



PATIENT

Max Noble

PRESENTING CLINICAL SIGNS

History: exam, updates *Patient was last fed at 6pm last night.
Abnormal PE/Chem/CBC/UA Results: elevated kidney and liver values. decreased red blood cell count

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Pit Bull Mix

Urinary System

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 (1.08 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

12 Yrs.

The left kidney is normal size (7.94 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present (0.23 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

WEIGHT

85 lbs.

The right kidney is normal size (8.04 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is enlarged (3.96 x s.62 cm), irregular and heterogeneous with a mass effect. The gland is extremely vascular in appearance. There is suspected invasion into the caudal vena cava and phrenicoabdominal vein.

The right adrenal gland is enlarged (>5 cm) and irregular with a heterogeneous mass effect. The gland appears to be extending/invading into the caudal vena cava with a suspected tumor thrombus caudal to the gland.

IMAGING PERFORMED BY

Amy Mayhew LVT

Spleen

A >8 cm heterogeneous slightly cavitated mass is observed in the cranial abdomen. It is suspected to be arising from the splenic parenchyma. Surrounding mesentery is hyperechoic. In the remainder of the spleen, the parenchyma is slightly mottled in appearance and the margins are curvilinear. Splenic vasculature appears normal with no evidence of thrombosis.

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Liver

The liver is subjectively normal in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly heterogeneous in appearance. On the right side, a 6.5 cm isoechoic to mildly heterogeneous swelling/mass is observed. In addition, a 2.41 cm cavitated mass is also observed on the right side. The lesion has a hyperechoic rim. Finally, a 2.00 cm irregular, hypoechoic nodule is observed at the right caudal aspect. 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

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moderate amount of hyperechoic debris is observed within the lumen, most of which is gravity-dependent and some of which is suspended. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

SPECIES

Canine

The gastric lumen is distended with ingesta and fluid. The gastric wall is normal in thickness with a normal layering pattern. 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.

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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.

SEX

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Free Abdomen

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible. A 1.23 cm medial iliac lymph node is visualized.

AGE

12 Yrs.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

85 lbs.

Primary Findings:

- Large cranial abdominal mass, suspected to be of splenic origin. Neoplasia (i.e., sarcoma, round cell tumor) is suspected with a lower possibility of benign pathology.
- The right hepatic nodules/masses are concerning for possible metastatic disease. However, more benign processes (i.e., nodular hyperplasia, inflammatory foci/abscesses) are also possible.
- Bilateral adrenal masses with vascular invasion, in particular there is extensive invasion into the caudal vena cava. Neoplasia (i.e., adenocarcinomas, pheochromocytomas) are suspected.

Secondary Findings:

- Minor, degenerative renal changes with trace pyelectasia.
- The presence of ingesta within the gastric lumen despite fasting is suggestive of delayed gastric emptying.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Thoracic radiographs are recommended to assess for pulmonary metastatic disease.
- A fine needle aspirate of the splenic mass can be considered (if clotting status is appropriate). Care should be taken to avoid vascular regions. There is some risk of iatrogenic hemorrhage with aspiration. Ultimately, however, given the likelihood of multifocal neoplasia within the abdomen, palliative/symptomatic care should be considered in lieu of invasive diagnostics.
- Given the presence of thrombosis within the caudal vena cava, consider initiation of an antithrombotic agent (i.e., Clopidogrel).

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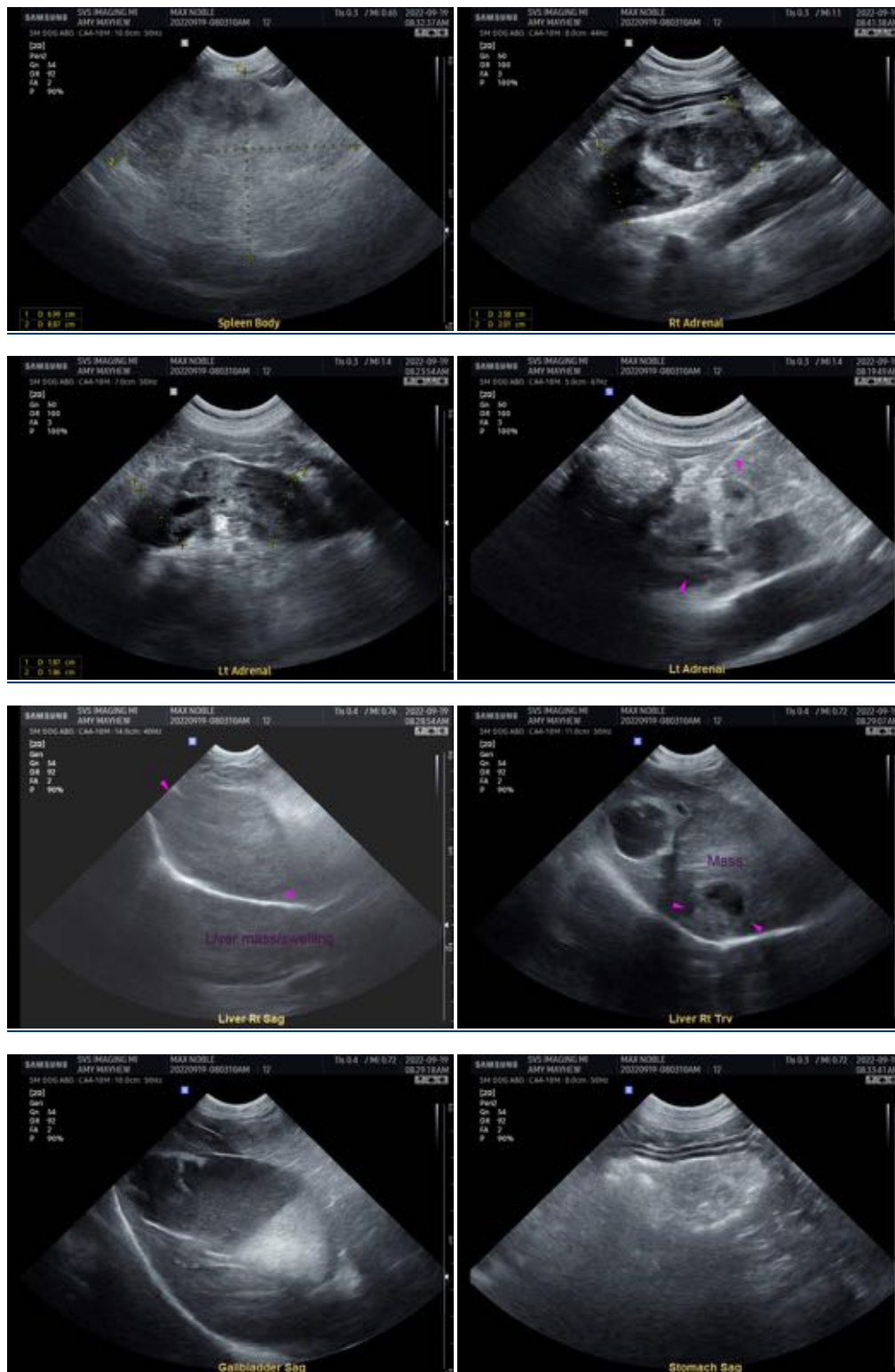
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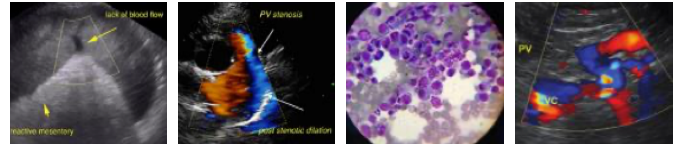
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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