



PATIENT

Diesel Galdi

SPECIES

Canine

BREED

Pitbull

SEX

Male, neutered

AGE

9 Yrs.

WEIGHT

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Shari Reffi CVT

HOSPITAL NAME

All Creatures Great
and Small Denville

REFERRING VET

Dr. Mitrovic

INVOICE

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DATE

8/31/31

PRESENTING CLINICAL SIGNS

History: Distended abdomen. Rads: Lat abd.- Ascites and questionable cranial abd mass.
Abnormal PE/Chem/CBC/UA Results: Glob 4.0, A/G Ratio 0.7, ALT 144, AkIp 155, Pot 5.6, Na/K ratio 26, RBC 4.1, Hgb 9.1, HCT 27, PLT 513

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 (1.60 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 (7.01 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 (7.21 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (1.02 cm at cranial pole) (0.84 cm at caudal pole) (3.01 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.

Right adrenal gland- see *Other*.

Spleen

The spleen is subjectively normal in size (2.46 cm in width at the level of the hilus) with slightly irregular peripheral contours. The parenchyma is mottled with several small ill-defined hypoechoic nodules/areas throughout the organ. A large (>3 cm) thrombus is observed within the splenic artery, causing partial obstruction.

Liver

The liver is subjectively normal in size with irregular caudal peripheral margin. The parenchyma is hypoechoic relative to the spleen and diffusely mottled in appearance. A >6 cm irregular heterogeneous mass effect is observed at the caudal aspect, in the region of the portal hilus. 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

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

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.

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Free Abdomen

A moderate amount of anechoic fluid is observed within the abdomen. A 2.76 cm medial iliac lymph node is visualized. See *Other*.

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A 4.91 x 4.79 cm heterogeneous mass is observed in the region of the right adrenal gland. In addition, a 4.11 x 3.02 cm mass is observed just caudal to the larger mass just described. Surrounding mesentery is hyperechoic.

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A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass. The caudal vena cava: aorta ratio is approximately 1:1.

ULTRASONOGRAPHIC FINDINGS

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Medicine*)

Primary Findings:

- Suspected right adrenal mass. Neoplasia (i.e., adenocarcinoma, pheochromocytoma, hemangiosarcoma) is considered likely with a lower possibility of benign pathology. The adjacent mass may represent an extension of the adrenal mass, an enlarged lymph node, mesenteric or pancreatic mass, other.
- Suspected hepatic mass in the region of the portal hilus. Again, neoplasia is suspected with a lower possibility of benign pathology. Although the origin is thought to be hepatic, a pancreatic or mesenteric mass or an extension of the adrenal mass cannot be excluded.
- Cranial peritonitis, likely secondary to a neoplastic process.
- Large splenic thrombus.
- The diffuse hepatic and splenic parenchymal changes could be consistent with metastatic disease or being age-related pathology.

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Secondary Findings:

- Mild left adrenomegaly.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.



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- If there is no evidence of pulmonary metastatic disease and aggressive approach is desired, consider referral to a board-certified veterinary surgeon to discuss an abdominal exploratory. An abdominal CT scan would be useful in pre-surgical planning, particularly to help determine vascular invasion of the adrenal mass.

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- Given the extent of the disease, however, prognosis for this patient is considered guarded.

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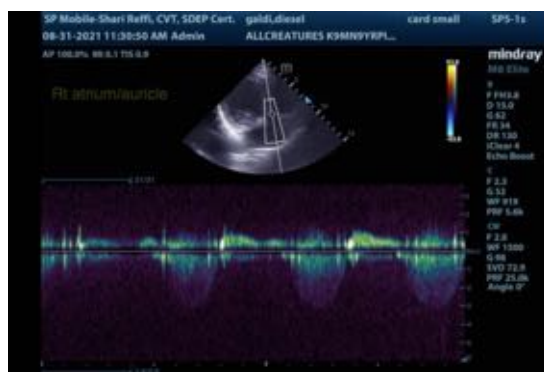
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the



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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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Andrea.nicastro@sonopath.com

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