



PATIENT

Bear Bardin

SPECIES

Canine

BREED

Labrador Retriever mix

SEX

Male, neutered

AGE

1/26/2011

WEIGHT

77.3 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

Foxbank VH

REFERRING VET

Dr. Parsons

INVOICE

13473

DATE

6/14/22

PRESENTING CLINICAL SIGNS

- Not wanting to eat last 2-3 days
- No vomiting
- Did have soft serve stool
- Not wanting to go for walks like previously
- Slower to get up
- Distended abdomen
- Mucous membranes pale

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed.

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

The left kidney is normal size (6.89 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.76 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal 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 size (0.79 cm at cranial pole) (0.63 cm at caudal pole) (2.77 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.

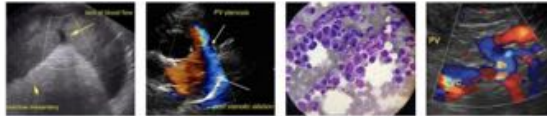
The right adrenal gland is normal size (0.82 cm at caudal pole) (3.28 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

An approximately 10 cm irregular, heterogeneous cavitated mass is arising from the parenchyma. Surrounding mesentery is hyperechoic. In the remainder of the spleen, the peripheral contours are curvilinear. The parenchyma is subtly mottled in appearance. Splenic vasculature appears 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



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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

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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.

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Pancreas

The region of the pancreas is partially obscured by the splenic mass. In the visualized portions, no obvious abnormalities are seen.

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Free Abdomen

A large amount of echogenic free fluid is present. The abdominal lymph nodes are normal/not visible.

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Other

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

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ULTRASONOGRAPHIC FINDINGS

- Splenic mass with probable hemoabdomen. Neoplasia (i.e., hemangiosarcoma, hemangioma) is considered likely with a lower possibility of benign pathology.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If thoracic radiographs do not reveal evidence of pulmonary metastatic disease, a splenectomy with submission of the spleen for histopathology is recommended. A liver biopsy should also be considered to assess for micrometastatic disease.
- Depending on the patient's degree of anemia, a blood transfusion may be warranted perioperatively.

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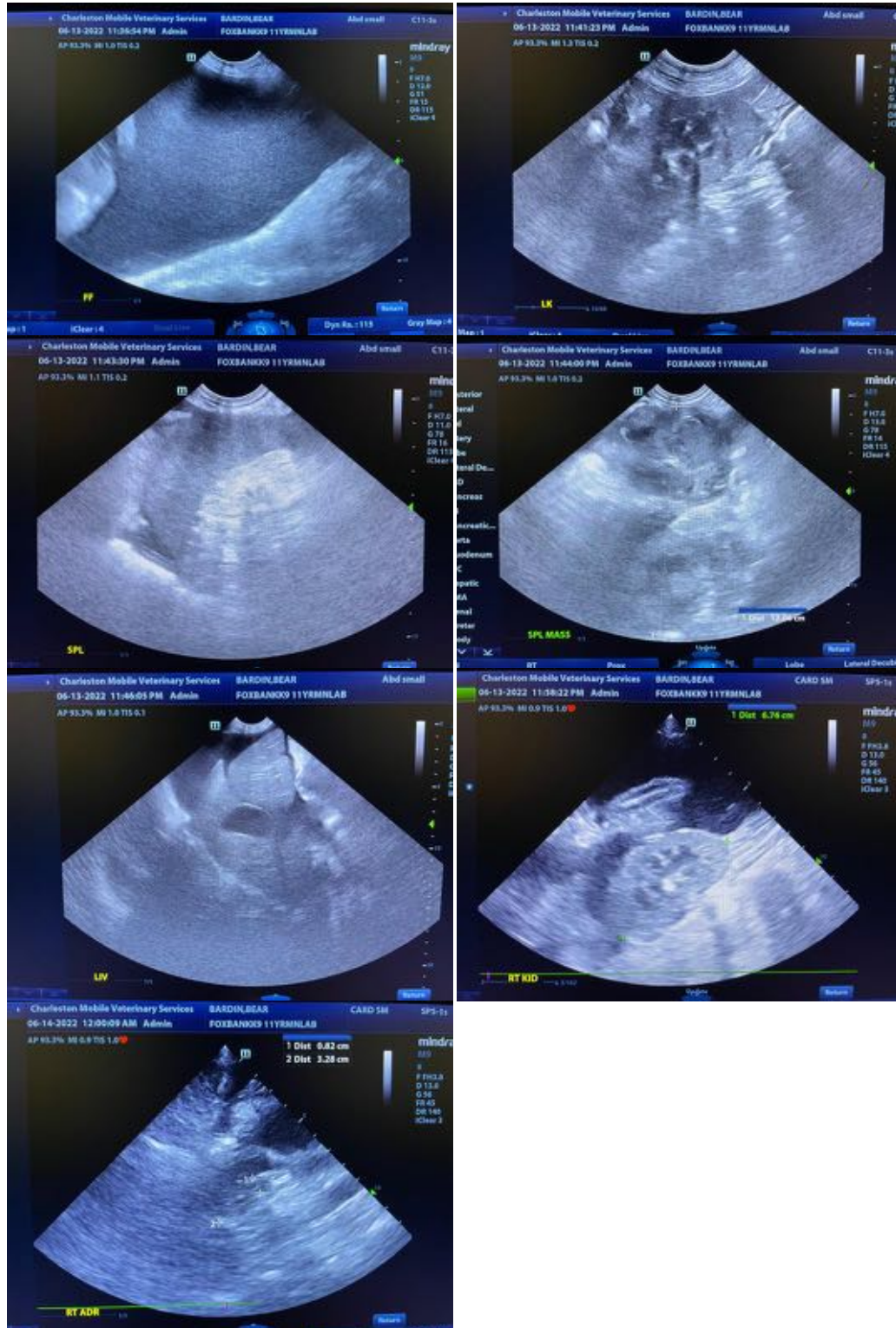
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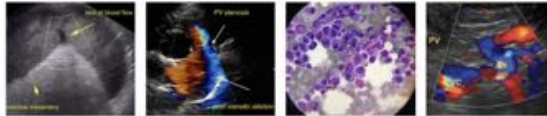
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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Andrea.Nicastro@CharlestonMobile.net

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