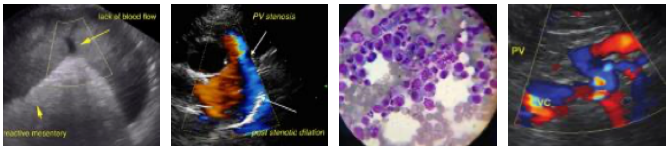
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Sparky Frantz

SPECIES
Canine

BREED
Wheaton Terrier

SEX
Male, neutered

AGE
10 Yrs.

WEIGHT
71.8 lbs.

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

IMAGING PERFORMED BY
Kelly Vasquez

HOSPITAL NAME
Brenda King Vet

REFERRING VET
Dr. Brenda King

INVOICE
12077

DATE
9/14/21

PRESENTING CLINICAL SIGNS

History: Loss of appetite, elevated liver values.
Abnormal PE/Chem/CBC/UA Results: T. bili 0.5, PSL 155, regenerative anemia, nRBC 3, WBC 22.3, neuts. 18286, monos. 2230, low T4 0.6, Alk. Phos greater than 5000.

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 (1.38 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 (6.45 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 (6.24 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 (0.61 cm at cranial pole) (0.57 cm at caudal pole) (2.29 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 not definitively visualized due to a large hepatic mass.

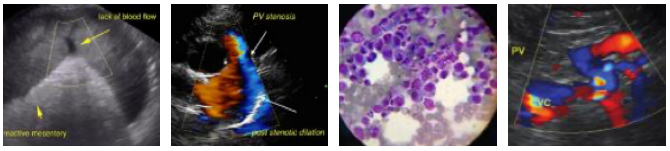
Spleen

The spleen is normal in size (1.12 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.62 x 0.44 cm hypoechoic to heterogeneous nodule is observed at the medial aspect just proximal to the hilus. The lesion causes slight capsular expansion. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with irregular peripheral contours. Numerous varying sized coalescing hypoechoic to heterogeneous cavitated masses are observed throughout the organ, many of which cause capsular expansion. There is no visibly normal hepatic parenchyma. 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. A small amount of mostly gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sparky Frantz

SPECIES

Canine

BREED

Wheaton Terrier

SEX

Male, neutered

AGE

10 Yrs.

WEIGHT

71.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vasquez

HOSPITAL NAME

Brenda King Vet

REFERRING VET

Dr. Brenda King

INVOICE

12077

DATE

9/14/21

Gastrointestinal

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.

Pancreas

A portion of the pancreas is obscured by the enlarged liver. In the visualized portion, no obvious pathology is observed.

Free Abdomen

The mesentery in the cranial abdomen is hyperechoic. Trace free fluid is observed. A few prominent cranial abdominal lymph nodes are suspected.

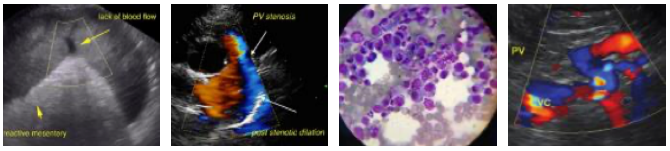
ULTRASONOGRAPHIC FINDINGS

- Diffuse hepatic masses. Neoplasia (i.e., hemangiosarcoma, round cell neoplasia) is considered likely with a lower possibility of a severe inflammatory process. Cranial peritonitis is present, likely secondary to hepatic pathology.
- The splenic nodule could be consistent with a metastatic lesion. Alternatively, a benign focus of extramedullary hematopoiesis or lymphoid hyperplasia may be present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Given the diffuse hepatic pathology, palliative care is recommended.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sparky Frantz

SPECIES

Canine

BREED

Wheaton Terrier

SEX

Male, neutered

AGE

10 Yrs.

WEIGHT

71.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vasquez

HOSPITAL NAME

Brenda King Vet

REFERRING VET

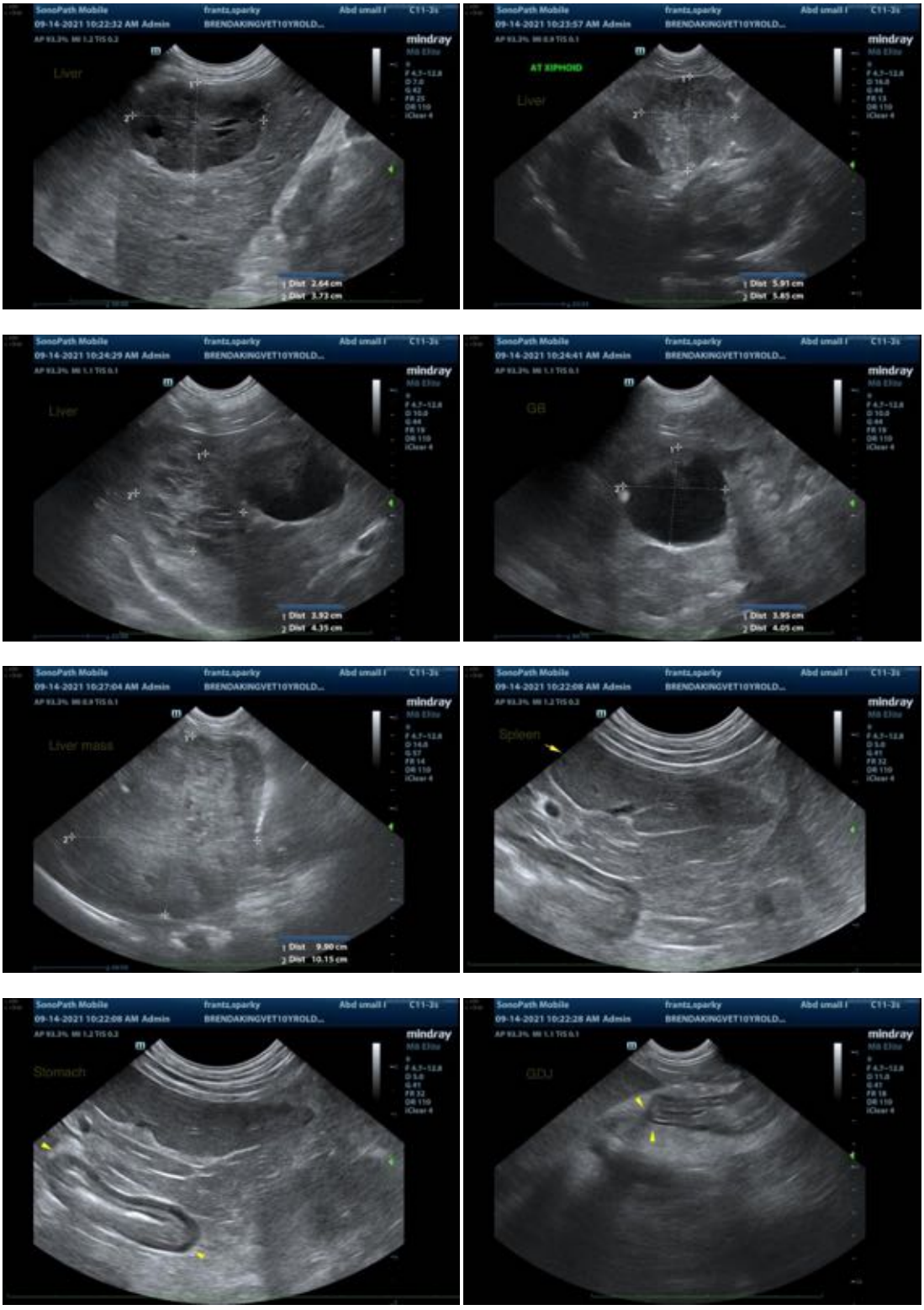
Dr. Brenda King

INVOICE

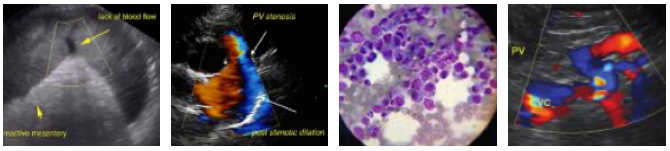
12077

DATE

9/14/21



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sparky Frantz

SPECIES

Canine

BREED

Wheaton Terrier

SEX

Male, neutered

AGE

10 Yrs.

WEIGHT

71.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vasquez

HOSPITAL NAME

Brenda King Vet

REFERRING VET

Dr. Brenda King

INVOICE

12077

DATE

9/14/21

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