



PATIENT

Sprocket Herbert

SPECIES

Canine

BREED

Beagle

SEX

Male, neutered

AGE

11 Yrs.

WEIGHT

24 lbs.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Wilson Mobile VS

REFERRING VET

Dr. Wilson

INVOICE 12420

DATE

10/26/21

PRESENTING CLINICAL SIGNS

History: suspect abd mass, distended abd with fluid wave, mild increase in respiratory rate and effort, decreased energy

Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. The wall is thickened (up to 0.50 cm) and irregular, particularly in the region of the apex. A small amount of suspended echogenic debris is observed within the lumen. The region of the trigone is normal.

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

The left kidney is normal size (5.69 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 hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.79 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. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.76 cm at cranial pole) (0.65 cm at caudal pole) (1.86 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 not definitively visualized due to diffuse cranial abdominal pathology.

Spleen

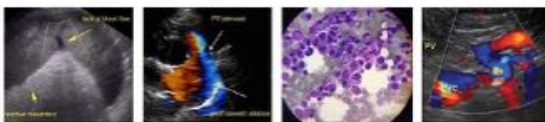
What is thought to be spleen is severely enlarged with irregular peripheral contours and a multi-lobulated cavitated mass effect throughout the organ. Several of the cavitations contain echogenic fluid. Surrounding mesentery is hyperechoic.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly mottled in appearance with 1-2 small (<0.5 cm) hypoechoic to anechoic nodules. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is mildly distended with fluid. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. At least one small intestinal segment is mildly hyperperistaltic. The small intestinal wall thickness is normal with a normal layering



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pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

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A portion of the pancreas is obscured by the large cranial abdominal mass. In the visualized portions, no obvious pathology is seen.

Free Abdomen

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

Other

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Cranial abdominal mass effect (suspect splenic) with regional peritonitis and possible hemoabdomen. Neoplasia (i.e., hemangiosarcoma, hemangioma) is suspected with a low possibility of benign pathology.

Secondary Findings:

- Minor age-related renal changes.
- The urinary bladder wall changes are most consistent with cystitis. However, correlation with clinical findings is recommended.
- The hepatic parenchymal changes could be consistent with benign age-related pathology. However, small metastatic lesions cannot be excluded.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

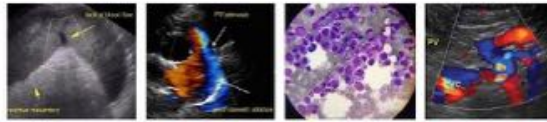
- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A PCV on the abdominal fluid with comparison to the peripheral PCV is recommended to assess for hemoabdomen.
- If an aggressive approach is desired and there is no evidence of pulmonary metastatic disease, a splenectomy with histopathology can be considered. A liver biopsy should also be obtained at the time of surgery to assess for micrometastatic disease. If surgery is not to be pursued, palliative care including pain management, Yunnan Baiyao and blood transfusions as needed can be considered.

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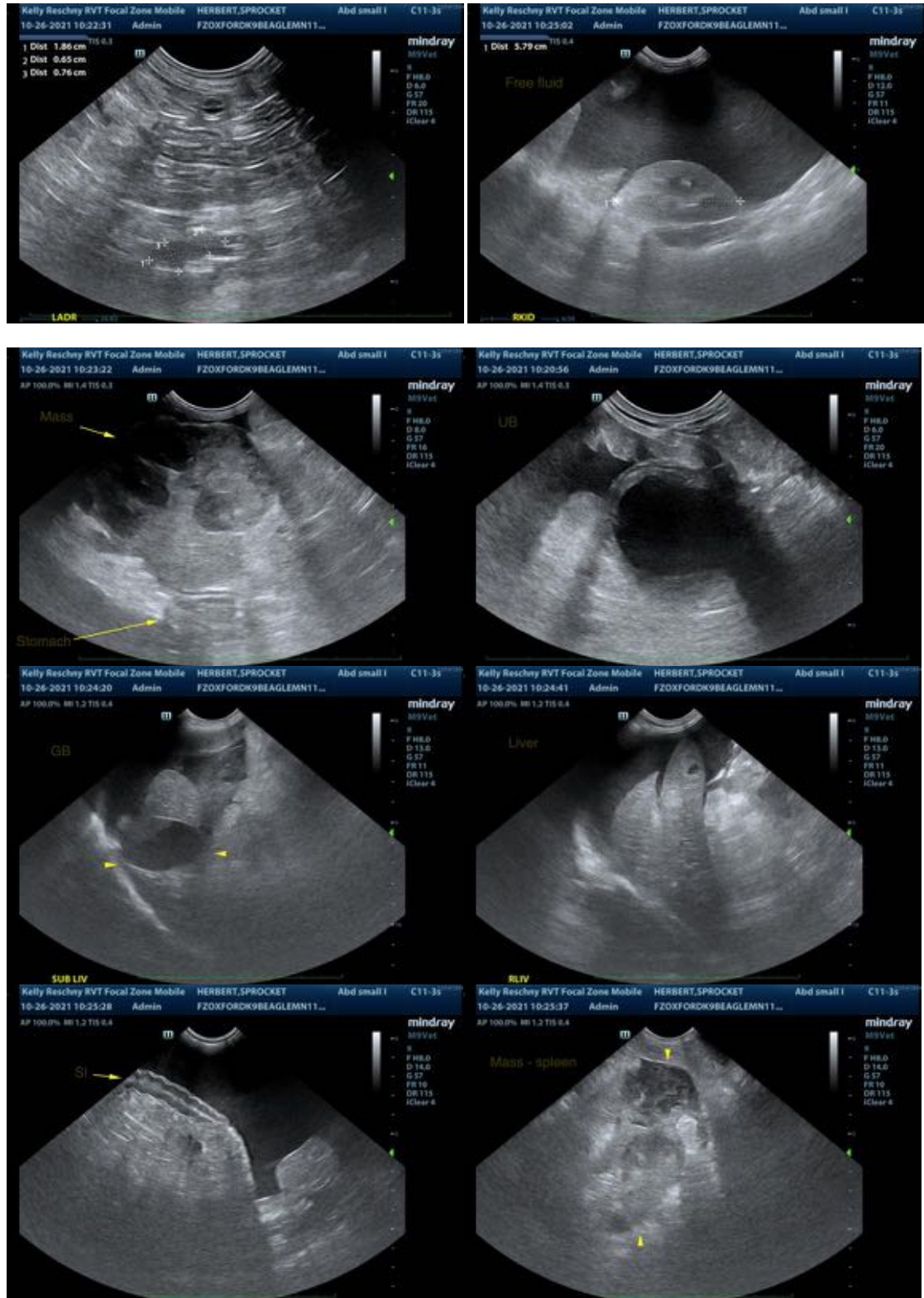
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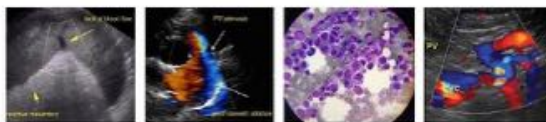
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com