



PATIENT

Leo Srivastava

SPECIES

Canine

BREED

Flat coat retriever

SEX

Male, neutered

AGE

9 Yrs.

WEIGHT

76 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Melissa Pascucci

HOSPITAL NAME

American AH

REFERRING VET

Dr. Arculli

INVOICE

13907

DATE

9/6/22

PRESENTING CLINICAL SIGNS

History: Hx of leg amputation from histiocytic sarcoma- had chemotherapy. Presented 2 wks ago for trouble getting around. Rad report showed caudoventral abdominal mass. Presented to ER over the weekend for inability to use hind legs- concern for generalized weakness vs spinal.
Abnormal PE/Chem/CBC/UA Results: HCT 30, PLT19k, ALP 238

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 distended. A small amount of suspended echogenic debris is observed within the lumen. 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 (7.19 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. At the cranial pole a 2.92 cm hypoechoic to anechoic lesion is visualized. The lesion causes slight disruption of the normal architecture. There is no evidence of pyelectasia, nephroliths or hydroureter.

The right kidney is normal size (6.96 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.

Adrenal Glands

The caudal pole of the left adrenal gland is visualized and is normal size (0.49 cm in width); normal shape, glandular echogenicity and detail. Surrounding vasculature is normal.

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

Spleen

The spleen is enlarged with an irregular shape. A >7 cm heterogeneous mass is arising from the parenchyma. In addition, at least 2 smaller nodules/masses are seen. All lesions cause capsular expansion. The mesentery effacing the serosal surface of the larger mass is hyperechoic. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is difficult to visualize in the available images. In the visualized portions, no obvious abnormalities are seen. 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 gastric lumen is mildly distended with fluid. The gastric wall is normal in thickness with a normal layering pattern. 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



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A portion of the pancreas is obscured by splenic pathology. In the visualized portions, no obvious abnormalities are seen.

Free Abdomen

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There is no evidence of free fluid. A 2.50 x 0.50 cm hypochoic lymph node is observed at the aortic trifurcation.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

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- Splenic masses. Neoplasia (i.e., metastatic histiocytic sarcoma, hemangiosarcoma, other) is considered likely with a low possibility of benign pathology. Regional peritonitis is present.
- The hypochoic to anechoic left renal lesion could be consistent with a cortical cyst, tumor or granuloma.

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Secondary Findings:

- The prominent medial iliac lymph node could be consistent with reactive lymphadenitis, lymphoid hyperplasia or infiltrative neoplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Medicine*)

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine needle aspirate of the large splenic mass, if clotting status is appropriate. There is some risk of iatrogenic hemorrhage with the procedure. Therefore, if aspiration is pursued, sonographic monitoring is recommended for 5-10 minutes post aspiration.
- Additional sonographic images of the liver would be useful to determine if hepatic pathology (i.e., metastatic disease) is present. Alternatively, an abdominal CT scan could be considered.
- Depending on the results of the above diagnostics, a splenectomy with submission of the spleen as well as a liver biopsy can be considered. However, consultation with a board certified oncologist is recommended.

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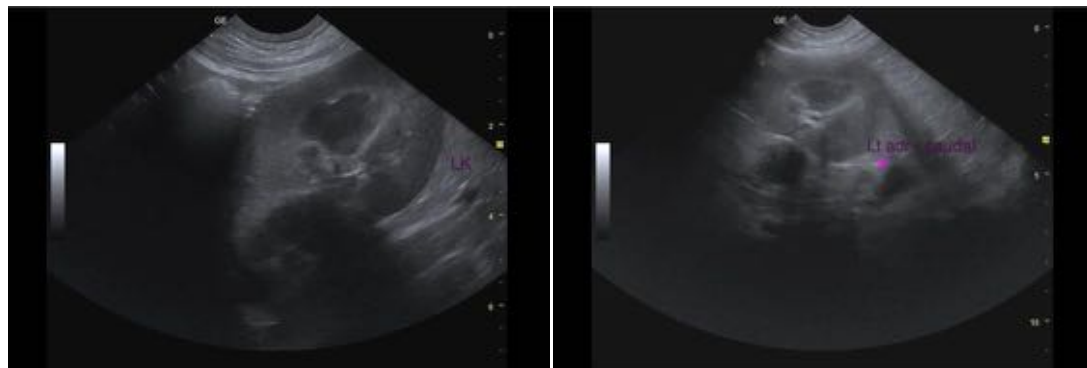
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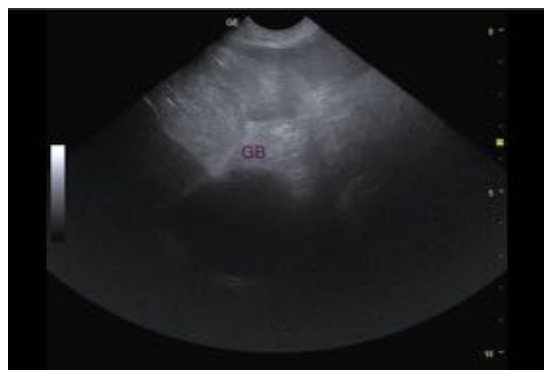
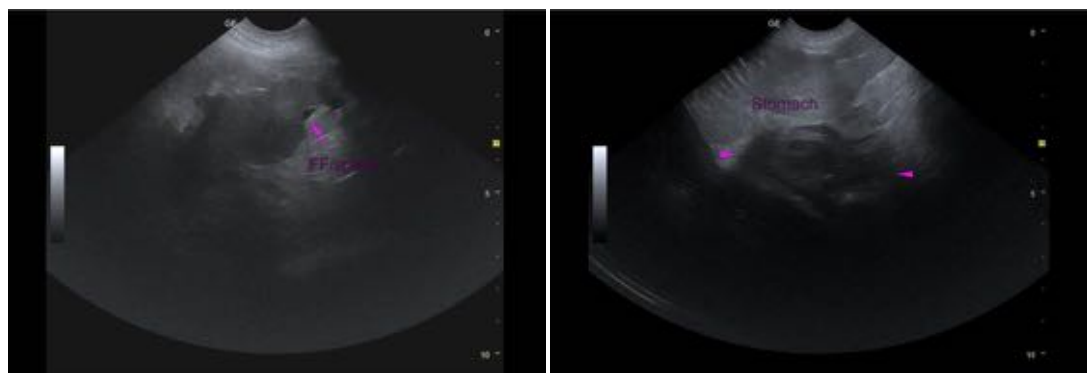
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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