PATIENT

Baron Alves

SPECIES

Canine

BREED

German Shepherd

SEX

Male, neutered

AGE

11 Yrs. 10 months

WEIGHT

93.5 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

Conway AH

REFERRING VET

Dr. Knight

INVOICE

13724

DATE

5/13/26

PRESENTING CLINICAL SIGNS

Pt has a history of anorexia/hyporexia, hind limb weakness with inability to stand at times, drinking very little, no vomiting. Had diarrhea a week ago. Abdominal radiographs are suspicious for a splenic mass. Thoracic radiographs unremarkable per rDVM.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. Luminal contents are mostly anechoic. The region of the trigone and the proximal urethra, visible to a depth of 5 cm, are normal.

The prostate is enlarged with smooth peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and mildly heterogeneous in appearance. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (8.66 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate 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 (8.74 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate 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 normal in size (0.47 cm at cranial pole) (0.69 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.

The right adrenal gland is normal in size (0.91 cm at cranial pole) (0.49 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

The spleen is enlarged with irregular peripheral contour. A >8.5 cm lobulated heterogeneous, slightly cavitated mass is arising from the parenchyma at the mid to caudal aspect. A small amount of subcapsular fluid is observed in the region of the mass. Adjacent omentum is hyperechoic. In addition, a 0.83 cm cystic nodule is observed cranial to mid-spleen at the medial aspect. The remaining parenchyma is relatively homogeneous in appearance. 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.

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The gall bladder lumen is moderately distended. The wall is mildly to moderately thickened (up to 0.39 cm) and hyperechoic to mineralized. A small to moderate amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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 segmentally dilated with chyme. 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. The colonic lumen contains some shadowing fecal material. There is no obvious evidence of an obstructive pattern.

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.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

Other

The testicles are subjectively normal in size (left 2.62 x 0.74 cm; right 2.62 x 1.75 cm) and symmetrical with generally homogeneous parenchyma.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Lobulated splenic mass. Neoplasia (i.e., hemangiosarcoma, hemangioma) is suspected with a lower possibility of a non-neoplastic process. Adjacent peritonitis is present. There is a suspected slight rupture/bleeding beneath the splenic capsule but not into the free abdominal cavity at this time. The small cystic splenic nodule could be consistent with metastasis within the spleen or a benign cyst.

Secondary Findings:

- The gallbladder wall changes are suggestive of cholecystitis. Correlation with the patient's liver values and clinical history are recommended.
- Bilateral nonspecific, age-related renal changes
- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.

*There is no obvious evidence of metastatic disease beyond the spleen. However, micrometastatic disease cannot be excluded.

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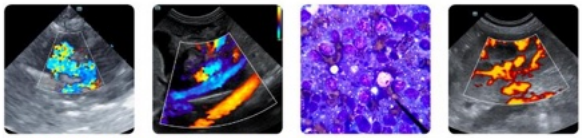

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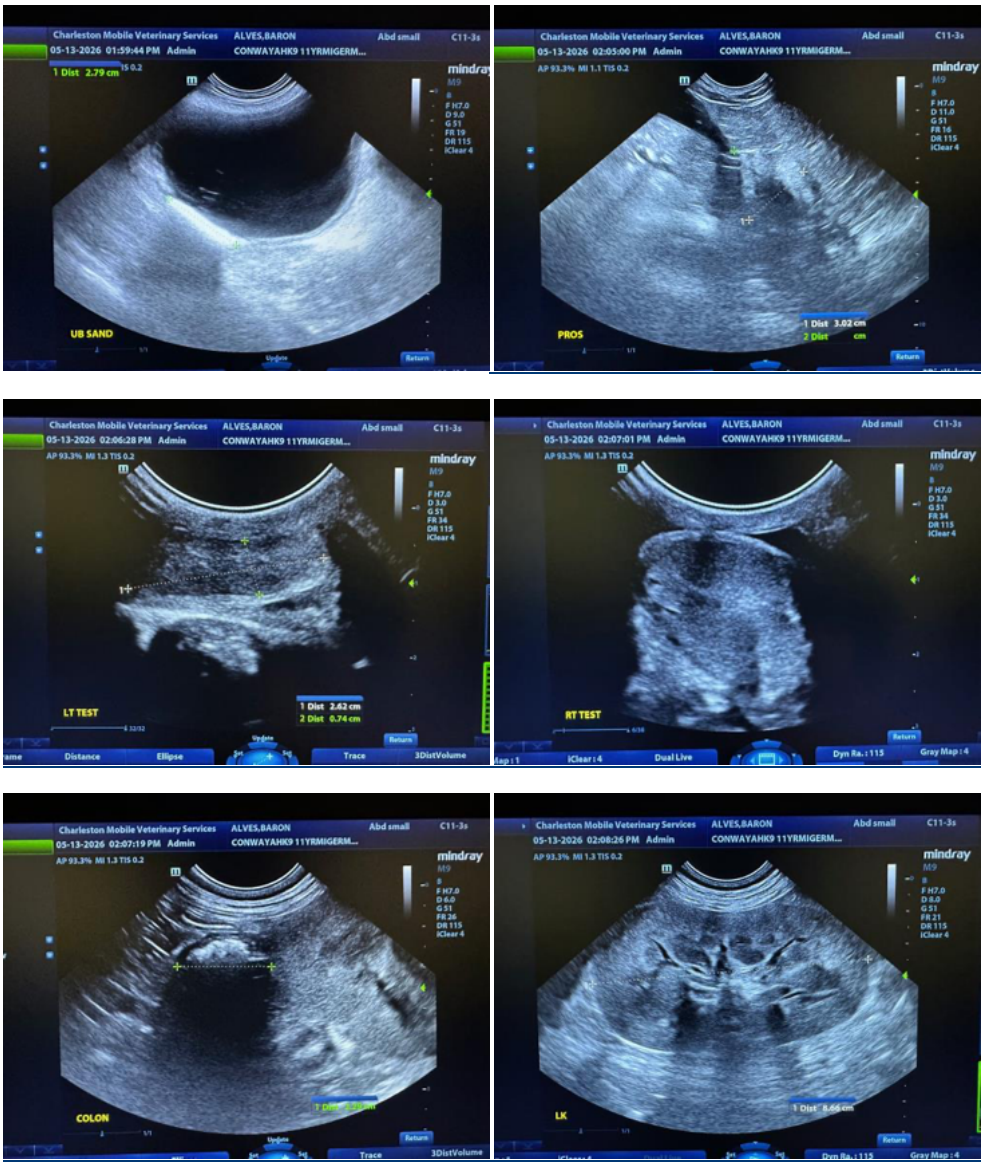
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If there is no evidence of pulmonary metastatic disease, consider splenectomy with submission of the spleen for histopathology. Liver biopsies should also be obtained at the time of surgery to assess for micrometastatic disease. If surgery is not pursued, palliative care is recommended.



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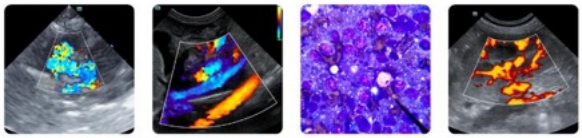

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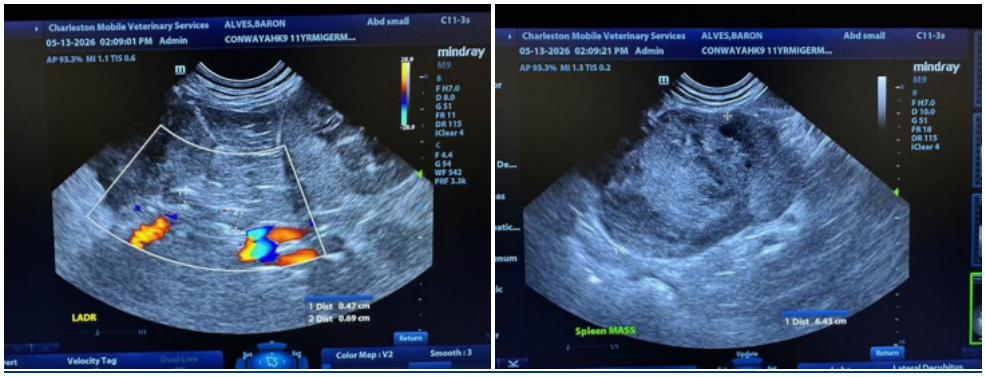

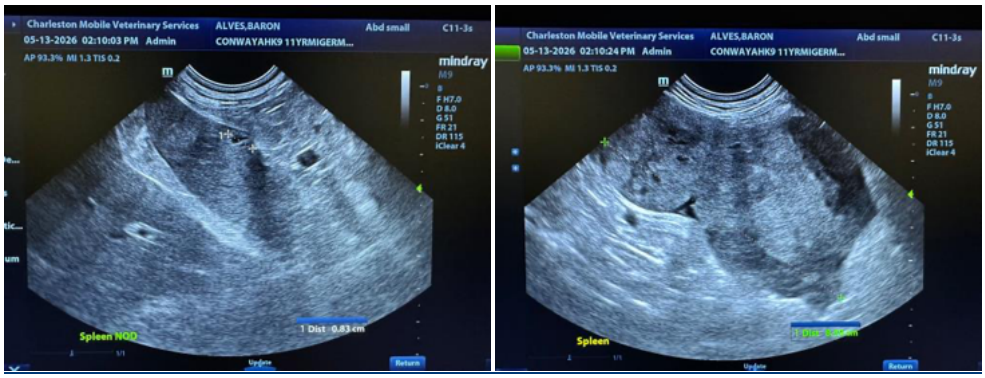

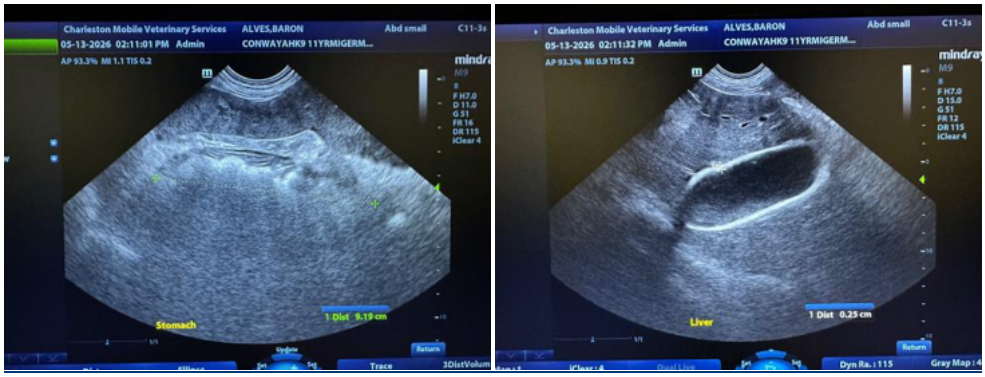

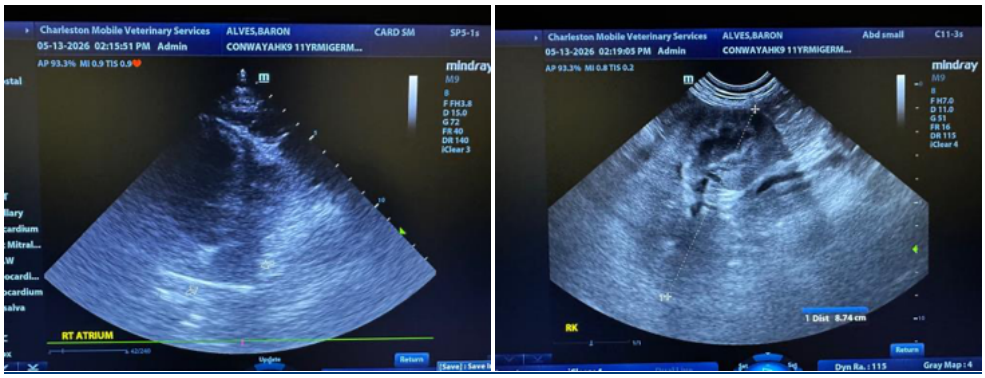

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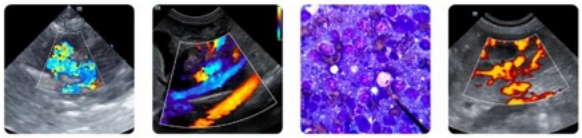

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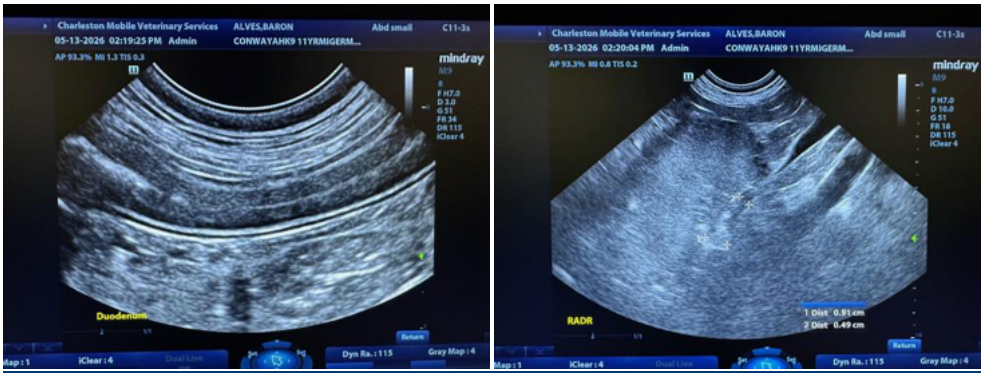

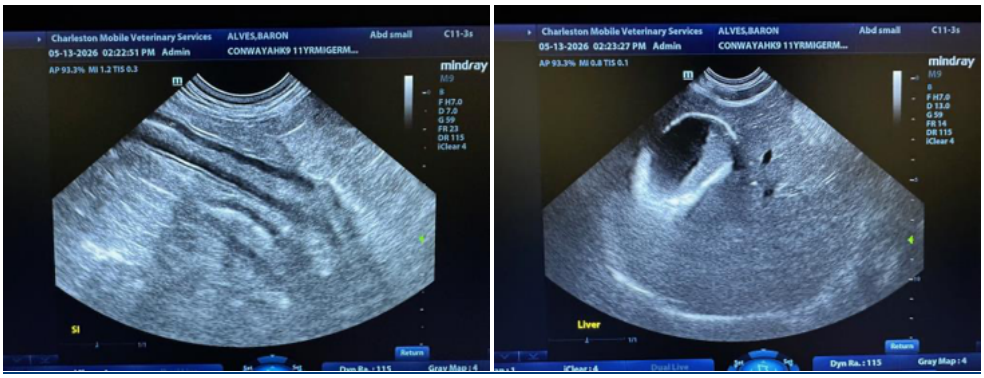

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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