



PATIENT

Hilo Blake

SPECIES

Canine

BREED

Lab mix

SEX

Femlae, spayed

AGE

10 Yrs.

WEIGHT

85 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Glaze

DATE

2/28/23

INVOICE

14656

PRESENTING CLINICAL SIGNS

History: Intermittent weakness.

Abnormal PE/Chem/CBC/UA Results: Mild elevation in reticulocyte count. Heart Rate and Respiratory Rates Heart rate: 120 Resp: 40 Blood Pressure Measurements None taken Current Medications No medications Radiographic Findings Spleen has irregular margins.

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 and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (8.13 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (6.53 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 left adrenal gland is normal size (0.69 cm at cranial pole) (0.72 cm at caudal pole) (2.58 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 region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is enlarged with irregular peripheral contours. A >8 cm heterogeneous cavitated mass is arising from the parenchyma. In addition, a 3.37 cm heterogeneous cavitated mass is also seen. Both lesions cause capsular expansion. The remaining splenic parenchyma is slightly mottled in appearance. The mesentery surrounding the spleen is hyperechoic. There is no obvious evidence of splenic thrombosis.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and exhibits subtle mottling. No distinct focal lesions are observed. Vascular and 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



PATIENT

Hilo Blake

The gastric lumen is not distended. 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. There is no evidence of an obstructive pattern.

SPECIES

Pancreas

Canine

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

BREED

Free Abdomen

Lab mix

A small amount of free fluid is present. The abdominal lymph nodes are normal/not visible.

SEX

Other

Femlae, spayed

A brief echocardiogram reveals a 2.6 cm mass effect along the right ventricular free wall, at the level of the tricuspid valve. There is no obvious evidence of free fluid.

AGE

10 Yrs.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

85 lbs.

- Splenic masses. Neoplasia (i.e., hemangiosarcoma) is suspected with a lower possibility of a benign process. Adjacent peritonitis is present.
- Suspected right-sided cardiac mass at the level of the tricuspid valve. However, an inflammatory focus cannot be completely excluded.

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A full echocardiogram is recommended to further evaluate for a metastatic lesion in the heart prior to considering a splenectomy.

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Hills AH

REFERRING VET

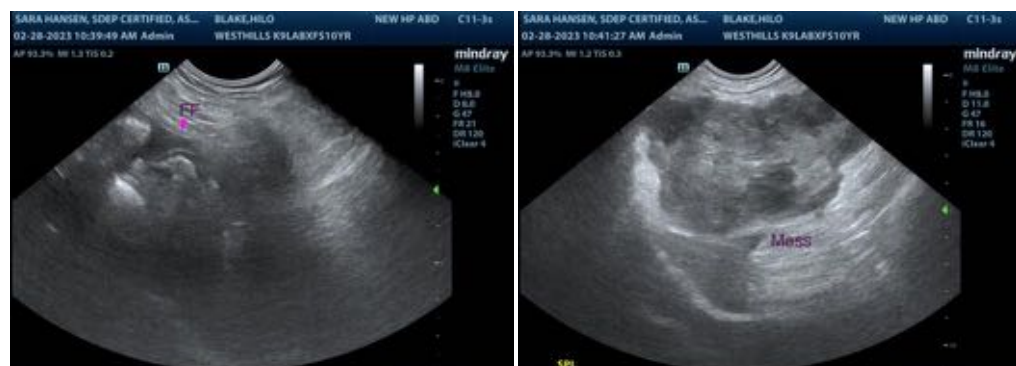
Dr. Glaze

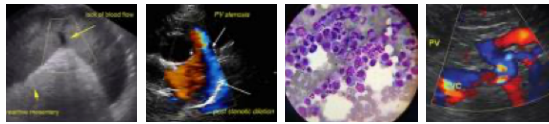
DATE

2/28/23

INVOICE

14656





PATIENT

Hilo Blake

SPECIES

Canine

BREED

Lab mix

SEX

Femlae, spayed

AGE

10 Yrs.

WEIGHT

85 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Hills AH

REFERRING VET

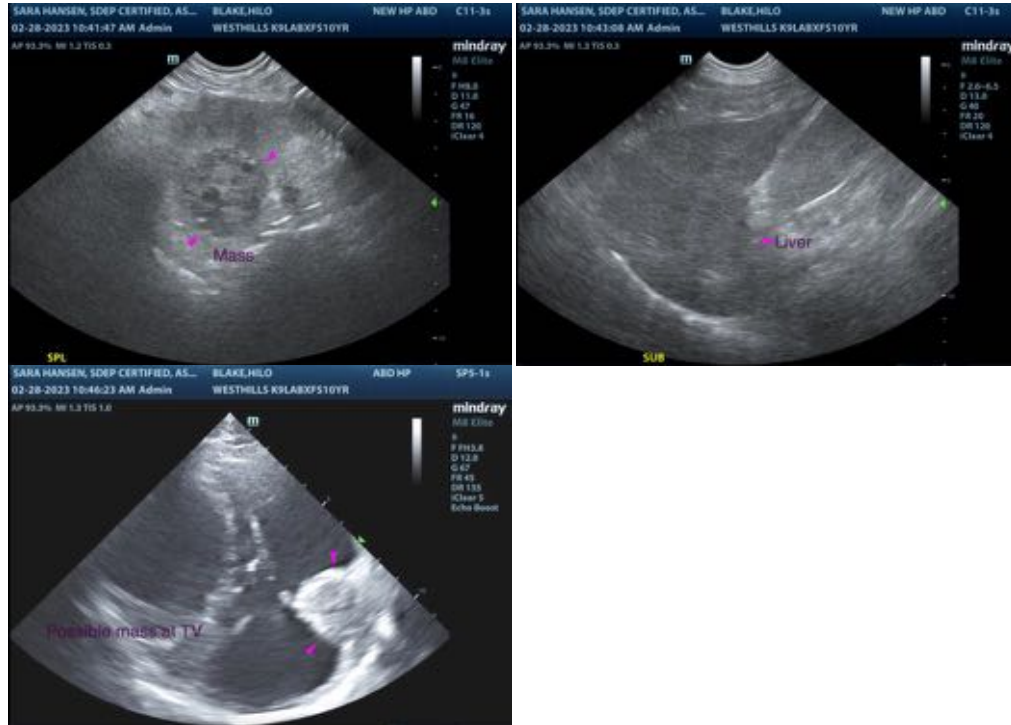
Dr. Glaze

DATE

2/28/23

INVOICE

14656



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)
info@SonoPath.com