



**PATIENT**

Charlie Snyder

**SPECIES**

Canine

**BREED**

Great Dane

**SEX**

Male, neutered

**AGE**

4 Yrs.

**WEIGHT**

80 kg.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores Veterinary  
Emergency Center

**REFERRING VET**

Dr. Nelson

**INVOICE**

14007

**DATE**

9/26/22

**PRESENTING CLINICAL SIGNS**

**History:** Presented at our hospital for vomiting and lethargy. O left Saturday morning and pet sitter came over Saturday night to feed p and housemates. P was reluctant to eat and eventually did eat. Although when pet sitter took p outside p vomited the food up. Yesterday p was eating normally and no vomit noted. Today p is lethargic, not eating at all and vomited in the house. Pet sitter thinks his mouth is bothering him because he puts the food in his mouth and then spits it back out. Previous Health Concerns: none  
**Abnormal PE/Chem/CBC/UA Results:** Temp: 103.2 Abdominal: distended 1) Abd Rads – poor serosal detail, mass effect pushing intestines caudally and dorsally 2) CBC/Chem/EPOC – mild neutrophilia (stress)

**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 prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (9.66 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 (9.18 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.

**Adrenal Glands**

The region of the left adrenal gland is evaluated. No obvious pathology is observed.

Right adrenal gland- see *Other*.

**Spleen**

The spleen is subjectively enlarged (3.70 cm in width at the level of the hilus) with slightly swollen peripheral contours. The parenchyma is of appropriate echogenicity. 1-2 small hypoechoic nodules are visualized. Splenic vasculature appears normal with no evidence of thrombosis.

**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. At least 2 hypoechoic nodules are visualized (a 2.15 cm nodule on the right side and a 1.30 cm nodule on the left side, at the caudal aspect). Vascular and biliary tracts are of normal volume with no evidence of congestion. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

**Gastrointestinal**



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The stomach is difficult to visualize due to mesenteric pathology. The visualized small intestinal segments are normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. No obstructive disease is noted.

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*Pancreas*

The pancreas is mostly obscured by the mesenteric pathology. However, no obvious abnormalities are seen.

**BREED**

Great Dane

*Free Abdomen*

A moderate amount of echogenic free fluid is present. The mesentery throughout the abdomen is hyperechoic and slightly nodular in appearance. The abdominal lymph nodes are normal/not visible.

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*Other*

A 3.46 cm mass effect is observed just medial to the right kidney.

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**ULTRASONOGRAPHIC FINDINGS**

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- The origin of the mass effect medial to the right kidney is unclear. It may be arising from the right adrenal gland, right kidney, lymph node, mesentery, pancreas, other. Neoplasia is of primary concern. However, an inflammatory focus cannot be excluded.
- The hepatic nodules could be consistent with metastatic lesions, inflammatory foci, other.
- The splenic parenchymal changes are non-specific and may be secondary to infiltrative neoplasia, splenitis, antigenic stimulation, lymphoid hyperplasia, extramedullary hematopoiesis, other.
- Diffuse peritonitis. Considerations include reactive change vs neoplasia (i.e., carcinomatosis).

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for neoplasia in the chest.
- Fine needle aspirates of the abdominal fluid, mesentery and spleen are recommended (if clotting status is appropriate). If cytology results are inconclusive, consider an abdominal CT scan +/- exploratory surgery with biopsies to get a definitive diagnosis.

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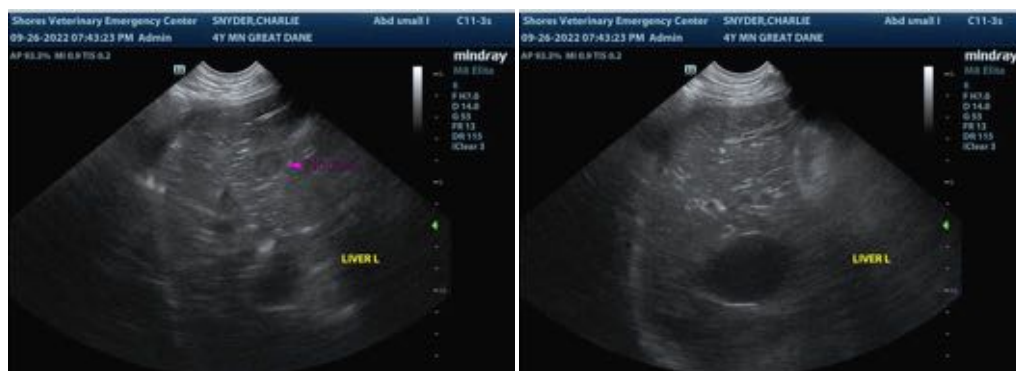
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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