



PATIENT

Curtis Cascucci

SPECIES

Canine

BREED

Lab Retriever X

SEX

Neutered Male

AGE

12 Years

WEIGHT

77.3 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Animal Care Centers

REFERRING VET

Dr. Casulli

INVOICE

45599

DATE

3/1/23

PRESENTING CLINICAL SIGNS

Large abdominal mass, looking for mets before referral for transfusion and sx. Current meds: Methadone and Cerenia.

Abnormal PE/Chem/CBC/UA Results: Mod-severe non-regen anemia, leukocytosis. Mildly elevated alt, amyl and lipase.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The residual prostate was uniform at 1.4 cm.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.37 cm. The right kidney measured 5.91 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.81 cm x 0.64 cm. The right adrenal gland measured 3.81 cm x 0.86 cm at the cranial pole and 0.65 cm at the caudal pole.

Spleen

The **spleen** revealed heterogeneous changes.

Liver

The **liver** was mildly heterogeneous. The gallbladder was unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

Minor heterogeneous **pancreatic** changes noted in the right limb with edematous parenchyma, suggestive for concurrent pancreatitis.

Free Abdomen

A mixed hypoechoic expansive parenchymal mass noted, measuring 12.9 cm. The mass appeared to be deriving from either the left limb of the pancreas or may have a small bridge to the liver. The mass



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impinges upon the spleen as well. It is significantly undifferentiated and could be deriving from any of these organs. Adjacent hematoma noted associated with the mass.

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Free fluid and adhesions noted. Reactive mesentery noted around the mass, which obscured connective visibility to the origin of the mass. However, there is a significant amount of reactive mesentery noted in the regional omentum with mixed hypoechoic nodular changes. Primary or secondary involvement of the pancreas likely. Regional lymph nodes were slightly enlarged .

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Reactive iliac lymph nodes noted up to 3.46 cm x 1.39 cm.

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Rapid view of the heart revealed no evident pathology.

ULTRASONOGRAPHIC FINDINGS

- Undifferentiated mass in the left cranial abdomen involving pancreas, possible liver and spleen
- Reactive mesentery and reactive lymph nodes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Clean resection is unlikely. However, exploratory surgery is necessary in this patient after chest radiographs to assess for metastatic disease. Unfortunately, given the extensive undifferentiated nature of the mass with omental involvement, exact origin of the mass could not be ascertained.

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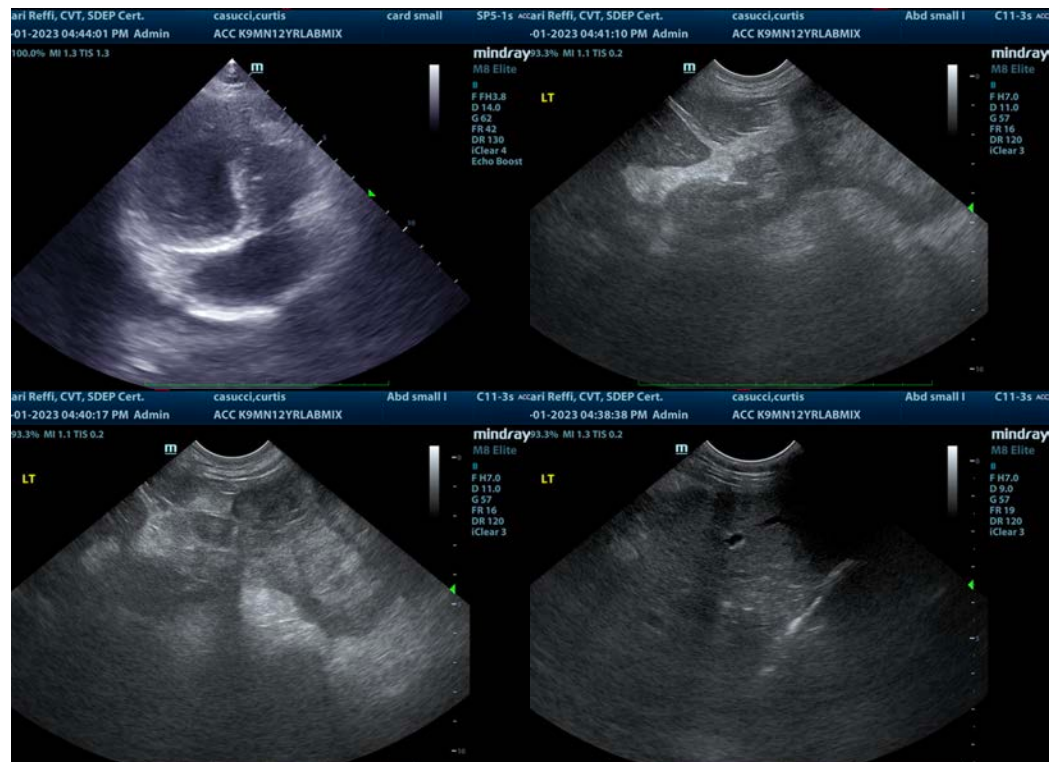
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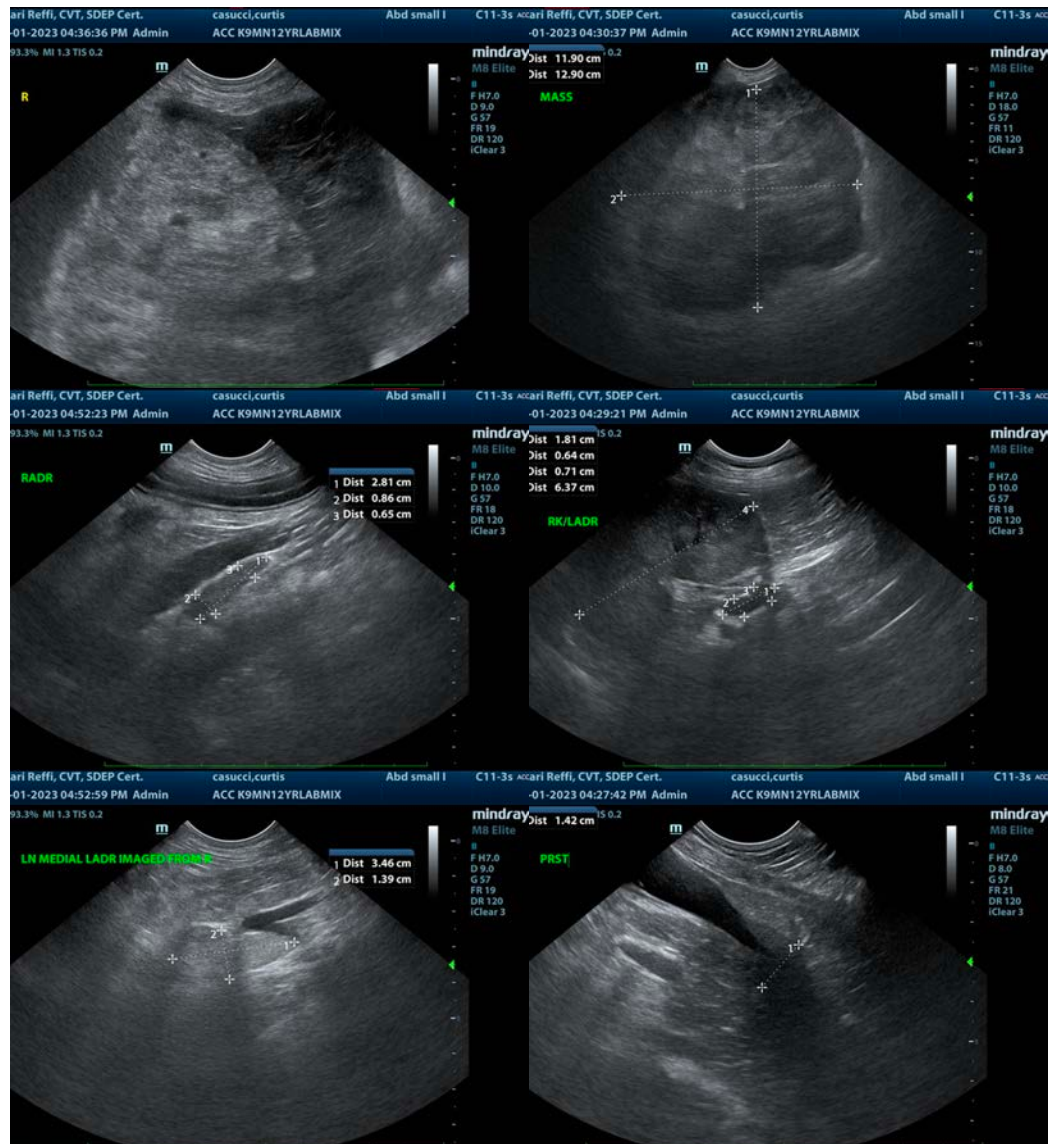
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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