PATIENT

Jinxie Speagle

SPECIES

Canine

BREED

Miniature Poodle

SEX

Female, spayed

AGE

11/1/2012

WEIGHT

13.1 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Waterway

REFERRING VET

Dr. McCalla

INVOICE

13430

DATE

12/10/25

PRESENTING CLINICAL SIGNS

Pt presented recently with ecchymosis, has a low platelet count. Splenic mass suspected on radiographs. Pt has a history of urinary incontinence and is receiving Incurin.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (3.74 cm in length) with a normal shape, architecture and 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.

The right kidney is normal in size (4.18 cm in length) with a normal shape, architecture and 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.

Adrenal Glands

The left adrenal gland is borderline enlarged (0.54 cm at cranial pole) (0.52 cm at caudal pole) with a normal shape, glandular echogenicity and detail. Surrounding vasculature is normal.

The right adrenal gland is normal in size (1.13 cm at cranial pole) (0.48 cm at caudal pole) with a normal shape and 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

A 2.7 x 2.6 cm heterogeneous, expansile, vascular mass is arising from the parenchyma approximately mid-body. The mesentery effacing the serosal surface of the mass is slightly hyperechoic. In the remainder of the spleen, the margins are curvilinear and the parenchyma is homogeneous. Splenic vasculature is normal with no evidence of thrombosis.

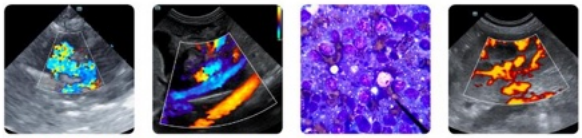
Liver

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. The portal vein to caudal vena cava ratio is approximately 1:1.

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. The duodenal papilla is normal in size (0.38 cm in width).

Gastrointestinal

The gastric lumen is not 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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.



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Pancreas

The base and limbs 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.

Lymph nodes

A 2.02 x 0.58 cm medial iliac lymph node is visualized.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

Other

The uterine stump is enlarged (0.95 cm in width) with a thickened wall. The lumen is not overtly dilated.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Splenic mass. Neoplasia (i.e., sarcoma, round cell tumor) is suspected with a lower possibility of a non-neoplastic process. Subtle adjacent peritonitis is present.
- Enlarged uterine stump, possibly secondary to Incurin therapy. There is some risk of development of stump pyometra.

Secondary Findings:

- Minor bilateral nonspecific age-related renal changes
- Borderline left adrenomegaly
- Prominent medial iliac lymph node is likely reactive with a lower possibility of infiltrative neoplasia.
- Gallbladder debris, non-mucocele
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. If there is no evidence of pulmonary metastatic disease, consider a splenectomy with submission of the spleen for histopathology if clotting status can be stabilized. If surgery is pursued, liver biopsies are also recommended to assess for micrometastatic disease.
3. Regarding the uterine stump changes, consider switching to a different medication for urinary incontinence to reduce the risk of stump pyometra.

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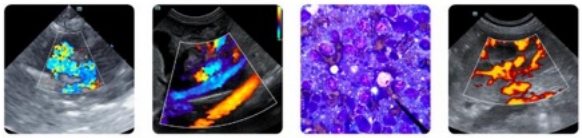

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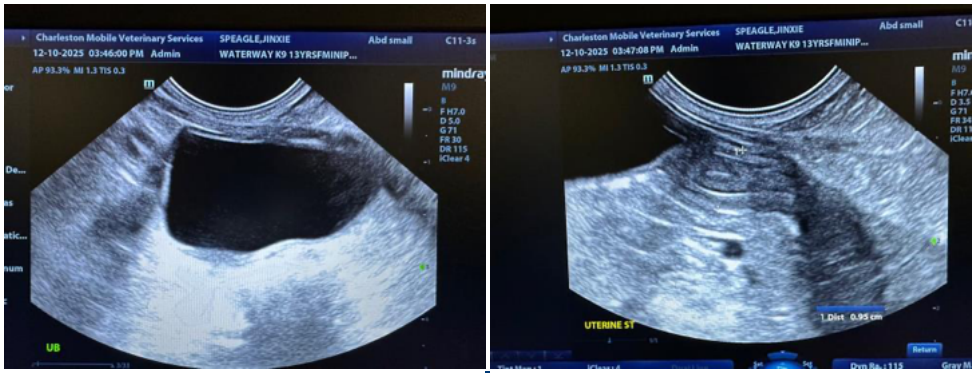

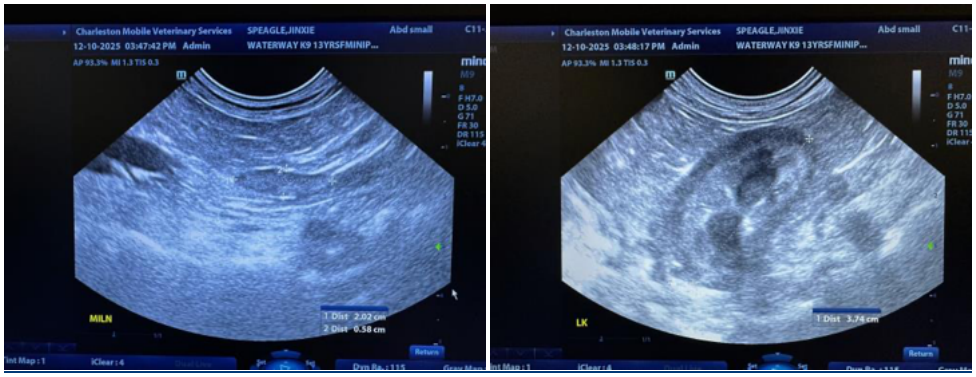

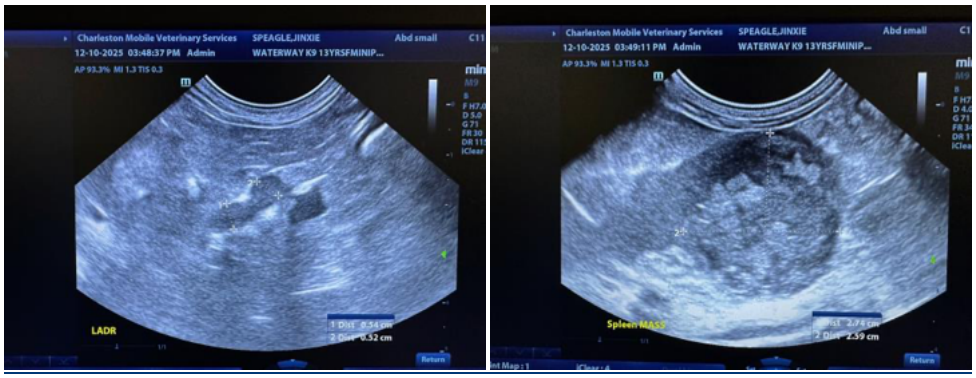

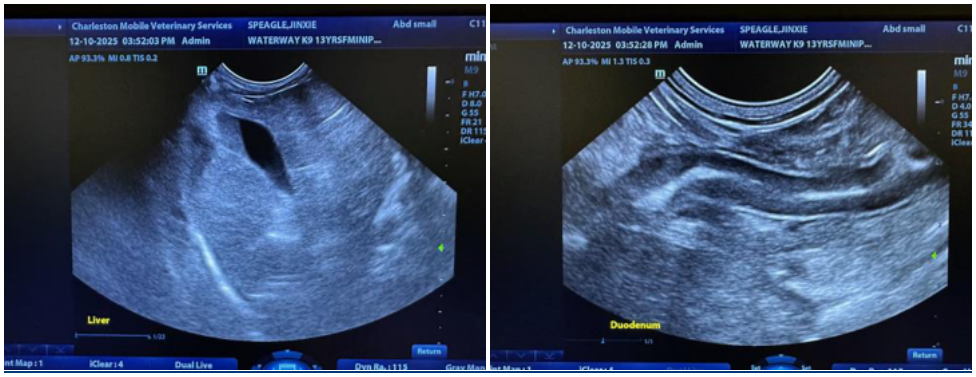

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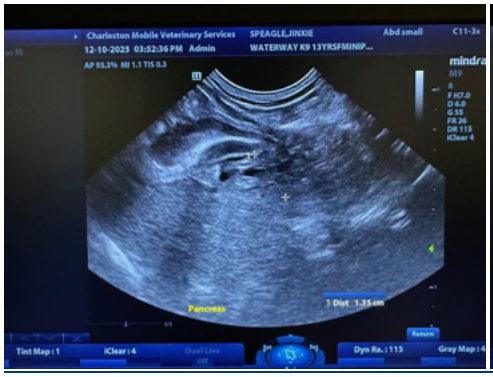

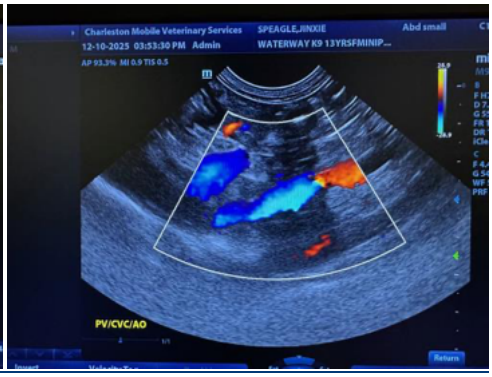

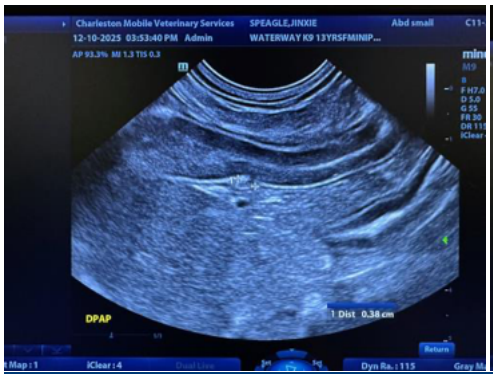

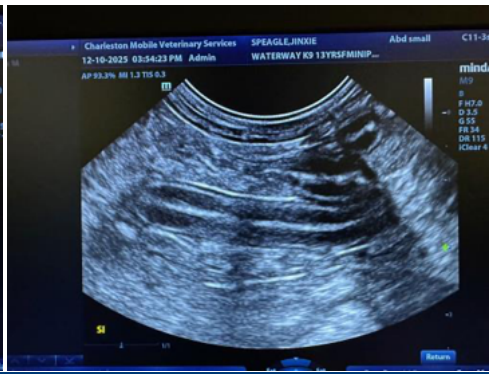

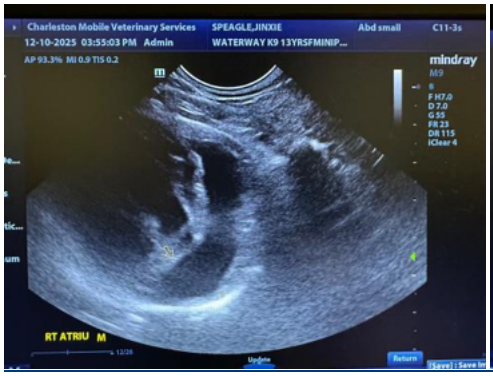

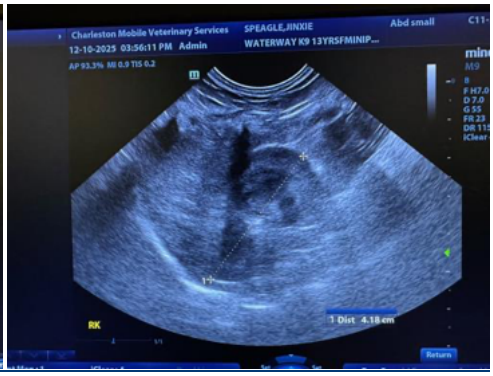

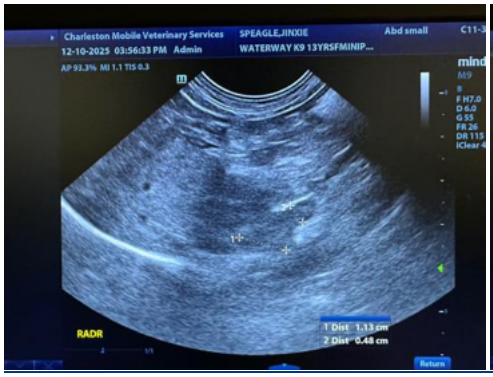

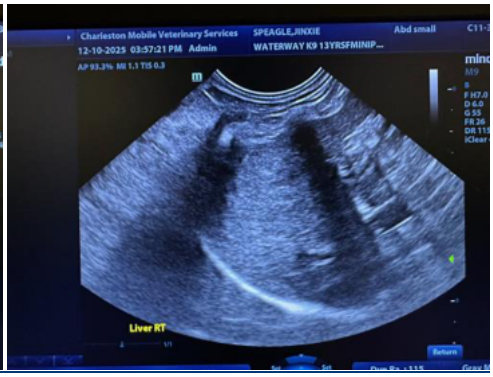

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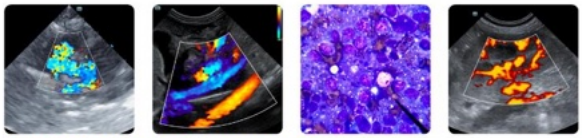

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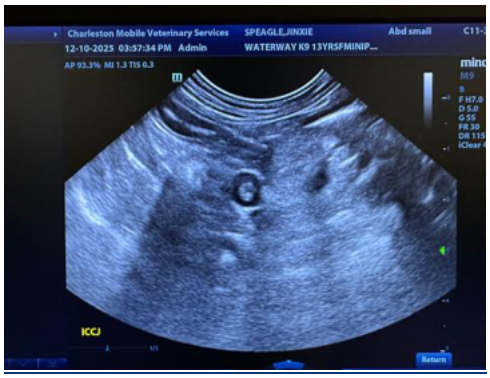

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com