



PATIENT

Titus Zavala

SPECIES

Canine

BREED

German shepherd

SEX

Male

AGE

3 Yrs.

WEIGHT

105 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Barron/Chun

INVOICE

12245

DATE

9/22/21

PRESENTING CLINICAL SIGNS

History: ADR, Hematocrit low, R/o splenic mass vs IMHA
Abnormal PE/Chem/CBC/UA Results: Globulin 4.9, ALT 182 Total Bili 1.0, WBC 21.79, neutro 19.49, HCT 16.5, PLT 91

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 enlarged (4.51 cm in width) with a slightly irregular shape. The parenchyma is hyperechoic to slightly heterogeneous in appearance. No focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal size (8.32 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. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (8.92 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. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.46 cm at cranial pole) (0.62 cm at caudal pole) (3.59 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 (0.75 cm at cranial pole) (0.57 cm at caudal pole) (2.84 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 prominent in size (3.47 cm in width at the level of the hilus) with slightly swollen peripheral contours. A light micronodular pattern is observed throughout the parenchyma. NO focal lesions are observed. 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



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distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

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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 segmentally dilated with chyme. 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

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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

Male

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

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The testicles are subjectively normal in size (left testicle 3.58 x 2.61 cm; right testicle 3.36 x 1.74 cm) and symmetrical. The left testicular parenchyma has a few ill-defined hyperechoic foci. The right testicular parenchyma is homogeneous.

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A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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Medicine*)

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

Secondary Findings:

- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.
- The medullary bands seen in both kidneys may be a benign incidental finding. Alternatively, subclinical renal disease may be present.
- The hyperechoic foci in the left testicular parenchyma are most consistent with lipogranulomas or hyperplasia. These are considered an incidental finding.

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*There is no obvious evidence of neoplasia in the abdomen. The splenic changes are most consistent with extramedullary hematopoiesis although an emerging round cell tumor cannot be completely excluded.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for neoplasia in the chest.
- A comprehensive tick panel, including PCR and serology (submission to North Carolina State University's Vector Borne Disease Diagnostic Lab is recommended. (<https://cvm.ncsu.edu/research/labs/clinical-sciences/vector-borne-disease/>).
- Consider a fine needle aspirate of the spleen to rule out round cell neoplasia (if clotting status is appropriate). A 25-gauge needle should be used.

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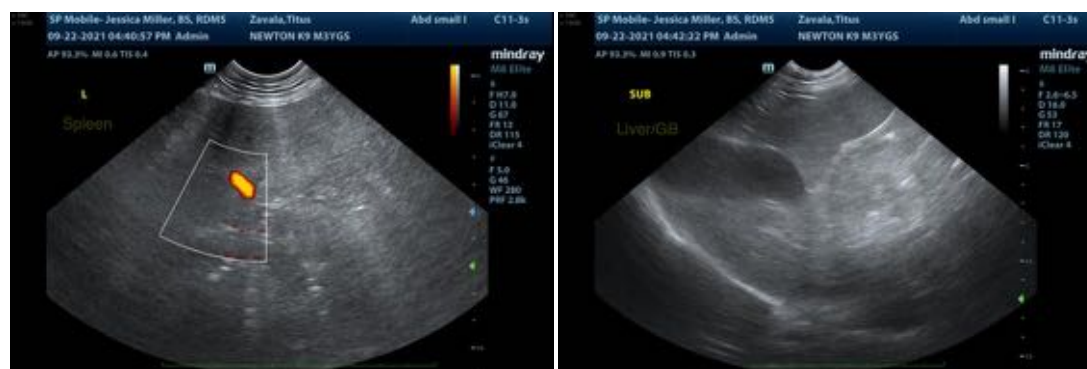
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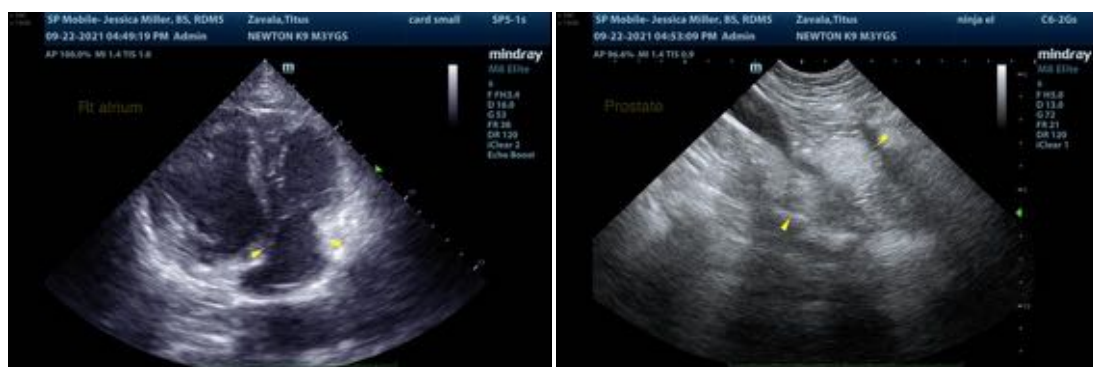
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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