



PATIENT

Cliff Castillo

SPECIES

Canine

BREED

American Pitbull
Terrier

SEX

Intact Male

AGE

9 Years

WEIGHT

47 pounds

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Dr. Gabriel Ferrer
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Ada Martinez

INVOICE

15060

DATE

04/13/26

PRESENTING CLINICAL SIGNS

Pt presented as a referral for an abdominal ultrasound due to Hx of anemia, lethargy, and vomiting/diarrhea. Px originally visited rDVM due to inappetence and constipation. Px received a blood transfusion and was hospitalized for 3 days. Px is now discharged and was given the following Mx: Omeprazole 20mg, Metronidazole 250mg, Sucralfate 1g, Proviab, Cobalequin (B12). Radiographs were performed but the findings were non-diagnostic. Owner reports stopping Mx treatment and h/d diet due to Px vomiting when they were administered. Px is currently on a home-made diet. A sample was collected of the abdominal fluid observed during the sonographic study via abdominocentesis, the sample was sent to rDVM for further analysis. A focal echocardiogram was performed, and no pericardial effusion or mass were observed in the heart.

Abnormal PE/Chem/CBC/UA Results: Bloodwork and radiographs attached below for your reference

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The prostate is uniformly enlarged and hypoechoic. There are a couple fine spherical fluid accumulations most consistent with very small cysts. No masses and no signs of mineralization were noted. Testicles are normal.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The left kidney measured 5.5 cm in length. The right kidney measured 5.85 cm in length.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. The left adrenal gland measured 2.30 cm in length and 0.65 cm at the caudal pole and 0.62 cm at the cranial pole. The right adrenal gland measured 2.65 cm in length and 0.56 cm at the caudal pole and 0.56 cm at the cranial pole.

Spleen

The spleen contains a complex irregular partially cavitated mass measuring at least 5.8 cm x 4.99 cm. There is anechoic striated tissue visible along the capsular surface over parts of the splenic mass most consistent with blood clot. A second smaller cavitated mass is visible separate from the primary mass measuring approximately 1.9 cm x 2.2 cm.

Liver

The liver is subjectively normal in size with normal contours and structure. There is age-appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.



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Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was not visualized. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

There is a moderate volume of abdominal effusion most concentrated near the spleen, but visible in every quadrant.

Diaphragm

The right auricle and pericardium were unremarkable. No obvious pathology. If cardiac function evaluation is desired a full echocardiogram is warranted.

ULTRASONOGRAPHIC FINDINGS

- Cavitated complex splenic mass with suspected adherent blood clot and surrounding free fluid-reported hemorrhagic effusion.
- Second smaller splenic mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Masse in the spleen are concerning for neoplasia which may be benign or malignant, but the presence of multiple masses increases my concern for malignancy. Splenic aspirate is recommended to further characterize. Whether benign or malignant, all splenic masses are at risk of rupture and if no signs of metastasis are present in the chest, splenectomy with histopathology is recommended. As it appears, splenic mass has already ruptured. Surgery may be considered without waiting for results of FNA.



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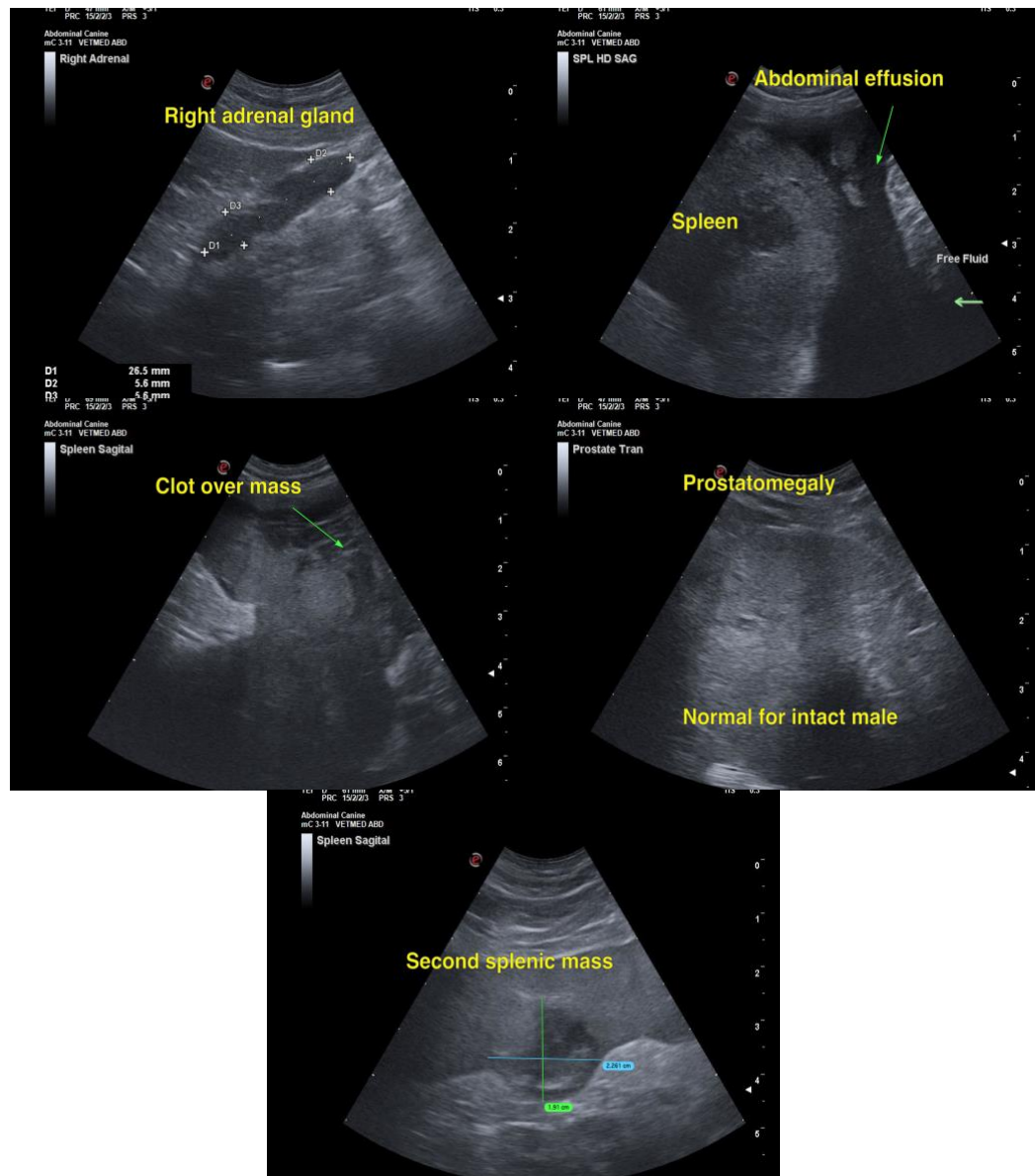
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com