



PATIENT

Chloe Snuszka

SPECIES

Canine

BREED

Maltipoo

SEX

Female, spayed

AGE

12 Yrs.

WEIGHT

9.8 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez, CVT

HOSPITAL NAME

Ringwood AH

REFERRING VET

Dr. De Spirito

INVOICE

14256

DATE

11/22/22

PRESENTING CLINICAL SIGNS

History: Patient presents for decreased appetite and lethargy. R/O liver issue vs. other.
Abnormal PE/Chem/CBC/UA Results: Albumin 2.4, glob. 4.6, AST 67, ALP 780, low creat. and BUN (all previously normal). U/A: pH 6.0, 1+ protein, 2+ bilirubin, USG 1.030.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The left kidney is normal in size (3.93 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. At least 2 small cortical cysts are observed at the caudomedial aspect. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.35 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is not definitively visualized due to the presence of the large splenic mass.

The right adrenal gland is mildly enlarged (0.77 cm at cranial pole) (0.58 cm at caudal pole) (1.44 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 >5 cm heterogeneous cavitated mass is suspected to be arising from the splenic parenchyma. Surrounding mesentery is hyperechoic. In the remainder of the spleen, the margins are curvilinear and the parenchyma is relatively homogeneous. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is enlarged with irregular peripheral contours. An approximately 6.5 cm irregular, heterogeneous, cavitated mass effect is observed on the left side. The mesentery surrounding the mass is hyperechoic. The mass is displaced in the gallbladder medially. The remaining hepatic parenchyma is mottled in appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder is cranially displaced by the liver mass. The lumen is moderately distended. The wall is normal in thickness. A small amount of adhered, echogenic debris is observed within the lumen. 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



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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 ileum is diffusely thickened (up to 0.57 cm) with retention of the normal layering pattern. The colonic wall is normal. No obstructive disease is noted.

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Pancreas

The right limb of the pancreas is visible 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

Trace free fluid is observed. There are 1-2 questionable small mesenteric nodules medial to the spleen. It is unclear if these nodules are connected to the splenic or hepatic masses or if they are free within the mesentery.

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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:

- Large hepatic and suspected splenic masses with adjacent peritonitis. Neoplasia (i.e., hemangiosarcoma, round cell tumor) is considered likely with a lower possibility of a more benign process (i.e., inflammatory).
- Questionable mesenteric nodules.

Secondary Findings:

- Minor, age-related renal changes with dystrophic mineralization.
- Mild right adrenomegaly.
- Age-related pancreatic remodeling +/- fibrosis. Mild pancreatitis may also be present.
- The thickened ileum is likely due to an inflammatory process with a lower possibility of emerging neoplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Given the likelihood of multi-organ neoplasia in the abdomen, palliative care is recommended in lieu of invasive diagnostics.



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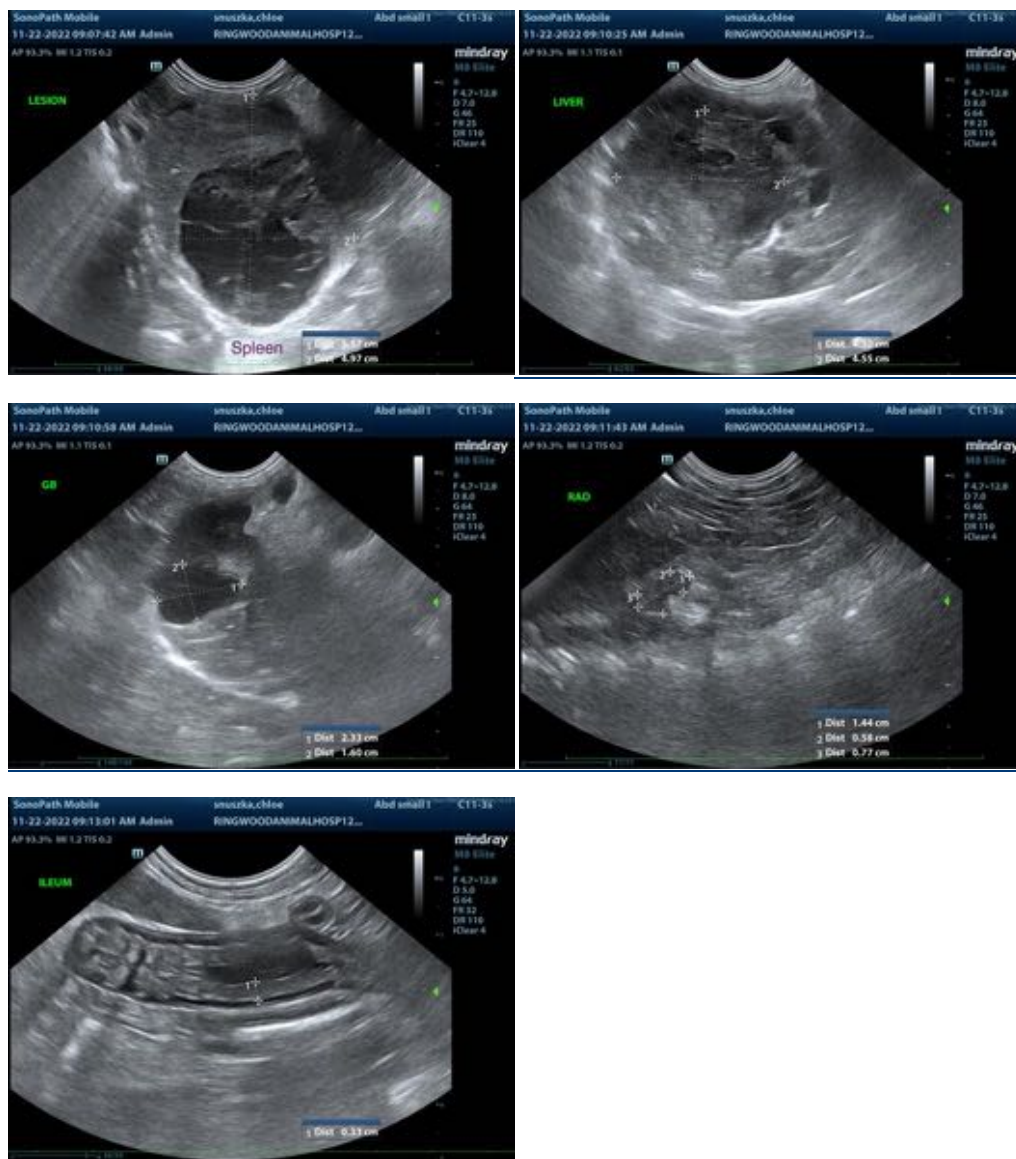
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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