

PATIENT

Macey Diaz

SPECIES

Canine

BREED

Boxer Mix

SEX

Spayed Female

AGE

12 years

WEIGHT

52 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Potomac Mobile
Veterinary Ultrasound

HOSPITAL NAME

Banfield Leesburg
Village

REFERRING VET

Dr. Jarrett

INVOICE

11849

DATE

8/9/21

PRESENTING CLINICAL SIGNS

History: Large abdominal mass found on radiographs. History of previous bouts of lethargy, occasional diarrhea and then possibly constipation.

SDMA 58 USG 1.018 BUN 31, Creat 1.1, Na 142, Cl 106, K 6.1

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 left kidney is normal size (6.06 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (6.12 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.57 cm at cranial pole) (0.72 cm at caudal pole) (1.88 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.

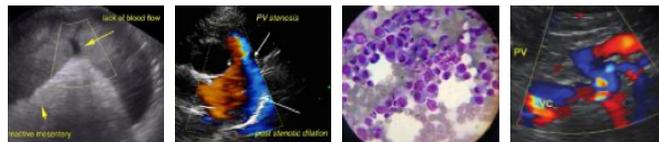
The right adrenal gland is normal size (0.57 cm at cranial pole) (0.73 cm at caudal pole) (1.89 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

A >8 cm heterogeneous cavitated mass is arising from the parenchyma. Surrounding mesentery is hyperechoic. At least 2 well demarcated hypoechoic to slightly mottled areas are also observed within the parenchyma. Splenic vasculature at the level of the hilus appears normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly mottled in appearance. No distinct 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 thickened (up to 0.47 cm), hyperechoic and slightly irregular. 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 moderately distended with ingesta. The gastric wall was normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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

A portion of the pancreas is obscured by the splenic mass. In the visible portions, no obvious pathology is observed.

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Free Abdomen

A moderate amount of anechoic fluid is observed within the abdomen. The mesentery throughout the abdomen is hyperechoic. A 1.68 x 0.70 cm medial iliac lymph node is visualized.

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Other

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Ruptured splenic mass. Neoplasia (i.e., hemangiosarcoma, hemangioma) is considered likely. The other hypoechoic areas within the splenic parenchyma may represent regions of infarction, metastatic disease, extramedullary hematopoiesis, other. Peritonitis is present, likely secondary to splenic pathology.

Secondary Findings:

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- The gallbladder changes could be consistent with cholecystitis and/or benign age-related hyperplasia. Correlation with clinical findings is recommended.
- The prominent medial iliac lymph node is most likely reactive with a lower possibility of infiltrative neoplasia.

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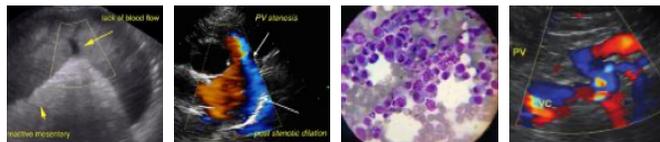
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- 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. If surgery is pursued, a liver biopsy is also recommended to assess for micrometastasis.



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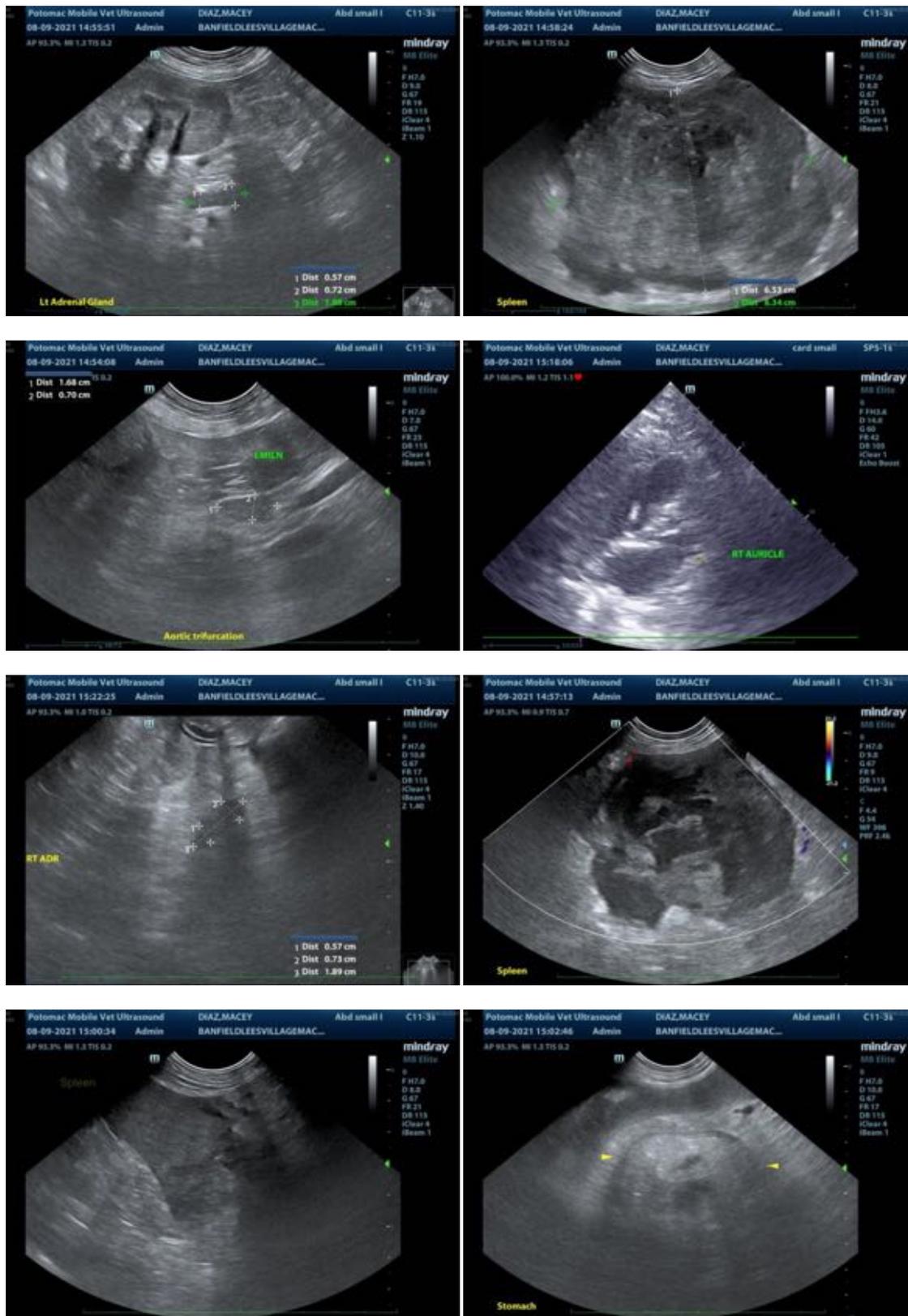
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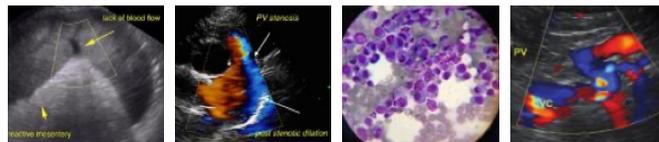
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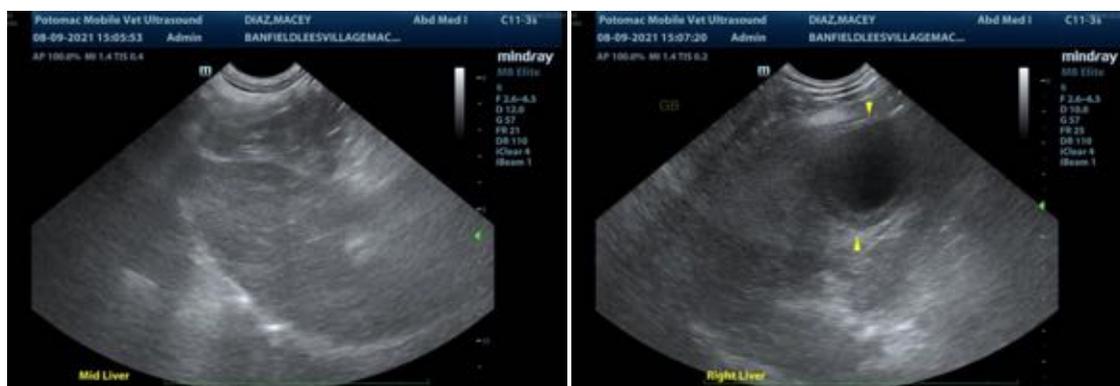
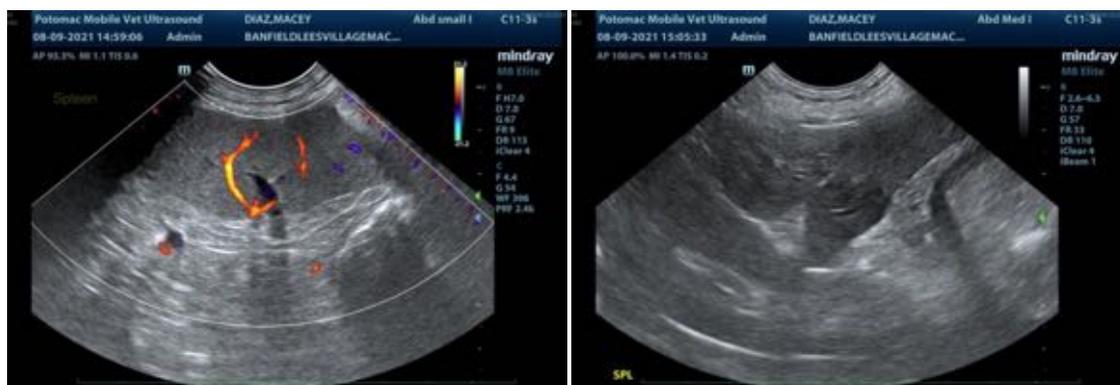
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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