

PATIENT PRESENTING CLINICAL SIGNS

Dixie Szala Owner states over the past 3 weeks, patient has been losing weight, having decreased appetite, stumbling often and mild ocular discharge. Concerned about weight loss and not finishing all her food. Owner does not think patient is painful. Patient is drinking and urinating normally.

SPECIES

Canine

BREED

Golden retriever

SEX

Female, spayed

AGE

13 Yrs.

WEIGHT

44 lbs.

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 visible portion of the proximal urethra are normal.

The left kidney is normal size (5.48 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. 1-2 small cortical cysts are seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (6.17 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.76 cm at cranial pole) (0.81 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.

The right adrenal gland is normal size (0.90 cm at cranial pole) (0.50 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.

Spleen

The spleen is enlarged with irregular peripheral contours. A >9 cm irregular lobulated heterogeneous cavitated mass is arising from the parenchyma. The mass causes capsular expansion. The mesentery surrounding the mass is hyperechoic. In the remainder of the spleen, the margins are curvilinear and the parenchyma is relatively homogeneous. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 1.39 cm irregular, hyperechoic nodule is observed on the left side. The remaining parenchyma is homogeneous. 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 gravity-dependent echogenic to mineralized debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

INTERPRETED BY

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Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

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Medicine)

HOSPITAL NAME

Flowertown

REFERRING VET

Dr. Kline

INVOICE

15072

DATE

6/21/23



PATIENT *Gastrointestinal*

Dixie Szala 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.

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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.

SEX

Free Abdomen

Female, spayed

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

AGE

Other

13 Yrs.

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

WEIGHT

44 lbs.

ULTRASONOGRAPHIC FINDINGS

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Primary Findings:

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- Large splenic mass. Neoplasia (i.e., hemangiosarcoma, hemangioma, round cell tumor) is considered likely with a lower possibility of a non-neoplastic process. Adjacent peritonitis is present.

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Secondary Findings:

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- The hepatic nodule trends toward the benign (i.e., regenerative nodule, focus of lymphoid hyperplasia) with a lower possibility of a metastatic lesion or an emerging primary tumor.
- Mild bilateral chronic renal changes with trace right pyelectasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If there is no evidence of pulmonary metastatic disease, consider a splenectomy with submission of the spleen for histopathology. Liver biopsies should also be obtained to assess for micrometastasis. The liver nodule should also be removed and submitted for histopathology.
- If surgery is not pursued, consider palliative care (i.e., pain management, Yunnan Baiyao).

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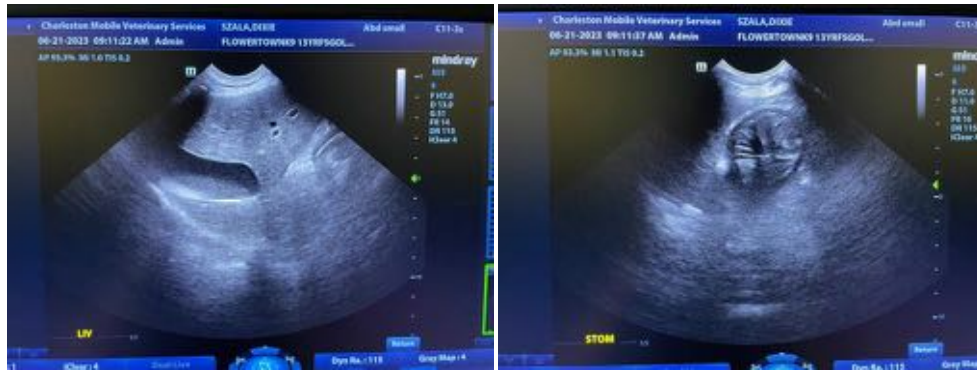
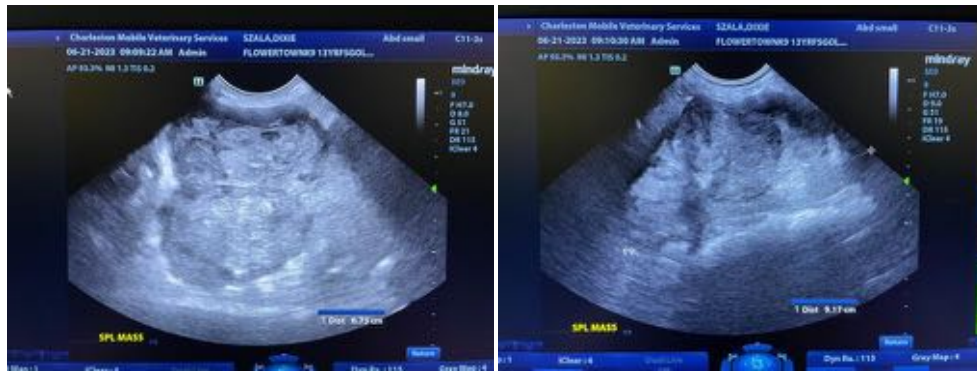
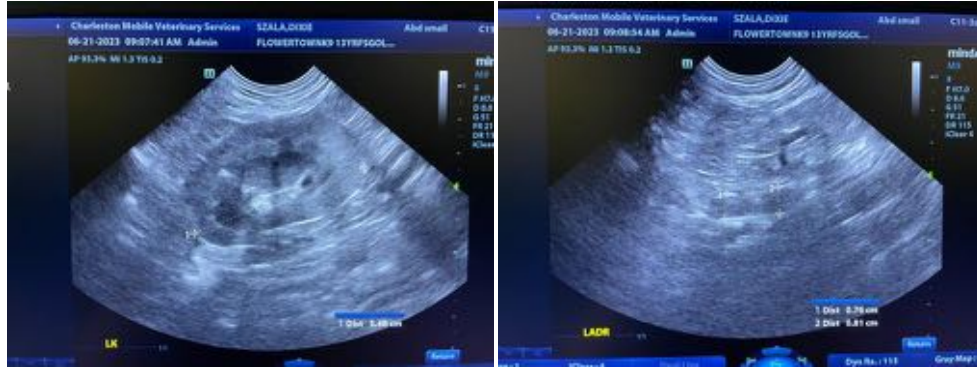
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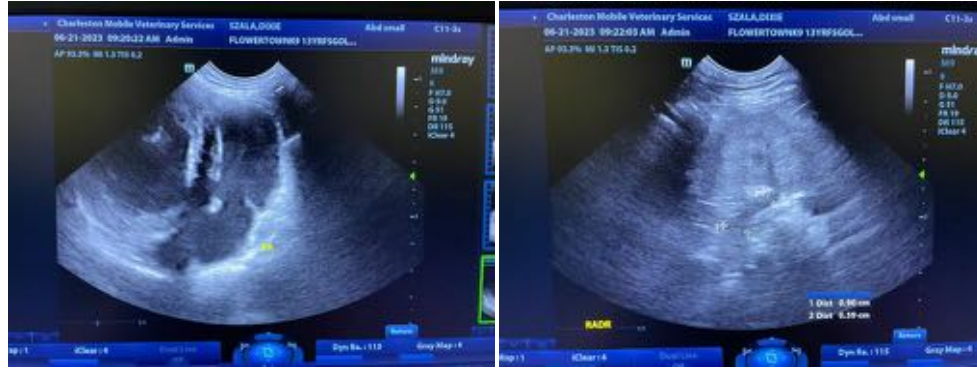
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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