


PATIENT PRESENTING CLINICAL SIGNS

Hera Parker
 History: Recently treated with Metacam for shoulder pain. Has been on Stilbesterol for urine leakage. Noted what felt like large palpable spleen on exam.

Abnormal PE/Chem/CBC/UA Results: blood out to the lab

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System
BREED

Rottweiler

The urinary bladder, trigone, and pelvic urethra are 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. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Female, spayed

The left kidney is subjectively normal size with a normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

8 yrs.

The right kidney is normal size (7.63 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.

WEIGHT

92.4 lbs.

Adrenal Glands

The left adrenal gland is normal size (0.65 cm at cranial pole) (0.60 cm at caudal pole) (1.98 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.

INTERPRETED BY

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

The right adrenal gland is not definitively visualized due to patient discomfort.

Spleen
IMAGING PERFORMED BY

Crystal Hill

The spleen is subjectively prominent in size (3.28 cm in width at the level of the hilus) with irregular peripheral contours. An approximately 2.7 cm irregular hypoechoic mass is observed at the cranial lateral aspect. The lesion causes slight capsular expansion. In addition, a 0.65 cm hypoechoic to anechoic nodule is observed at the caudomedial aspect. The remaining parenchyma is subtly mottled in appearance. Splenic vasculature is normal with no evidence of thrombosis.

HOSPITAL NAME

Millen Road AH

Liver
REFERRING VET

Dr. Sandhu

The liver is normal to slightly prominent in size with irregular peripheral contours. Numerous, irregular hypoechoic nodules/masses are observed throughout the organ, the largest measuring 4.66 cm in its longest dimension. 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 mostly anechoic. The cystic and common bile ducts are normal/not seen.

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

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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.

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.

Free Abdomen

There is no obvious evidence of free fluid. A cluster of enlarged, irregular hypoechoic to heterogeneous lymph nodes are observed at the aortic trifurcation, the largest measuring 3.47 cm in length. Surrounding mesentery is mildly hyperechoic. In addition, a 1.89 cm hypoechoic rounded lymph node is observed in the left mid-abdomen, adjacent to the left adrenal gland.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Hepatic and splenic masses with mid to caudal abdominal lymphadenopathy. A neoplastic process such as round cell tumor (i.e., lymphoma, malignant histiocytosis) is considered likely with a lower possibility of a multifocal inflammatory process (i.e., pyogranulomatous).

Secondary Findings:

- Minor, age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine needle aspirates of the hepatic and splenic masses +/- caudal abdominal lymph nodes (with care to avoid major vessels) is recommended if clotting status is appropriate. 25-gauge needles should be used. If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.



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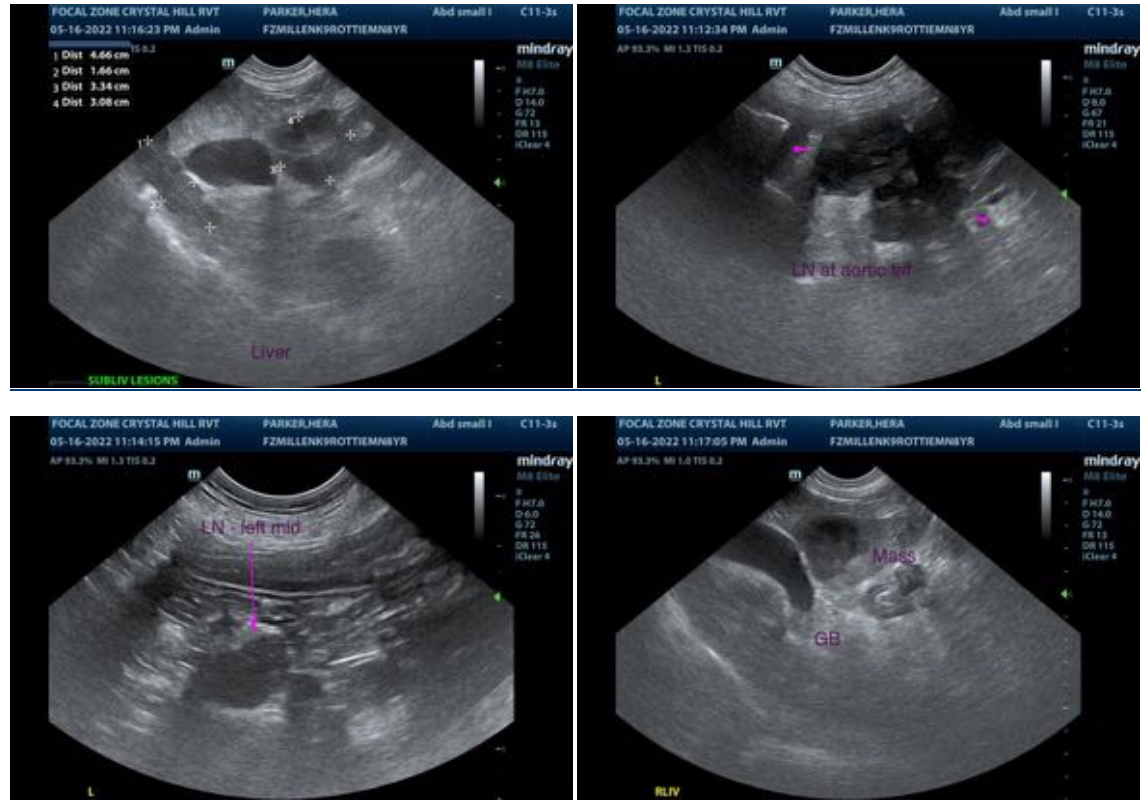
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Andrea.nicastro@sonopath.com

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