

PATIENT PRESENTING CLINICAL SIGNS

Willa Grant Lethargic. Anemic. Suspected mid-abdominal mass.

SPECIES

Canine

BREED

Doberman mix

SEX

Female, spayed

AGE

11 Yrs.

WEIGHT

73.5 lbs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is pelvicly located. The lumen is moderately distended with anechoic urine. The wall is normal in thickness with a smooth mucosal surface. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

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

The left kidney is normal size (7.32 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A few small cortical cysts are seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (7.63 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (1.33 cm at cranial pole) (0.91 cm at caudal pole) with a slightly irregular shape. The parenchyma at the cranial pole is mildly heterogeneous with some loss of glandular detail. The glandular echogenicity and detail at the caudal pole are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (1.19 cm at cranial pole) (0.76 cm at caudal pole); 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 severely enlarged with irregular peripheral contours. At least 2 6-7 cm heterogeneous cavitated masses are arising from the parenchyma. Surrounding mesentery is hyperechoic. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly mottled in appearance. At least 2 (approximately 2.5 cm) heterogeneous nodules are visualized on the left side. One of the nodules causes capsular expansion. 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

INTERPRETED BY

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

IMAGING PERFORMED BY

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HOSPITAL NAME

Flowertown

REFERRING VET

Dr. Randinelli

INVOICE

14173

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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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 left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

A small amount of free fluid is present. Several, ill-defined hypoechoic nodules are observed within the mesentery in the mid-abdominal region. The abdominal lymph nodes are normal/not visible.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Splenic masses with suspected metastasis to the liver and mesentery. Neoplasia (i.e., hemangiosarcoma) is strongly suspected.
- Peritonitis is present, likely secondary to neoplasia.
- The ascites may be secondary to hemorrhage or may be a neoplastic effusion.

Secondary Findings:

- The left adrenal changes are most consistent with hyperplastic change with a lower possibility of an emerging tumor.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the likelihood of metastatic disease in the abdomen, palliative care (i.e., Yunnan Baiyao, symptomatic treatment) should be considered in lieu of surgery.



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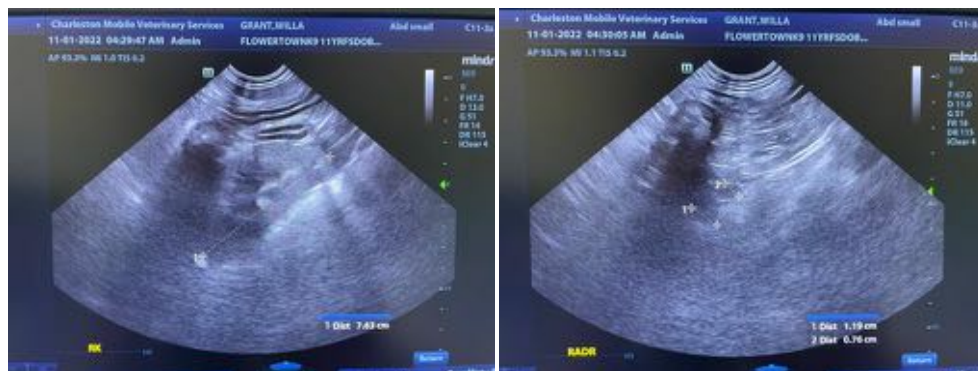
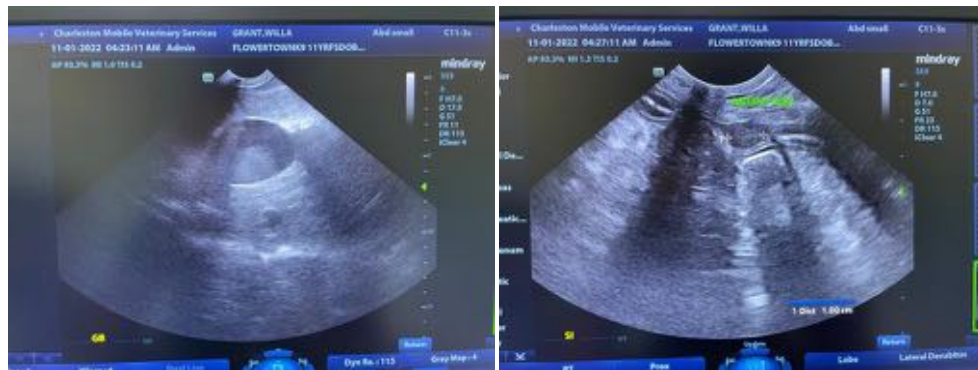
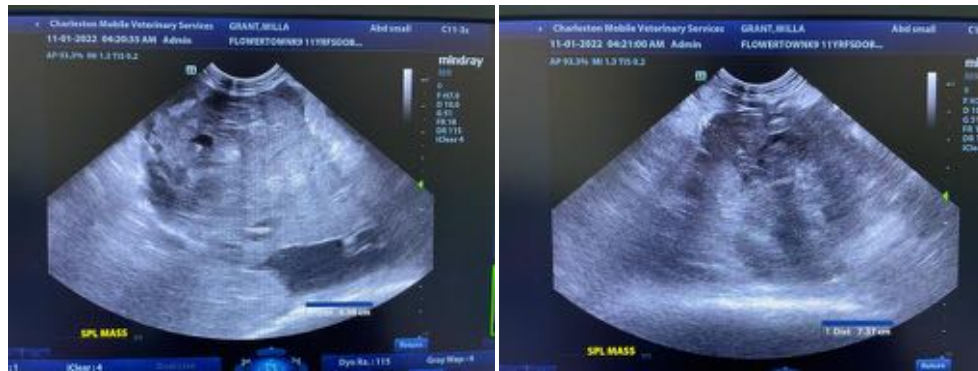
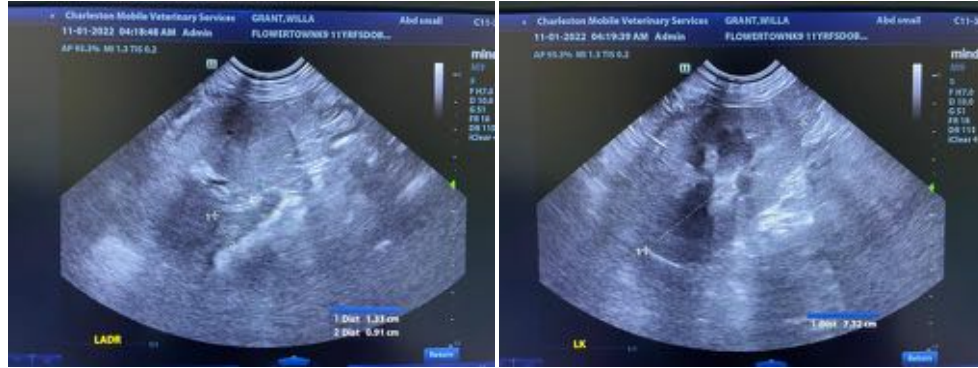
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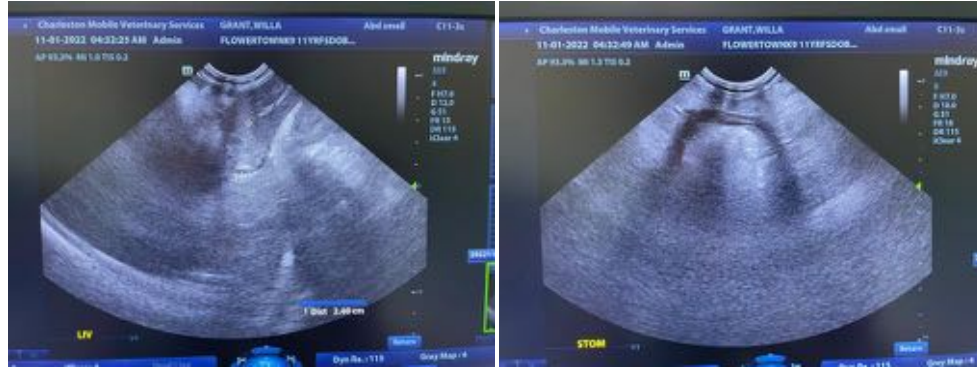
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

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