


**PATIENT PRESENTING CLINICAL SIGNS**

Karma Rush History: Low RBC count, lethargy, concern for possible bleed.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

***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 region of the trigone and the visible portion of the proximal urethra are normal.

BREED

Cockapoo

The left kidney is normal size (4.59 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with slight loss of corticomedullary distinction. There is questionable heterogeneity within the cortex at the caudal pole. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

SEX

Female Spayed

The right kidney is normal size (5.02 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

10 Years

***Adrenal Glands***

WEIGHT

30 lbs.

The left adrenal gland is normal size (0.36 cm at cranial pole) (0.34 cm at caudal pole) (1.57 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 normal size (1.11 cm at cranial pole) (0.46 cm at caudal pole) (1.89 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***
**IMAGING PERFORMED BY**

Kelly Reshny, RVT

The spleen is enlarged with irregular peripheral contours. A > 6 cm heterogeneous, cavitated, slightly vascular mass is arising from the parenchyma. There is minimal normal-appearing splenic tissue. Splenic vasculature appears normal with no evidence of thrombosis.

**HOSPITAL NAME**

Nelson AH

***Liver***

The liver is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic 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.

**REFERRING VET**

Dr. Quinn

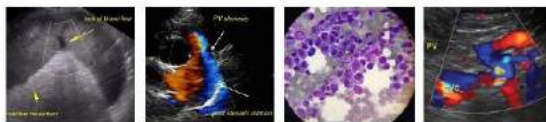
***Gastrointestinal***

INVOICE  
 11666kk

The gastric wall is subjectively thickened with a prominent muscularis layer. There appears to be retention of the normal layering pattern. The gastric lumen is not distended. 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.

DATE

8/18/21


**PATIENT** *Pancreas*

Karma Rush A portion of the pancreas is obscured by the splenic mass. In the visualized portions, no obvious pathology is observed.

**SPECIES** *Free Abdomen*

Canine A large amount of echogenic free fluid is present. The mesentery throughout the abdomen is hyperechoic and irregular. Lymph nodes – see “Other” category below.

**BREED** *Other*

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

**SEX**

Female Spayed

A > 7 cm irregular, heterogeneous, cavitated mass is observed caudal to the left kidney. There is questionable invasion of the caudal pole of the left kidney by the mass. In addition, at least two approximately 2 cm echogenic nodules are observed within the mesentery in the mid-abdominal region.

**AGE**

10 Years

**ULTRASONOGRAPHIC FINDINGS**
**Primary Findings:**

- Splenic mass. Neoplasia (i.e., hemangiosarcoma) is considered likely. Hemoabdomen is suspected. The heterogeneous mass caudal to the left kidney (with questionable invasion into the caudal pole of the left kidney) is thought to represent a separate tumor. However, extension from the splenic mass cannot be completely excluded. The echogenic nodules within the mesentery are thought to represent metastatic disease. Diffuse peritonitis is present, likely secondary to multi-focal neoplasia.
- Hepatic parenchymal changes could be consistent with age-related benign pathology. However, micro-metastatic disease is also possible.

**Secondary Findings:**

- Bilateral, age-related renal changes with questionable neoplastic invasion into the left kidney.
- The gastric wall changes could be consistent with inflammation, hypertrophy, or infiltrative neoplasia.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

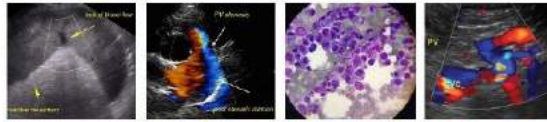
Three-view thoracic radiographs can be considered to assess for pulmonary metastasis. However, given the likelihood of metastatic disease in the abdomen, the prognosis is considered guarded. Surgery is unlikely to extend the patient’s life but palliative care (i.e., Yunnan Baiyao, pain medication, blood transfusions) can be considered.

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**PATIENT**

Karma Rush

**SPECIES**

Canine

**BREED**

Cockapoo

**SEX**

Female Spayed

**AGE**

10 Years

**WEIGHT**

30 lbs.

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**HOSPITAL NAME**

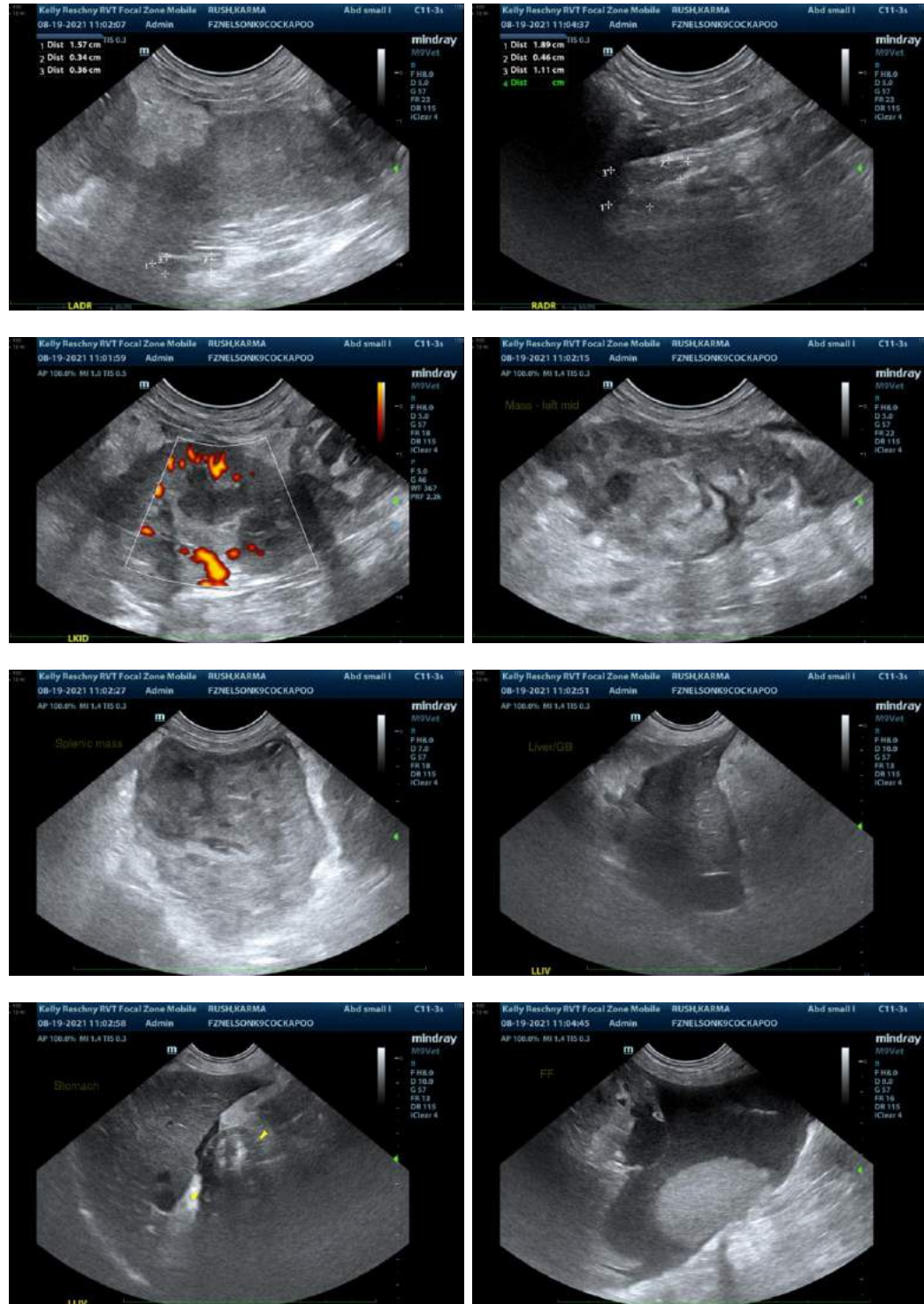
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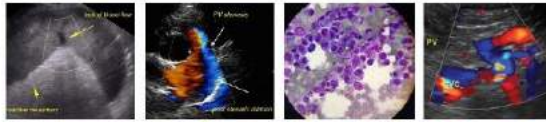
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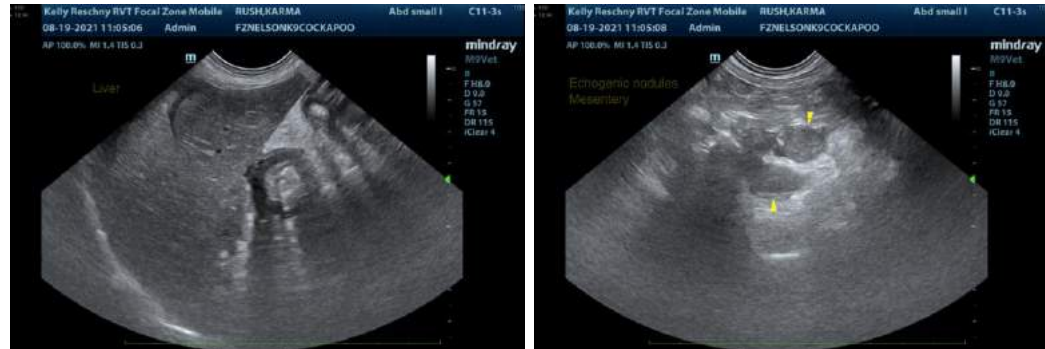
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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