



PATIENT PRESENTING CLINICAL SIGNS

Reb Edwards The patient has a prior history of a right atrial mass (4.5-7.5 cm) and splenic mass/nodules. Has received chemotherapy. Presented today with severe ascites which was blood tinged- 6 liters removed prior to abdominal ultrasound.

SPECIES

Canine

BREED

Field Spaniel

SEX

Male, intact

AGE

13 Yrs.

WEIGHT

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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is enlarged (2.84 cm in length) with a slightly irregular shape. The parenchyma is mildly hyperechoic relative to surrounding omental fat and heterogeneous in appearance with numerous small, ill-defined cystic areas. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (6.40 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Linear hyperechoic to mineralized foci are observed within the cortex. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (6.71 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

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Adrenal Glands

The left adrenal gland is normal size (0.58 cm at cranial pole) (0.45 cm at caudal pole) (xxx 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 right adrenal gland is normal size (1.22 cm at cranial pole) (0.70 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.

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Spleen

REFERRING VET

Dr. McFadden

The spleen is normal to prominent in size (xxx cm in width at the level of the hilus) with irregular peripheral contours. A 2.71 x 1.79 cm hypoechoic to slightly heterogeneous mass is observed at the cranial aspect. The lesion causes capsular expansion. In the remainder of the spleen, the parenchyma is slightly mottled. At least 2 hypoechoic nodules, one measuring 0.84 cm and the other measuring 0.63 cm, are also seen. Splenic vasculature appears normal with no evidence of thrombosis.

INVOICE

14686

Liver

DATE

3/6/23



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The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of mostly gravity-dependent echogenic debris/sludge 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 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 right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely slightly hypoechoic 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 moderate amount of anechoic free fluid is present. The mesentery throughout the abdomen is hyperechoic and is slightly nodular in the right cranial quadrant. The abdominal lymph nodes are normal/not visible.

Other

The left testicle is 2.18 x 1.47 cm with a slightly irregular shape. A 1.06 x 0.80 cm irregular hypoechoic nodule is observed within the parenchyma. Vascularity appears normal.

The right testicle is 2.04 x 1.66 cm with a slightly irregular shape. A 1.39 x 1.30 cm hypoechoic nodule is observed within the parenchyma. Vascularity appears somewhat reduced.

A moderate to large amount of echogenic fluid is observed within the scrotal sac.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Splenic mass with smaller nodules. These lesions are similar in size compared to the original sonogram performed on 7/26/22.
- The hepatic parenchymal changes are non-specific and could be associated with vacuolar hepatopathy, inflammatory disease, passive congestion or less likely, infiltrative neoplasia. Correlation with the patient's liver values is recommended.

Secondary Findings:



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- Bilateral, chronic age-related renal changes with dystrophic mineralization.
- The pancreatic changes could be consistent with parenchymal edema (i.e., secondary to right sided congestive heart failure), mild pancreatic, other.
- The bilateral testicular nodules could be consistent with emerging tumors or age-related remodeling/benign change.
- The scrotal fluid may be secondary to right sided congestive heart failure, low oncotic pressure or less likely, testicular torsion.
- The prostate changes are most consistent with cystic benign prostatic hyperplasia. However, correlation with the patient's clinical history is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider submission of the abdominal fluid for fluid analysis and cytology.
- Further recommendations should be based on the echocardiogram report.

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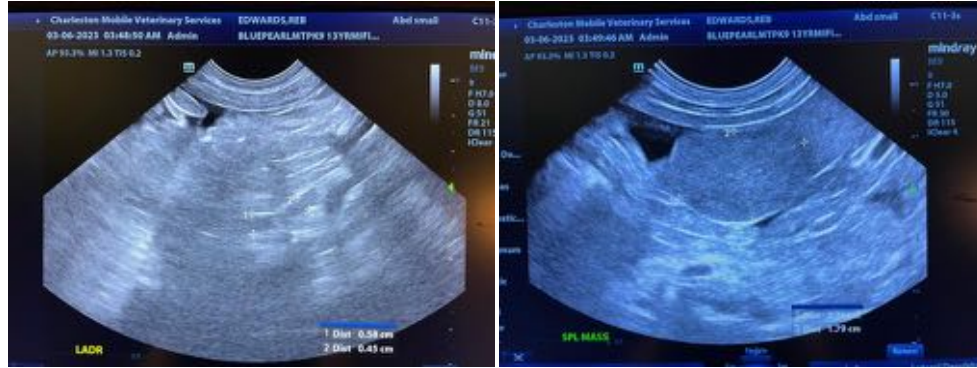
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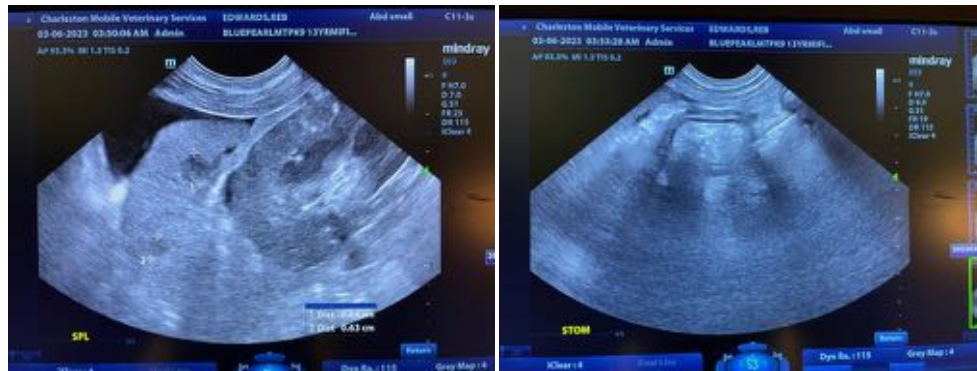
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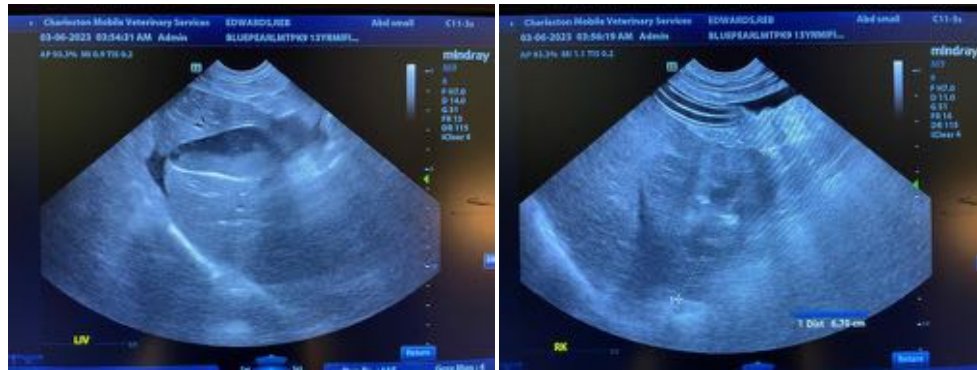


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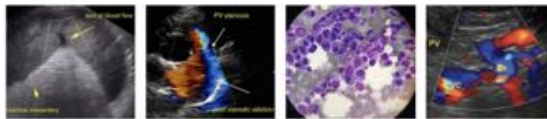
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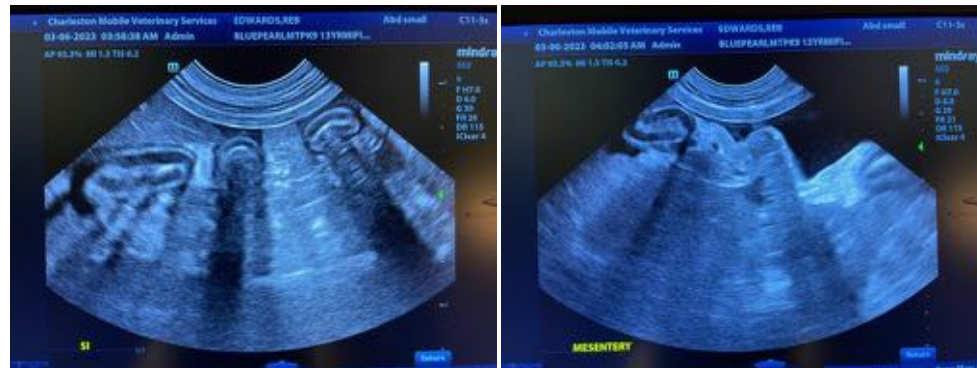
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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