



PATIENT

Vader Moore

SPECIES

Canine

BREED

German Shepherd

SEX

Male Neutered

AGE

8 Years

WEIGHT

51 kgs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Woodside

HOSPITAL NAME

Sherwood Family Pet
Clinic

REFERRING VET

Dr. Woodside

INVOICE

11859kk

DATE
9/20/21

PRESENTING CLINICAL SIGNS

History: Acute onset of lethargy and decreased appetite.

Abnormal PE/Chem/CBC/UA Results: Abdomen distended, hemorrhage ascites. Mass effect cranial abdomen, splenomegaly. Weight loss and muscle mass loss since most recent visit in April 2021. Pending: CBC, Chem, UA, fluid analysis, cytology of FNA from mass effect.

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 not definitively visualized due to its pelvic location.

The left kidney is normal size (7.20 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.

No images were provided of the right kidney.

Adrenal Glands

The adrenal glands are not definitively visualized.

Spleen

The spleen is subjectively enlarged with rounded peripheral contours, particularly at the caudal pole. The contour is C-shaped. The parenchyma is slightly mottled in appearance. No distinct focal lesions are observed. Splenic vasculature appears normal.

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 intrahepatic biliary tracts are of normal volume with no evidence of congestion. 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 stomach is not definitively visualized due to the cranial abdominal pathology. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

See "Free abdomen" category.

Free Abdomen

A > 7 cm irregular, heterogeneous, multi-lobulated (versus multiple) mass is observed in the cranial



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abdomen between the liver and spleen. A large amount of echogenic free fluid is present.

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ULTRASONOGRAPHIC FINDINGS

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1. Cranial abdominal mass. The origin of which is unclear. It may be arising from mesentery, pancreas, adrenal gland, stomach, or other. Neoplasia is considered likely with a low possibility of a severe inflammatory process.
2. The ascites is likely secondary to the mass.
3. The hepatic parenchymal changes are non-specific and could be secondary to age-related pathology (i.e., remodeling, nodular hyperplasia). Alternatively, metastatic disease may be present.
4. The splenic changes could be consistent with infiltrative neoplasia or benign change (i.e., extramedullary hematopoiesis or lymphoid hyperplasia). A splenic torsion is possible. Evaluation of the blood flow at the level of the hilus would be helpful in further assessing for torsion.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

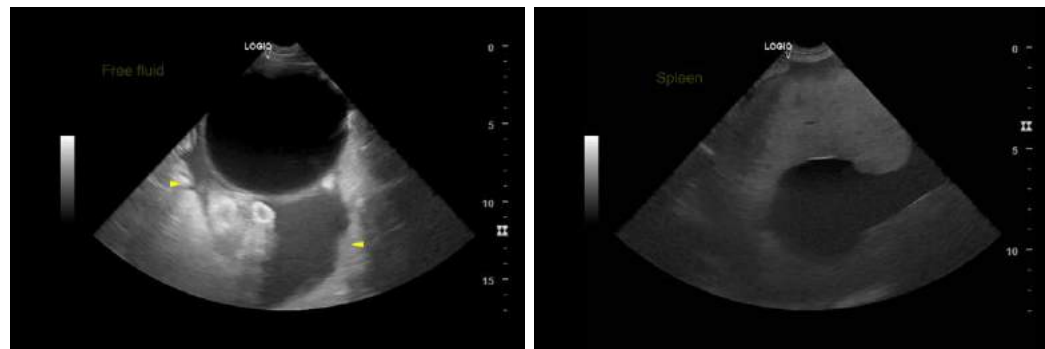
Three-view thoracic radiographs are recommended to assess for pulmonary metastases. If cytologic evaluation of the mass is inconclusive, an abdominal exploratory with biopsy +/- removal of the mass may be necessary to get a definitive diagnosis. An abdominal CT scan would be useful in pre-surgical planning. Prognosis is considered guarded.

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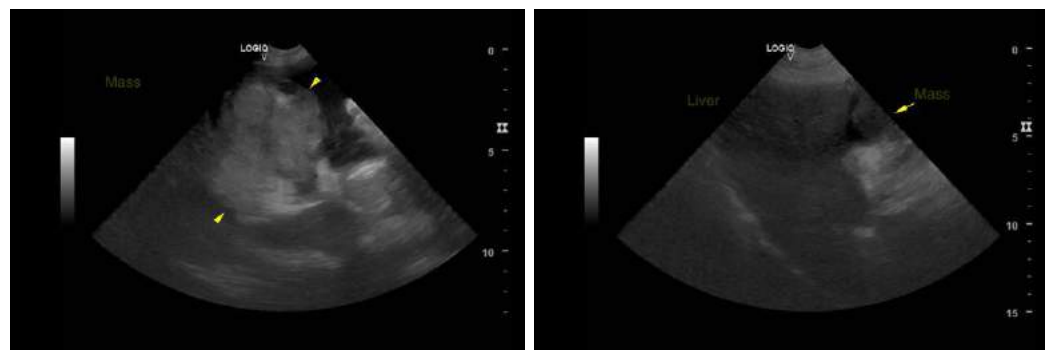


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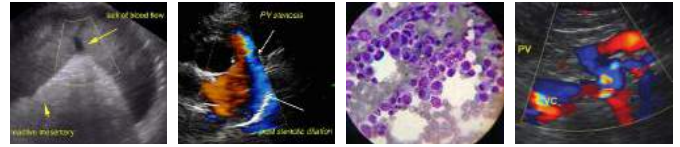
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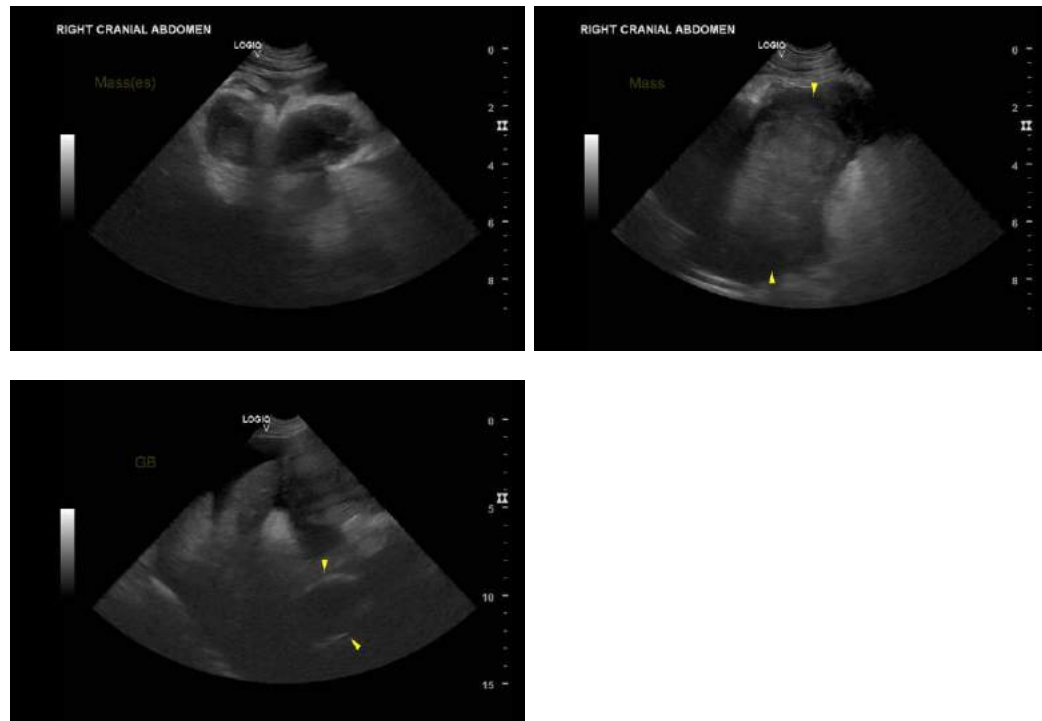
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com