



PATIENT

Rosey Mueller

SPECIES

Canine

BREED

Vizsla

SEX

Female, spayed

AGE

10.5 Yrs.

WEIGHT

18 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Smiling Dog VS

REFERRING VET

Dr. Wendy Meredith
DVM

INVOICE

12016

DATE

9/2/21

PRESENTING CLINICAL SIGNS

History: No current clinical signs of concern. Patient was evaluated ~ 2 months ago (abdominal ultrasound) due to changes of the CBC at time of senior wellness. AUS revealed splenic masses. Client has declined splenectomy at this time. Patient has remained stable. Purpose of scan today is to re-evaluate the splenic lesions for any significant change.

Abnormal PE/Chem/CBC/UA Results: As previously reported, geriatric related changes such as lenticular sclerosis and occasional lipoma. Stiff and osteoarthritis of the vertebrae reported. No recent blood work or imaging.

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 (5.64 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 (4.70 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 (0.59 cm at cranial pole) (0.72 cm at caudal pole) (2.39 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 (0.86 cm at cranial pole) (0.59 cm at caudal pole) (1.41 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

The spleen is subjectively enlarged with irregular peripheral contours. A 4.35 x 3.24 cm heterogeneous mass with ill-defined hyperechoic areas is observed in the region of the hilus. The lesion causes capsular expansion. An approximately 3 cm mass of similar echogenicity is observed at the lateral aspect, approximately mid-spleen. A 4.5 cm mass similar in appearance is also observed at the cranial aspect. There are also several other smaller similar appearing masses throughout the organ, some of which are coalescing. Splenic vasculature is 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



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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

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The gastric lumen is minimally fluid 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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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Other

A uterine stump is visible (0.49 cm in width).

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The splenic lesions may have progressed since the previous scan, as the mass at the cranial aspect was not previously noted. Benign myelolipomas are still possible. However, a neoplastic process cannot be completely excluded.

Secondary Findings:

- Visible uterine stump- incidental.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If a conservative approach is to be continued, consider rechecking an abdominal ultrasound in 2-3 months to assess for progression.
- Otherwise consider a fine needle aspirate of the splenic lesions (if clotting status is appropriate). A 25-gauge needle should be used.
- Also consider three-view thoracic radiographs to assess for pulmonary metastatic disease, if not already performed.



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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.

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

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