



**PATIENT PRESENTING CLINICAL SIGNS**

Willow Ellwood

History: -Lethargic x 1 day. Urinary accidents overnight x 3d. Less interested in own food but will eat housemate's puppy food. Vomited once. -QAR. Tacky mucous membranes. Temp 103.9. Mid-abdomen firm on palpation. Grade II/VI systolic murmur. On Denamarin Rads: Soft tissue mass effect mid-ventral abdomen. Generalized bronchial to bronchointerstitial pulmonary pattern.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: CBC / chem / tT4 / UA last performed 11/10/21 - ALT 161, ALP 447, tBili 0.4, cholesterol 457, pyuria and bacteriuria

**BREED**

Mixed breed

**ULTRASONOGRAPHIC EXAMINATION OF THE**

**Urinary System**

**SEX**

Female, spayed

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

**AGE**

10/25/11

The left kidney is normal size (6.45 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**WEIGHT**

45.6 lbs

The right kidney is normal size (6.47 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal size (0.55 cm at cranial pole) (0.57 cm at caudal pole) (2.45 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.

**IMAGING PERFORMED BY**

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The right adrenal gland is normal size (1.24 cm at cranial pole) (0.76 cm at caudal pole) (2.33 cm in length) with a slightly irregular shape. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**HOSPITAL NAME**

Charleston Animal  
Society

**Spleen**

The spleen is enlarged with irregular peripheral contours. A >9 cm irregular multi-lobulated heterogeneous cavitated mass is arising from the parenchyma. In addition, at least one smaller (approximately 2-3 cm) mass is observed. The mesentery surrounding the spleen is hyperechoic. Splenic vasculature appears normal with no evidence of thrombosis.

**REFERRING VET**

Dr. Ryan Pelletier

**INVOICE**

12718

**Liver**

**DATE**

12/15/21



**PATIENT**

Willow Ellwood

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**BREED**

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**SEX**

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**AGE**

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The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and heterogeneous in appearance. A 2.97 x 2.35 cm irregular isoechoic to slightly heterogeneous mass is observed deep on the left side. In addition, a few smaller nodules are observed throughout the parenchyma. 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. A small to moderate amount of mostly gravity-dependent echogenic to mineralized debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 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 region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

**Free Abdomen**

A moderate amount of free fluid is observed within the abdomen. The mesentery throughout the abdomen is hyperechoic. The abdominal lymph nodes are normal/not visible.

**Other**

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

A 3 cm heterogeneous mass is observed in the caudal abdomen just cranial to the urinary bladder. This lesion appears separate from the splenic mass. A few smaller echogenic nodules are also observed within the mesentery.

Several ring down lesions are visualized within the thorax.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

Large splenic mass. Neoplasia (i.e., hemangiosarcoma) is suspected with a low possibility of benign pathology. The hepatic nodules/masses are concerning for metastatic neoplasia. However, benign regenerative nodules cannot be completely excluded. There is also concern for metastatic disease within the mesentery, although these nodules are difficult to distinguish from the primary splenic mass due to its size and multilobulated nature.

Diffuse peritonitis is present, likely secondary to the splenic mass.



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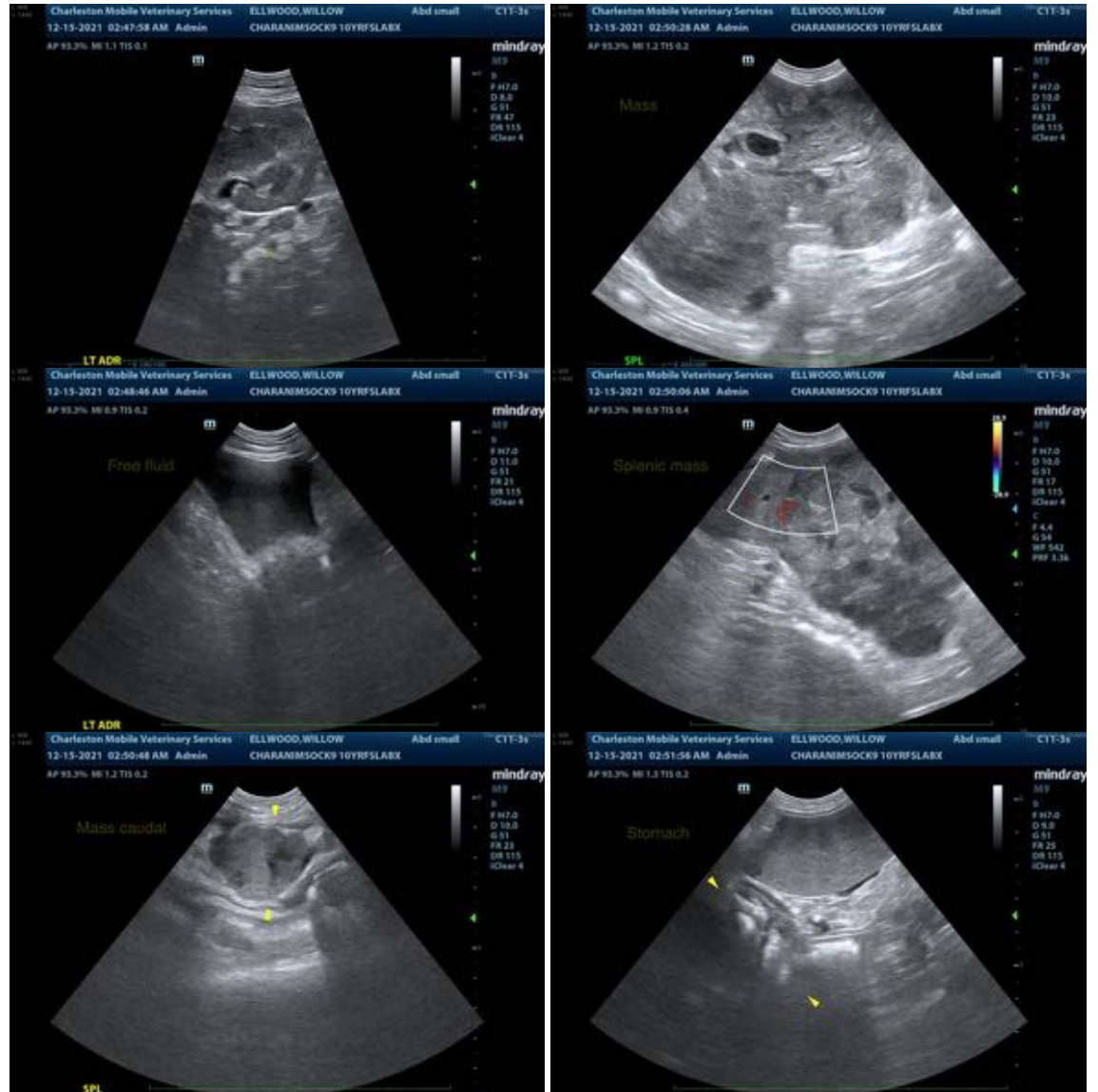
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**Secondary Findings:**

- The ring down lesions are consistent with pulmonary parenchymal disease.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

An abdominal exploratory with splenectomy and submission of the spleen for histopathology can be considered along with biopsies of the liver and mesenteric lesions. However, due to the concern for metastatic disease, palliative care is recommended in lieu of aggressive treatment.





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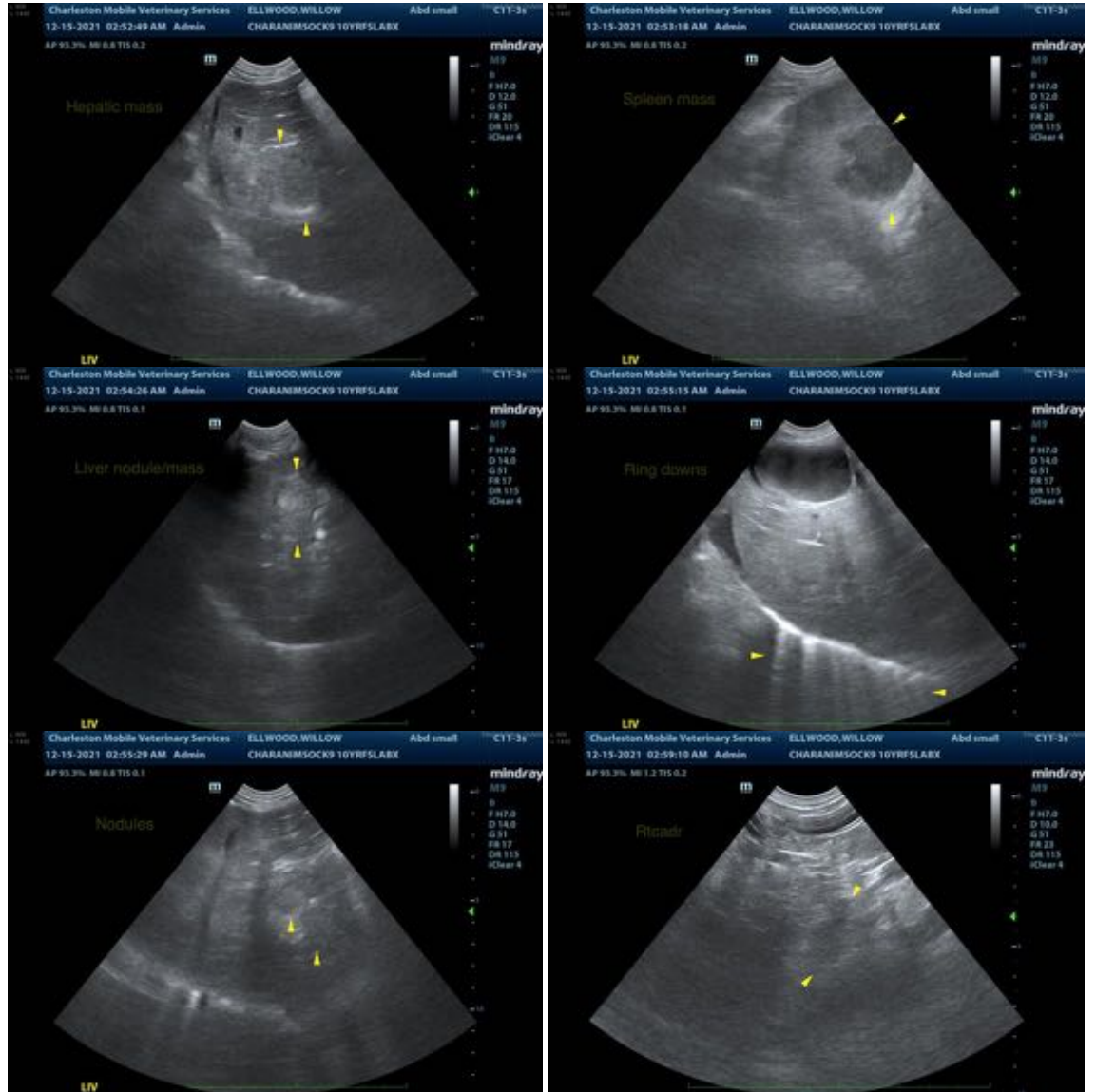
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

Andrea.Nicastro@CharlestonMobile.net