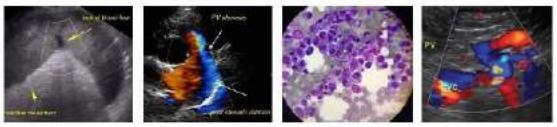


PATIENT
Zelta Caers

SPECIES
Canine

BREED
Golden Retriever

SEX
Male Neutered

AGE
12 Years

WEIGHT
35 kgs.

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

IMAGING PERFORMED BY
Kelly Reshny, RVT

HOSPITAL NAME
Beattie Pet Hospital – Stoney Creek

REFERRING VET
Dr. Mellish

INVOICE
11669kk

DATE
8/19/21

PRESENTING CLINICAL SIGNS

History: Yesterday; Assessment: painful tense abdomen by palpation vomiting about 10 times in last 2 days diarrhea not eating in last 2 days today; Assessment: marked lethargy, laying in room, able to walk but quite slow moving. Today no further vomiting, drank a little water twice, but otherwise no interest in food.

Abnormal PE/Chem/CBC/UA Results: rads: FINDINGS: No abnormalities are noted of the liver, stomach, small intestines, large intestines, spleen, urinary bladder, or limited portions of the kidneys that can be visualized. Serosal peritoneal detail is decreased. The cecum is mildly distended with gas and soft tissue opacity. CONCLUSIONS: - Decreased serosal peritoneal detail. Pancreatitis is thought to be most likely, but scant peritoneal fluid due to other cause is not ruled out. - Other potential causes of vomiting are not ruled out, including gastroenteritis or intoxication. RECOMMENDATIONS: Consider medical/conservative therapy. Depending on the evolution of the case and clinical assessment, also consider abdominal ultrasound or repeat radiographs made following 12-24 hours of medical therapy.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (1.98 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (7.62 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (7.74 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

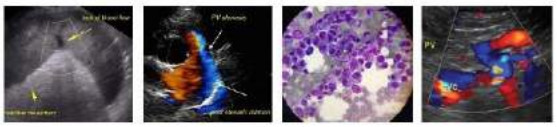
The left adrenal gland is normal size (0.59 cm at cranial pole) (0.53 cm at caudal pole) (2.35 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (1.68 cm at cranial pole) (0.75 cm at caudal pole) (2.12 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

A > 9 cm heterogeneous, cavitated mass-effect is arising from the splenic parenchyma. The lesion is irregular and causes capsular expansion. The mesentery surrounding the mass-effect is hyperechoic. In the remainder of the spleen, the peripheral contours are slightly irregular. The parenchyma is mottled with hypoechoic areas. Internal splenic vasculature appears normal.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT
Zelta Caers

SPECIES
Canine

BREED
Golden Retriever

SEX
Male Neutered

AGE
12 Years

WEIGHT
35 kgs.

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

IMAGING PERFORMED BY
Kelly Reshny, RVT

HOSPITAL NAME
Beattie Pet Hospital – Stoney Creek

REFERRING VET
Dr. Mellish

INVOICE
11669kk

DATE
8/19/21

Liver

The liver is subjectively normal 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.

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 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.

Pancreas

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

Free Abdomen

A moderate amount of free fluid is present within the abdomen. The mesentery is diffusely hyperechoic. The abdominal lymph nodes are normal/not visible.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Cavitated splenic mass. Neoplasia (i.e., hemangiosarcoma, hemangioma) is considered likely with a lower possibility of benign pathology. Hemoabdomen is suspected; although, other types of abdominal effusion cannot be completely excluded.

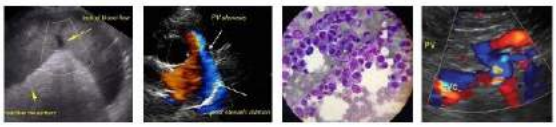
Secondary Findings:

- Age-related renal pathology.
- The hepatic parenchymal changes are non-specific and can be consistent with benign age-related change. However, metastatic disease cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. If there is no evidence of pulmonary metastatic disease, consider an abdominal exploratory with splenectomy and submission of the spleen for histopathology. A liver biopsy should also be obtained at the time of surgery to assess for micro-metastatic disease.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Zelta Caers

SPECIES

Canine

BREED

Golden Retriever

SEX

Male Neutered

AGE

12 Years

WEIGHT

35 kgs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Beattie Pet Hospital – Stoney Creek

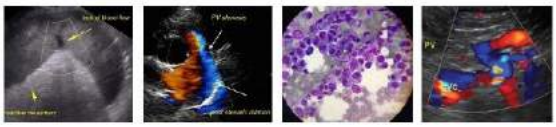
REFERRING VET

Dr. Mellish

INVOICE
11669kk

DATE
8/19/21

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Zelta Caers

SPECIES

Canine

BREED

Golden Retriever

SEX

Male Neutered

AGE

12 Years

WEIGHT

35 kgs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Beattie Pet Hospital – Stoney Creek

REFERRING VET

Dr. Mellish

INVOICE

11669kk

DATE

8/19/21

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