



PATIENT PRESENTING CLINICAL SIGNS

Reb Edwards Presented for food bloat. Right atrial mass found incidentally.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Field Spaniel

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.

SEX

Male, intact

The prostate is enlarged (4.25 cm) in width with a slightly irregular shape. The parenchyma is mildly hyperechoic relative to surrounding omental fat and mottled in appearance with several, small ill-defined cystic areas. The prostatic urethra is not overtly dilated.

AGE

1/15/2010

The left kidney is normal size (6.49 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

23.4 kg.

The right kidney is normal size (7.04 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of 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 (0.50 cm at cranial pole) (0.50 cm at caudal pole) (2.32 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.

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The right adrenal gland is normal size (1.59 cm at cranial pole) (0.53 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

The spleen is overall normal in size (1.75 cm in width at the level of the hilus). A 2.65 x 2.20 cm hypoechoic to slightly heterogeneous mass is observed at the cranio-lateral aspect. The lesion causes mild capsular expansion. The remaining peripheral margins are curvilinear. The remaining parenchyma is somewhat mottled in appearance with at least one small hypoechoic nodule near the hilus. Splenic vasculature appears normal with no evidence of thrombosis.

REFERRING VET

Dr. Michelle Wall

INVOICE

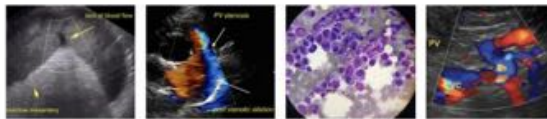
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Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma

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is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

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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. The lumen of the descending colon contains loose appearing fecal material. No obstructive disease is noted.

BREED

Field Spaniel

SEX

Male, intact

Pancreas

The right limb of the pancreas is normal in size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic 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.

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

WEIGHT

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Other

A brief echocardiogram reveals a large (7.22 x 5.14 cm) heterogeneous right atrial mass with trace pericardial effusion.

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The left testicle is subjectively normal in size (1.98 x 1.90 cm) with a slightly irregular shape. A 0.88 x 0.81 cm irregular hypoechoic nodule is observed within the parenchyma.

The right testicle is subjectively normal in size (2.30 x 1.86 cm) with a slightly irregular shape. A 1.11 x 1.02 cm irregular hypoechoic nodule is observed within the parenchyma.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Splenic mass. Differentials include sarcoma, round cell neoplasia, other vs a focus of benign pathology (i.e., lymphoid hyperplasia, extramedullary hematopoiesis or similar). A neoplastic process is favored, particularly in light of the previously diagnosed right atrial mass.
- Large right atrial mass with suspected trace pericardial effusion. The mass appears similar in size compared to the mass size in the cardiology report.

Secondary Findings:

- Bilateral, chronic age-related renal changes.

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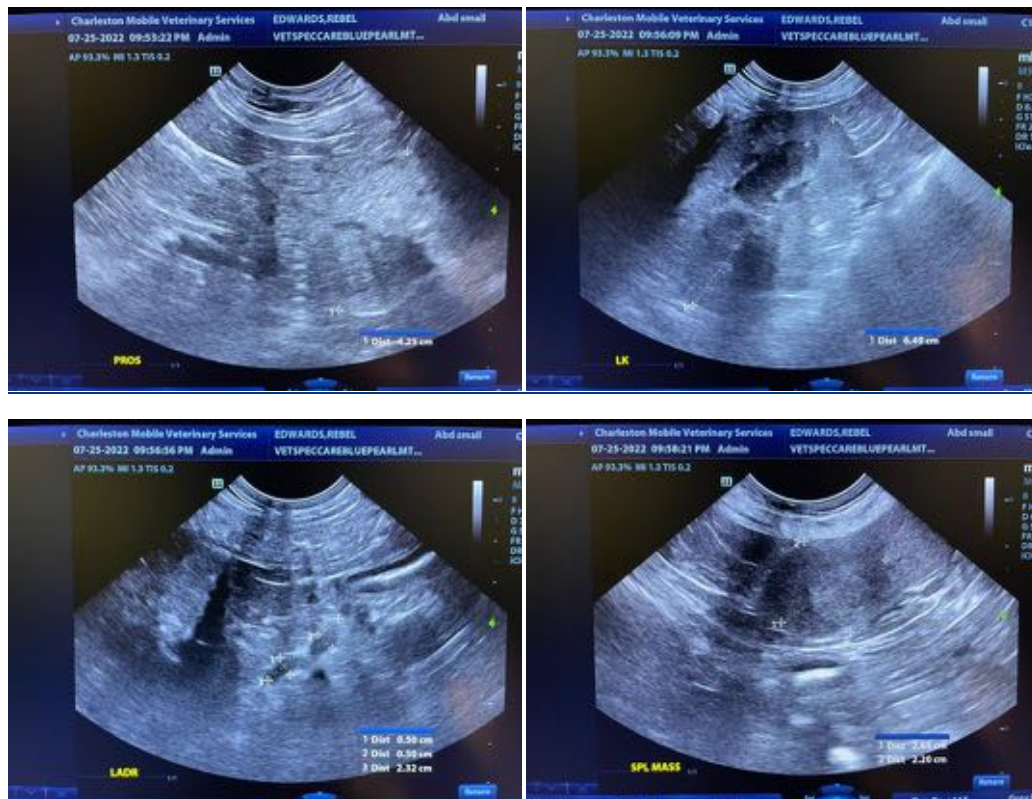
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- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- The bilateral testicular nodules could be consistent with a benign process (i.e., age-related remodeling or emerging tumors).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Unfortunately, due to the location of the splenic mass, aspiration is not a viable option.
- Further diagnostics and treatments to be implemented by the overseeing oncologist.





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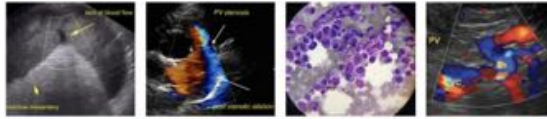
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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