



**PATIENT**

Rocky Citto

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

Male Neutered

**AGE**

12 Years

**WEIGHT**

76 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Hornbuckle

**HOSPITAL NAME**

Golden Isles Animal  
Hospital

**REFERRING VET**

Dr. Hornbuckle

**INVOICE**

11903kk

**DATE**

9/27/21

**PRESENTING CLINICAL SIGNS**

History: Rocky presented for evaluation for a dental procedure. During PE abdominal swelling was noted. A quick u/s suggested a possible splenic mass, so a complete AUS was ordered to further explore the abdomen.

Abnormal PE/Chem/CBC/UA Results: Labs pending.

**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 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 normal in size (1.26 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (6.69 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (7.24 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

*Adrenal Glands*

The left adrenal gland is enlarged (1.18 cm at cranial pole) (1.16 cm at caudal pole) (3.19 cm in length) with a normal shape and smooth peripheral contours. The parenchyma is slightly heterogeneous in appearance with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

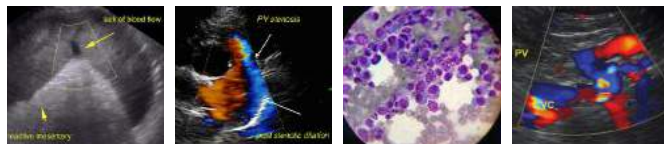
The right adrenal gland is normal size (1.43 cm at cranial pole) (0.62 cm at caudal pole) (3.17 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

*Spleen*

The spleen is subjectively enlarged with irregular peripheral contours. A > 9 cm hyperechoic to heterogeneous mass-effect is observed at the caudal aspect. The lesion causes capsular expansion. A few ill-defined, hyperechoic areas are also observed at the cranial pole. Splenic vasculature appears normal with no evidence of thrombosis.

*Liver*

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder 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/not seen.



## PATIENT

Rocky Citto

## SPECIES

Canine

## BREED

Labrador

## SEX

Male Neutered

## AGE

12 Years

## WEIGHT

76 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Hornbuckle

## HOSPITAL NAME

Golden Isles Animal  
Hospital

## REFERRING VET

Dr. Hornbuckle

## INVOICE

11903kk

## DATE

9/27/21

## Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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.

## 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.

## Free Abdomen

The peritoneal cavity is normal. There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings:

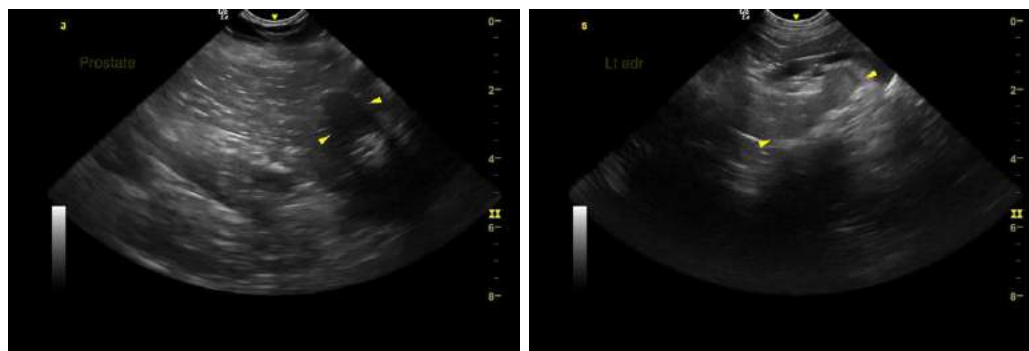
- The splenic mass-effect trends towards a benign process (i.e., large myelolipoma) with a lower possibility of malignancy.

### Secondary Findings:

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Mild left adrenomegaly.
- Minor, age-related renal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the splenic mass is recommended (if clotting status is appropriate). A 25-gauge needle should be used. If cytologic evaluation is inconclusive, a splenectomy with submission of the spleen for histopathology can be considered. Alternatively, serial sonographic monitoring (i.e., every 2-3 months) can be considered to assess for progression.





**PATIENT**

Rocky Citto

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

Male Neutered

**AGE**

12 Years

**WEIGHT**

76 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Hornbuckle

**HOSPITAL NAME**

Golden Isles Animal  
Hospital

**REFERRING VET**

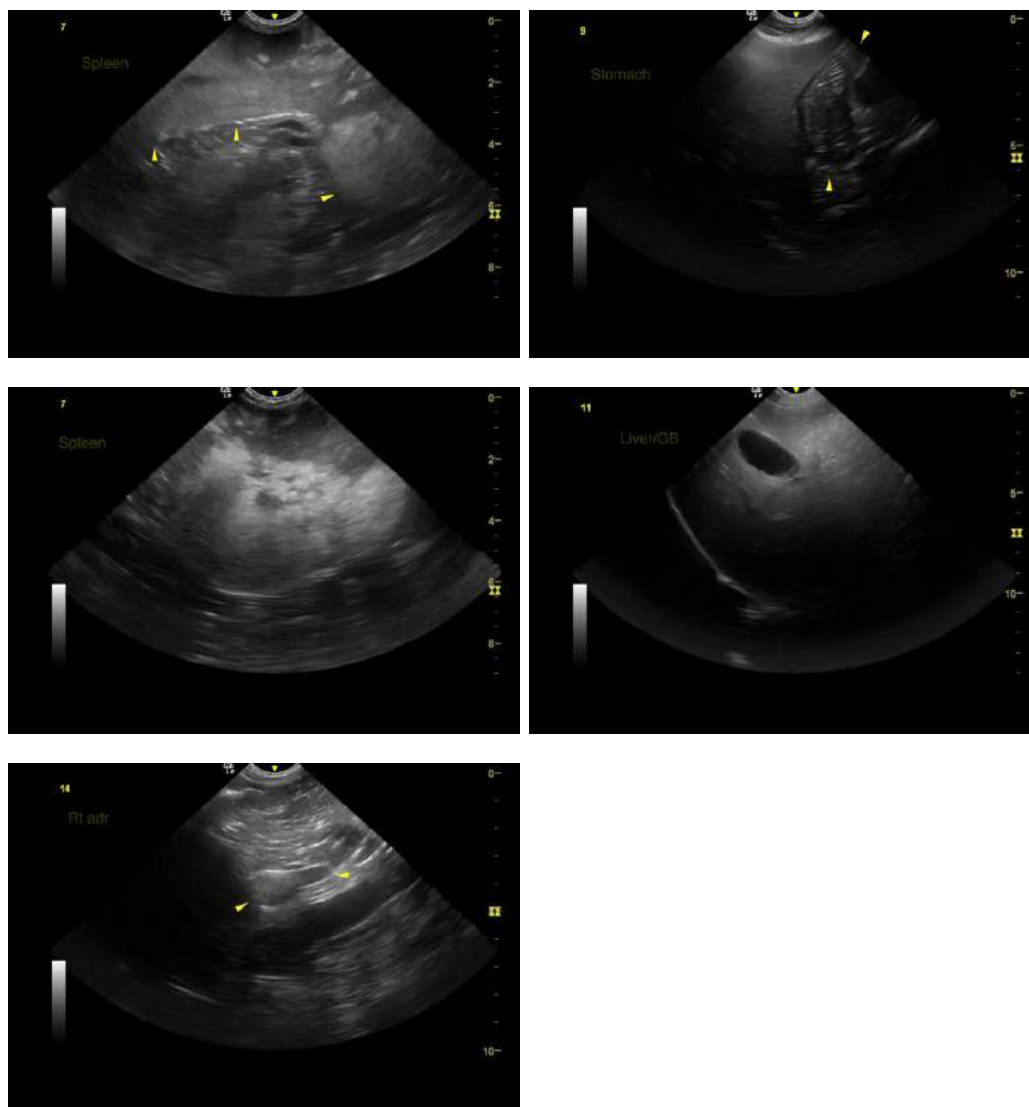
Dr. Hornbuckle

**INVOICE**

11903kk

**DATE**

9/27/21



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