



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Gio Ceraldo
History: Increased urination, uncomfortable, PU/PD. Hx of pancreatitis. R/O Neoplasia vs Endocrine dz vs Cystitis, Renal vs Addisons vs other. Current meds: Trazadone given 4 hours prior, Dexdomitor/Torb IM just prior to u/s.

SPECIES
Canine
Abnormal PE/Chem/CBC/UA Results: Rectal: No palpable masses. 12/27/21- Ca 12.4, Lipase 2092. 8/2021- USG 1.053, PH 6, squamous epith. 4-10

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Mix
Urinary System
The urinary bladder is mildly distended with anechoic urine. The wall is diffusely thickened (up to 0.65 cm), with a slightly irregular mucosal surface. No cystic calculi are observed. The region of the trigone and the visualized portion of the proximal urethra are normal.

SEX
Neutered Male
The prostate is normal in size (1.11 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE
7 years
The left kidney presented normal size (6.85 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.

WEIGHT
77 lbs
The right kidney presented normal size (6.61 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.

INTERPRETED BY

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

Adrenal Glands
The left adrenal gland is normal size (0.59 cm at cranial pole) (0.61 cm at caudal pole) (3.70 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.

IMAGING PERFORMED BY

Shari Reffi, CVT

The right adrenal gland is normal size (0.53 cm at cranial pole) (0.53 cm at caudal pole) (3.17 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.

HOSPITAL NAME

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Spleen
The spleen is normal in size (1.44 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

REFERRING VET

Dr. Smith

Liver
The liver is subjectively prominent in size with swollen peripheral. The parenchyma is hypoechoic relative to the spleen and mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion

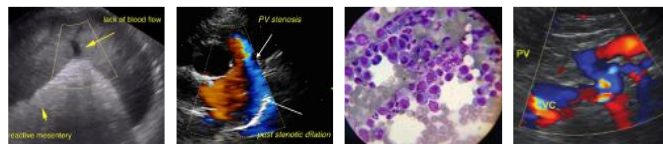
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1/13/22

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.



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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 or overt infiltrative disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

No free fluid is observed. Enlarged, rounded to irregular hypoechoic lymph nodes (the largest measuring 5.41 cm in length) are observed throughout the abdomen, including the right cranial quadrant, mesenteric root, and medial ileac nodes. Surrounding mesentery is hyperechoic.

Other

A brief evaluation of the thorax reveals a >4 cm mediastinal lymph node, +/- two smaller nodes. There is no obvious evidence of pericardial effusion.

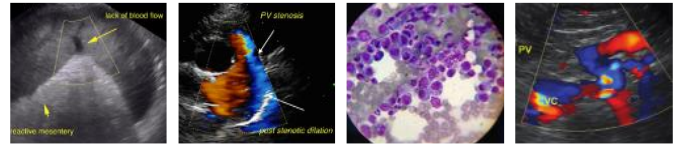
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The abdominal and mediastinal lymphadenopathy is most consistent round cell neoplasia. Lymphoma is the top differential. Severe inflammatory lymphadenitis (i.e., pyogranulomatous) is also a differential, but considered less likely.
- The hepatic parenchymal changes could be consistent with infiltrative neoplasia or other hepatopathy.
- The bladder wall changes may be artifactual due to lack of luminal distention. Alternatively, cystitis may be present. Infiltrative neoplasia is possible but considered less likely

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fine-needle aspirates of the liver and enlarged abdominal lymph nodes is recommended if clotting status is appropriate.
- Thoracic radiographs are also recommended, if not already performed.



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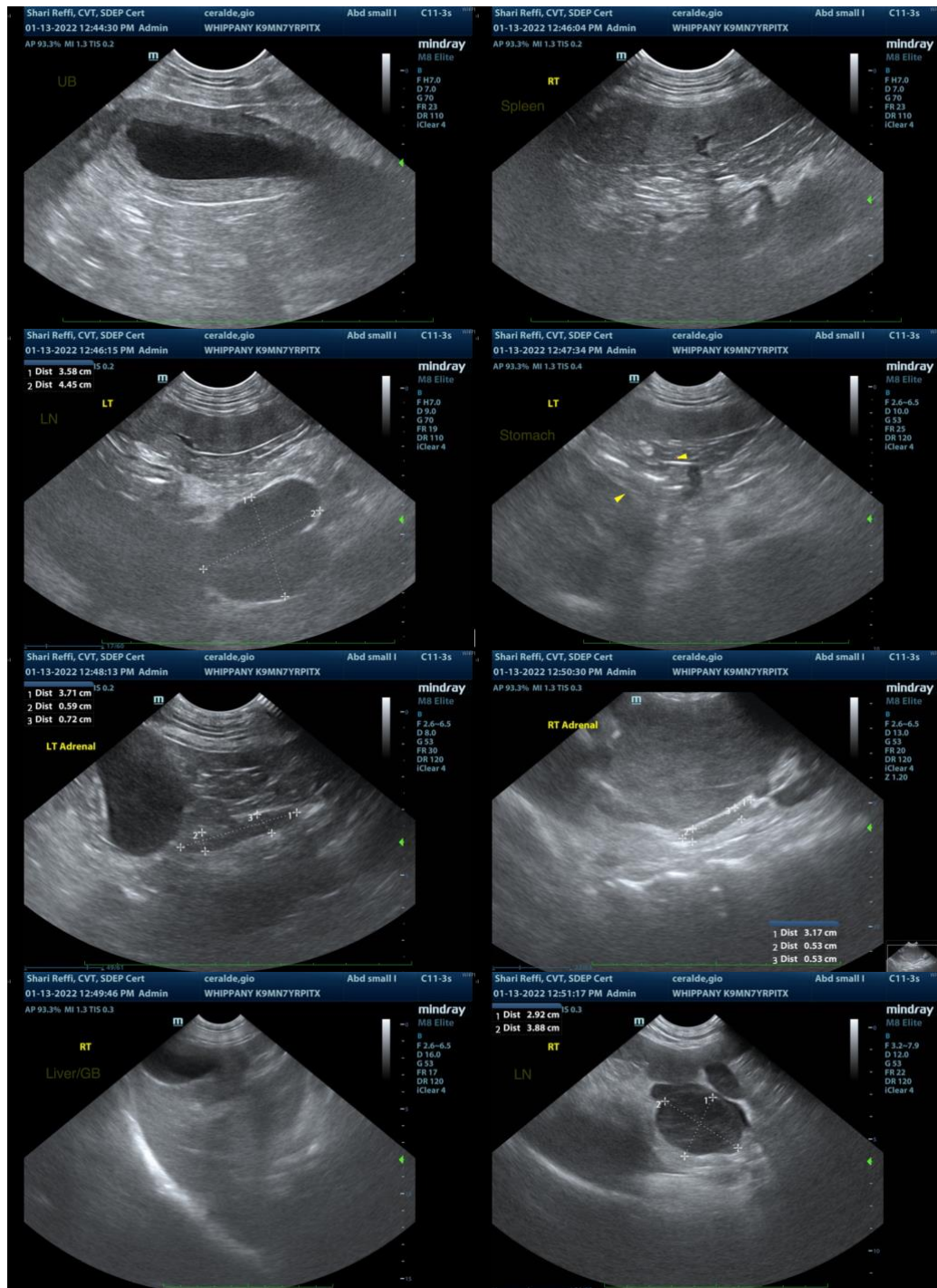
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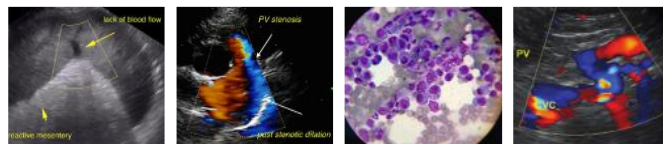
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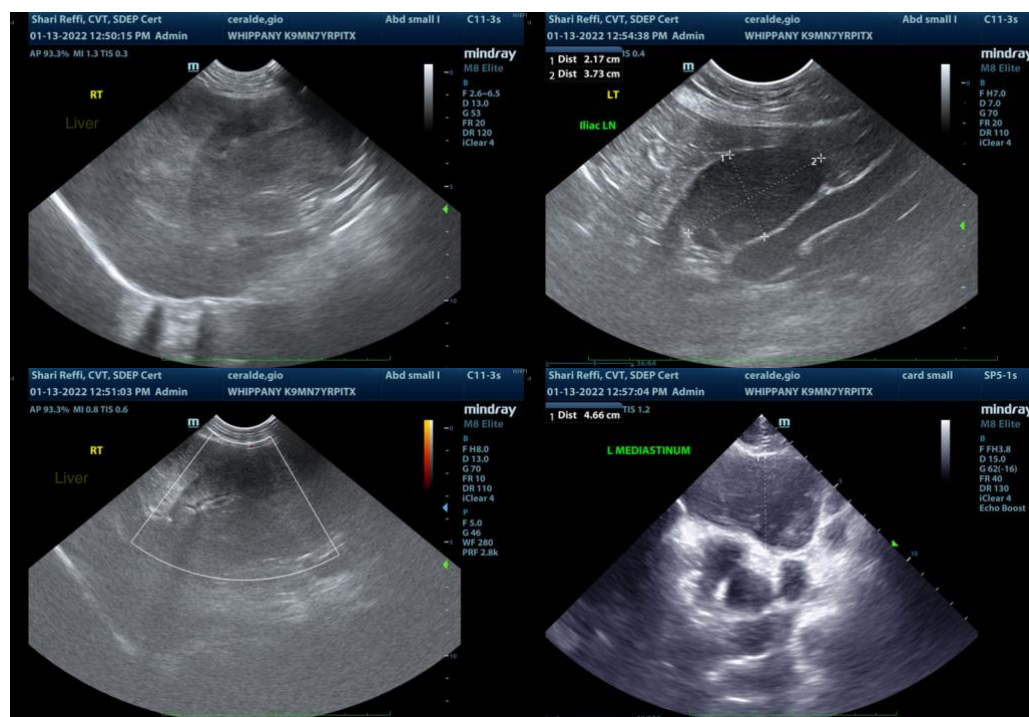
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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