


PATIENT

Remy Stillaway

SPECIES

Canine

BREED

Vizsla

SEX

Neutered Male

AGE

10 years

WEIGHT

26.9 kg

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Buck AH

REFERRING VET

Dr. Yenssen

INVOICE

11646

DATE

9.15.22

PRESENTING CLINICAL SIGNS

History: 9/3/2022: Presented for standing panting for past 20 minutes. Tense cranial abdomen and stops panting as you try to palpate. Gave Cerenia and Vetergesic injections. 9/8/2022: Not doing any better, suspect gastritis 9/14/2022: Not interested in eating his regular food. Will eat other food reluctantly. did vomit once 6 hours after eating something. Cerenia did not seem to help. has had some soft BM over the last week. Still drinking. Owner notes that at times when he is lying down is breathing heavily. Home with Ondansetron and Metronidazole

Abnormal PE/Chem/CBC/UA Results: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The **urinary bladder** wall is 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. The region of the trigone is normal.

The **region** of the prostate is not visualized due to its pelvic location.

The **left kidney** is normal size (7.07 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (6.83 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 (0.86 cm at cranial pole) (0.77 cm at caudal pole) (2.30 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 the severe splenomegaly.

Spleen

The **spleen** is severely enlarged, with swollen, irregular peripheral contours. The parenchyma is diffusely mottled, with several ill-defined hypoechoic areas, the largest measuring >6.00 cm. A few of these areas contain small, cystic lesions. Splenic vasculature appears normal with no evidence of thrombosis.

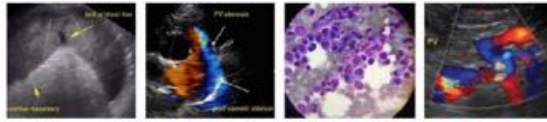
Liver

The **liver** is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

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

The **gastric lumen** is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme (mild). The small



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intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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Pancreas

A portion of the **pancreas** is obscured by the splenomegaly. In the visualized portions, no obvious abnormalities are seen.

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Free Abdomen

Trace free fluid is observed. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

Primary Findings

- The splenic changes are concerning for infiltrative neoplasia (i.e., round cell tumor) with a lower possibility of a benign process (i.e., splenitis)
- The trace ascites is likely secondary to splenic pathology.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A fine-needle aspirate of the spleen is recommended, along with three-view thoracic radiographs to assess cardiopulmonary status.

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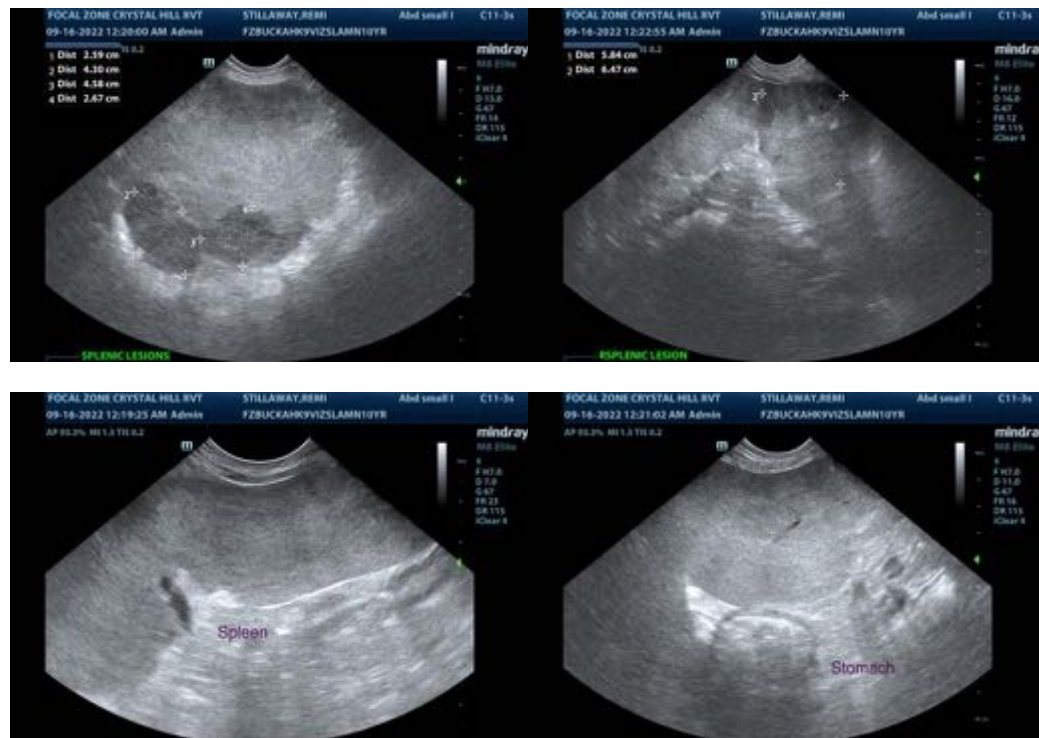
Dr. Yenssen

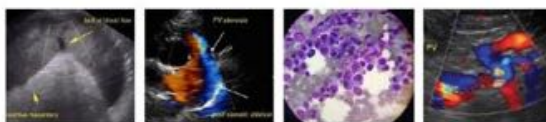
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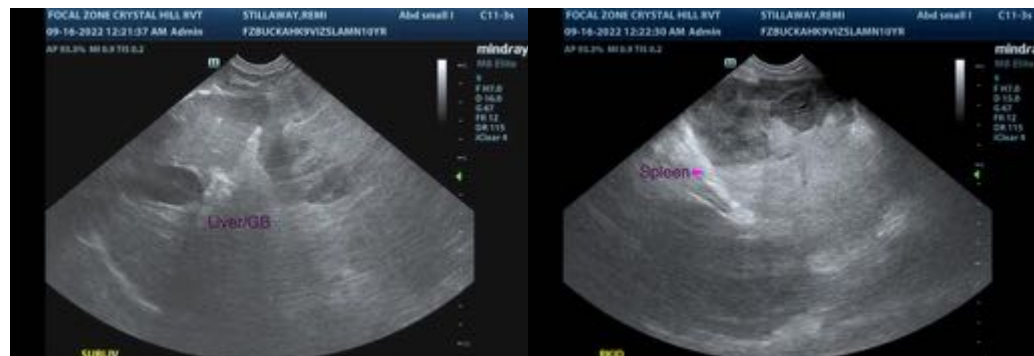
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com