 cm at caudal pole) (1.97 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 (1.31 cm at cranial pole) (0.53 cm at caudal pole) (2.05 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.

**IMAGING PERFORMED BY**

Shari Reffi CVT

*Spleen*

**HOSPITAL NAME**

East Plane

The spleen is subjectively normal in size (1.62 cm in width at the level of the hilus) with an irregular medial contour. A 1.41 x 0.68 cm hypoechoic nodule is observed at the medial aspect in the region of the hilus. The remaining parenchyma is homogeneous in appearance. Splenic vasculature is normal with no evidence of thrombosis.

**REFERRING VET**

Dr. Rosen

*Liver*

The liver is subjectively prominent in size with slightly rounded peripheral contours. A 4.93 x 4.22 cm isoechoic to slightly heterogeneous mass is observed on the right side. The remaining parenchyma is isoechoic relative to the spleen and subtly heterogeneous in appearance. Hepatic vasculature and intrahepatic 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.

**INVOICE**

11967

**DATE**

8/30/21



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### *Gastrointestinal*

Teddy Seiter

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally fluid 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.

## SPECIES

Canine

### *Pancreas*

## BREED

Beagle mix

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

## SEX

Male, neutered

### *Free Abdomen*

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

## AGE

6 Yrs.

## ULTRASONOGRAPHIC FINDINGS

## WEIGHT

39.3 lbs.

### Primary Findings:

- Right hepatic mass. Neoplasia (i.e., adenoma, adenocarcinoma) is considered likely with a lower possibility of benign pathology (i.e., regenerative nodular hyperplasia). The mass is similar in size compared to the previous scan.
- The splenic nodule could be consistent with benign pathology (i.e., focus of extramedullary hematopoiesis or lymphoid hyperplasia). Alternatively, an early neoplastic process is possible. The nodule is similar in size compared to the previous sonogram.

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Diplomate ACVIM  
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Medicine)

### Secondary Findings:

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

## IMAGING PERFORMED BY

Shari Reffi CVT

\*The previously suspected gastric foreign material is no longer visible within the gastrointestinal tract.

## HOSPITAL NAME

East Plane

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## REFERRING VET

Dr. Rosen

- Three-view thoracic radiographs are recommended if not already performed.
- If an aggressive approach is desired with regard to the hepatic mass, mass removal +/- biopsy of the splenic nodule (or full splenectomy). If surgery is to be pursued, referral to a board-certified veterinary surgeon is recommended. An abdominal CT scan would be useful in pre-surgical planning. If a more conservative approach is desired, consider a recheck ultrasound in 4-6 weeks to assess for progression. \*\*\*It should be noted that primary hepatic tumors tend to be slow-growing.
- Further recommendations should be based on the patient's most recent bloodwork.

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**HOSPITAL NAME**

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**REFERRING VET**

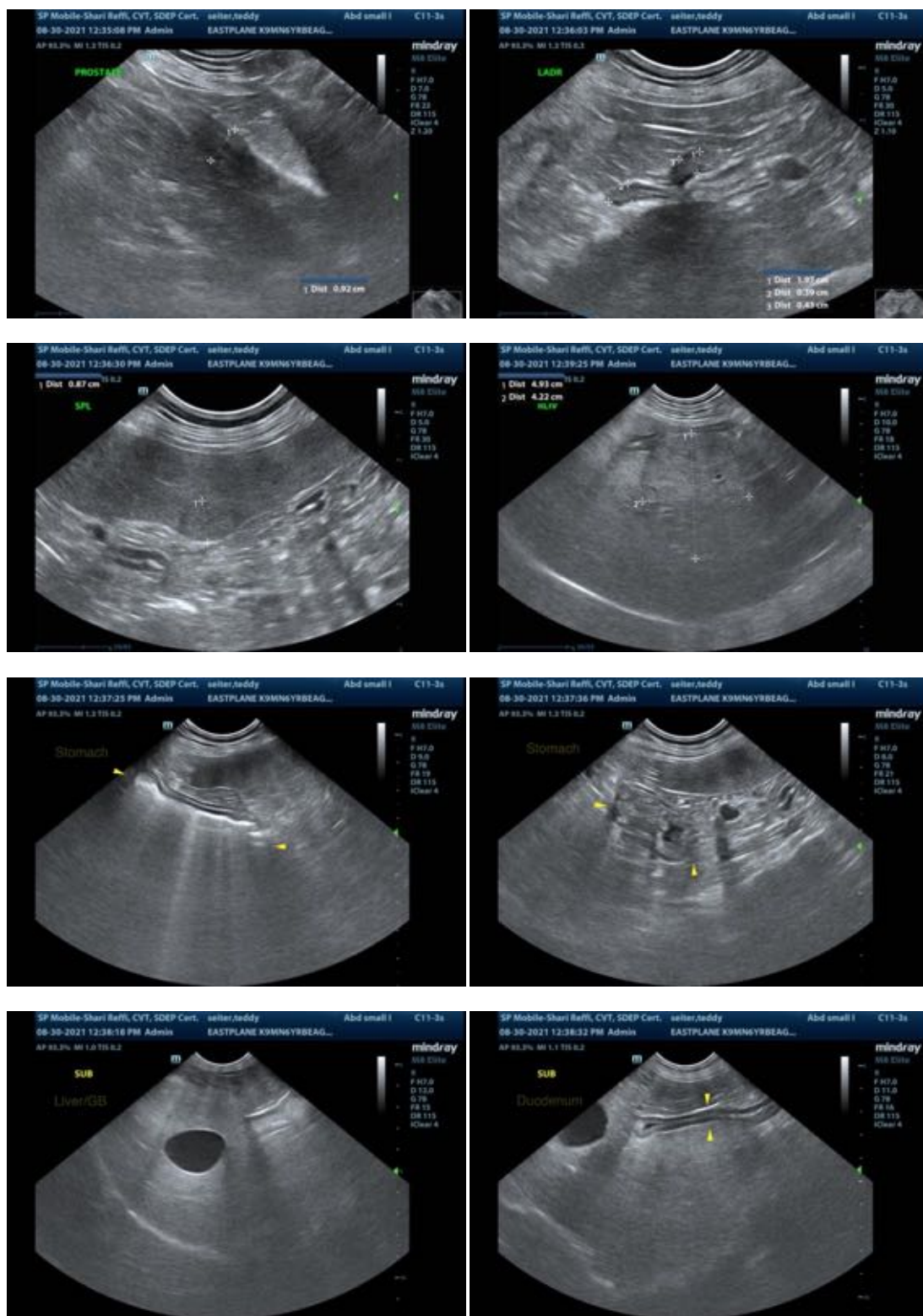
Dr. Rosen

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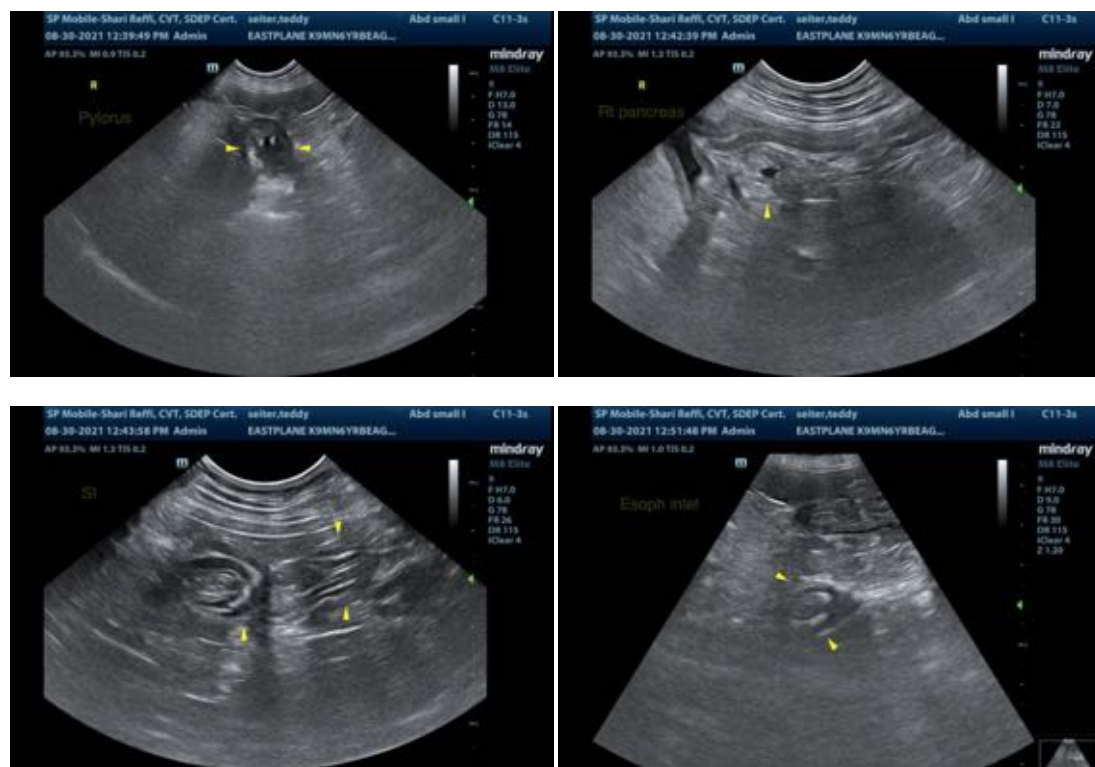
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(*Small Animal Internal  
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that 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*)

Andrea.nicastro@sonopath.com

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