



PATIENT PRESENTING CLINICAL SIGNS

Roscoe Lucci The patient came in for routine bloodwork for a dentistry and had a hematocrit of 31% which is regenerative. Otherwise, feels fine. Hx of mast cell tumor.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Weimaraner

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.

SEX

Male, neutered

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

AGE

10 Yr. old

The left kidney is normal size (7.17 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A 1.32 cm irregular cortical cyst is observed at the caudal pole. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

83.4 lbs.

The right kidney is normal size (8.08 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 hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.69 cm at cranial pole) (0.76 cm at caudal pole) (2.49 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.

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The right adrenal gland is normal size (1.18 cm at cranial pole) (0.75 cm at caudal pole) (2.94 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.

HOSPITAL NAME

Saddleback Mobile VS

Spleen

The spleen is enlarged. A >15 cm heterogeneous slightly cavitated mass is arising from the parenchyma. In the remainder of the spleen, the margins are curvilinear, and the parenchyma is homogeneous. Splenic vasculature appears normal with no evidence of thrombosis.

REFERRING VET

Dr. Russell Bauman

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. 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.

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Gastrointestinal

Roscoe Lucci

The gastric lumen is mildly distended with liquid appearing ingesta. The gastric wall is 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. The colonic lumen contains shadowing fecal material. No obstructive disease is noted.

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Pancreas

A portion of the pancreas is obscured by the large splenic mass. In the visualized portion of the right limb, the pancreas is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

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

Other

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

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Primary Findings:

- Large splenic mass. Neoplasia (i.e., hemangiosarcoma, hemangioma, round cell tumor) is considered likely with a low possibility of a benign process. There is no obvious evidence of metastatic disease in the abdomen. However, due to the size of the mass, metastasis in the mesentery or adjacent lymph nodes may be obscured.

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Secondary Findings:

- Age-related pancreatic remodeling with suspected fibrosis. Low-grade chronic pancreatitis is possible, particularly if the diagnosis fits with the patient's clinical history.
- Minor, bilateral, age-related renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If there is no obvious evidence of pulmonary metastatic disease, consider a splenectomy with submission of the spleen for histopathology. If surgery is pursued, a liver biopsy is also recommended to assess for micrometastatic disease.

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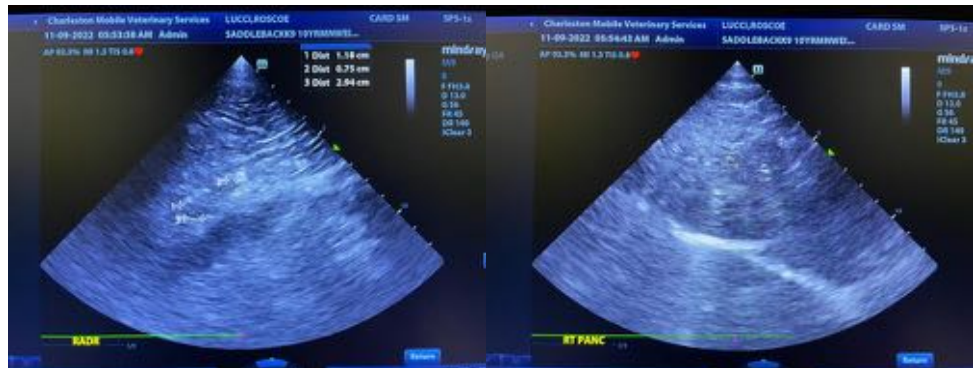
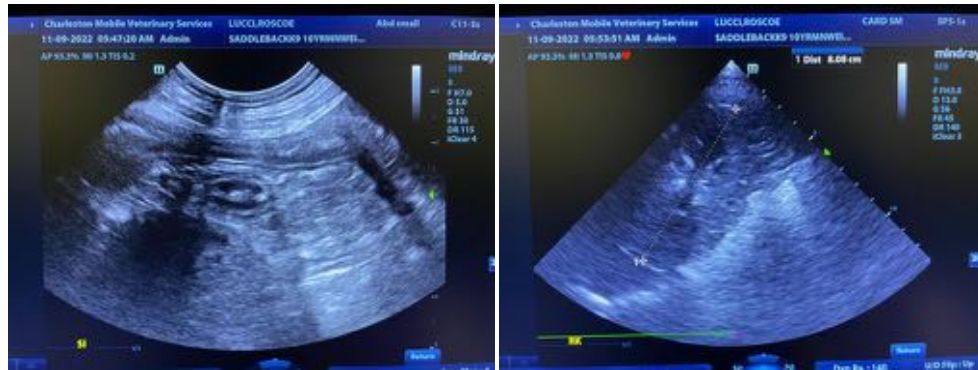
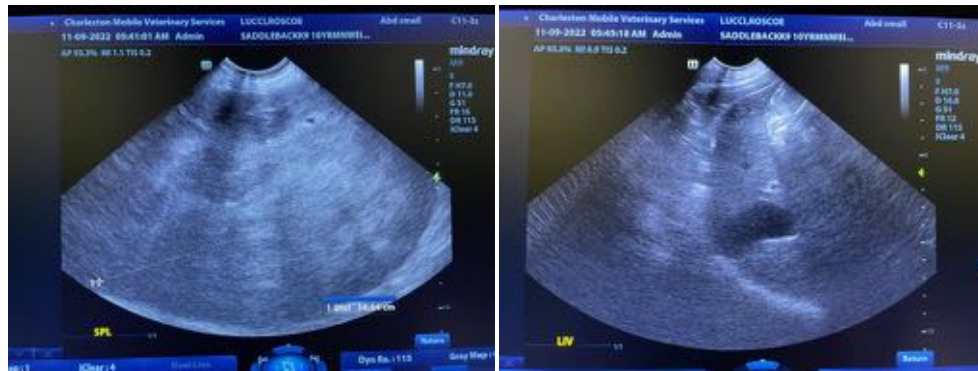
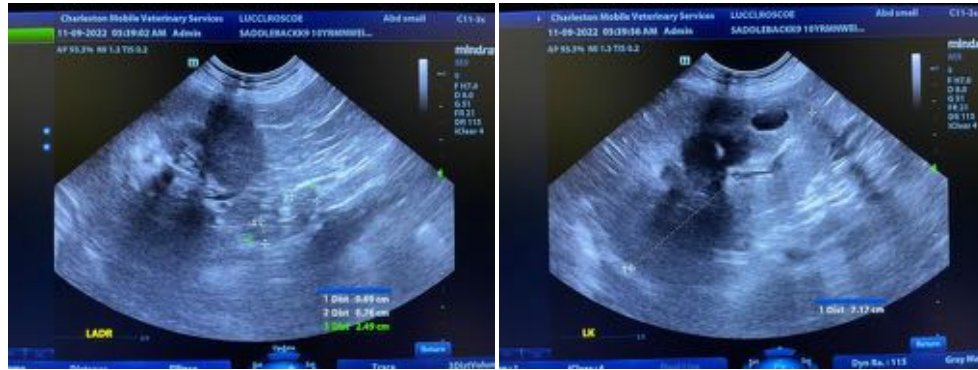
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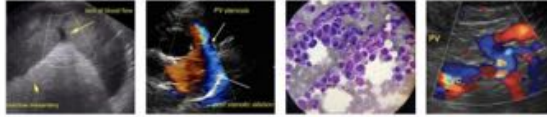
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible



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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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