



**PATIENT PRESENTING CLINICAL SIGNS**

Batiatus Margaca

History: Present for evaluation of anorexia and yellow stool first firm then pasty today. No interest in food this morning and yesterday. No vomiting, no diet change, and no toxin exposure. History of a splenic mass and a splenectomy was done on Sept 2022. The BW showed elevated liver enzyme ALT and an abdominal u/s was done to further evaluate. FNA of the enlarged LNs and liver were done.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: CBC: plt 139 K/ $\mu$ L, EOS 0.01 K/ $\mu$ L, LYM 0.67 K/ $\mu$ L CHEM: ALT > 1000 U/L, AMYL 476 U/L, Na 142 mmol/L, Cl 105 mmol/L Biopsy of the spleen: Sept 2022 Spleen: 1. Stromal sarcoma Mitotic count: None in ten high powered (0.237 sq mm) fields. Margins: Not applicable-splenectomy. Lymphovascular invasion: Absent 2. Marginal zone lymphocyte proliferation with plasma cells Mitotic count: One in ten high powered (0.237 sq mm) fields. Margins: Not applicable-splenectomy. Lymphovascular invasion: Absent

**BREED**

Lab mix

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

*Urinary System*

Male, neutered

The urinary bladder wall is 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.

**AGE**

12 Yrs.

The prostate is normal in size (1.38 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**WEIGHT**

55.2 lbs.

The left kidney is normal size (6.56 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

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The right kidney is normal size (6.40 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.

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(Small Animal Internal  
Medicine)

*Adrenal Glands*

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The left adrenal gland is borderline enlarged (0.76 cm at cranial pole) (0.77 cm at caudal pole) (2.84 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.

Dr. Ferrer

**HOSPITAL NAME**

The right adrenal gland is normal size (0.89 cm at cranial pole) (0.58 cm at caudal pole) (3.16 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.

Paseos VC

**REFERRING VET**

*Spleen*

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Previously splenectomized (September 2022). The region of the splenic fossa is unremarkable.

**INVOICE**

*Liver*

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The liver is subjectively normal in size with normal contours and structure. There is 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

**DATE**

1/11/23



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congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of mostly gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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Canine

**Gastrointestinal**

The gastric lumen is mildly distended with ingesta. The gastric wall is 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. There is no evidence of an obstructive pattern.

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**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.

**SEX**

Male, neutered

**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The medial iliac lymph nodes are prominent (left 1.87 x 0.81 cm; right 2.35 x 0.99 cm) with a slightly rounded shape and normal echogenicity. Several prominent mesenteric lymph nodes are also visualized, the largest measuring 2.62 cm in length.

**AGE**

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**WEIGHT**

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**Other**

A brief visualization of the heart reveals no obvious evidence of pericardial effusion.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- The abdominal lymphadenopathy could be consistent with reactive change or emerging neoplasia (i.e., round cell tumor).

**Secondary Findings:**

- Mild bilateral, chronic age-related renal changes.
- Borderline left adrenomegaly.

**IMAGING PERFORMED BY**

Dr. Ferrer

\*An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, Leptospirosis, chronic hepatitis, hepatotoxicity, infiltrative neoplasia (less likely)) should be considered.

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\*The gastrointestinal changes seen on a previous sonogram (September 2022) are no longer appreciated. The mesenteric lymphadenopathy is similar compared to the previous sonogram. However, the medial iliac lymphadenopathy is a new finding.

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Dr. Walker

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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- Given the elevated ALT, consider Leptospirosis testing (i.e., blood and urine PCR, serology). While awaiting lymph node and hepatic cytology results and Leptospirosis testing, empirical treatment for bacterial cholangiohepatitis/hepatotoxicity/Leptospirosis is recommended, including amoxicillin-clavulanic acid, hepatic antioxidants and symptomatic care.

**DATE**

1/11/23



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- If all results are inconclusive, consider laparoscopic or surgical liver biopsies with aerobic and anaerobic bile cultures as well as hepatic copper quantitation.
- Thoracic radiographs should be performed prior to any anesthetic event.

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## REFERRING VET

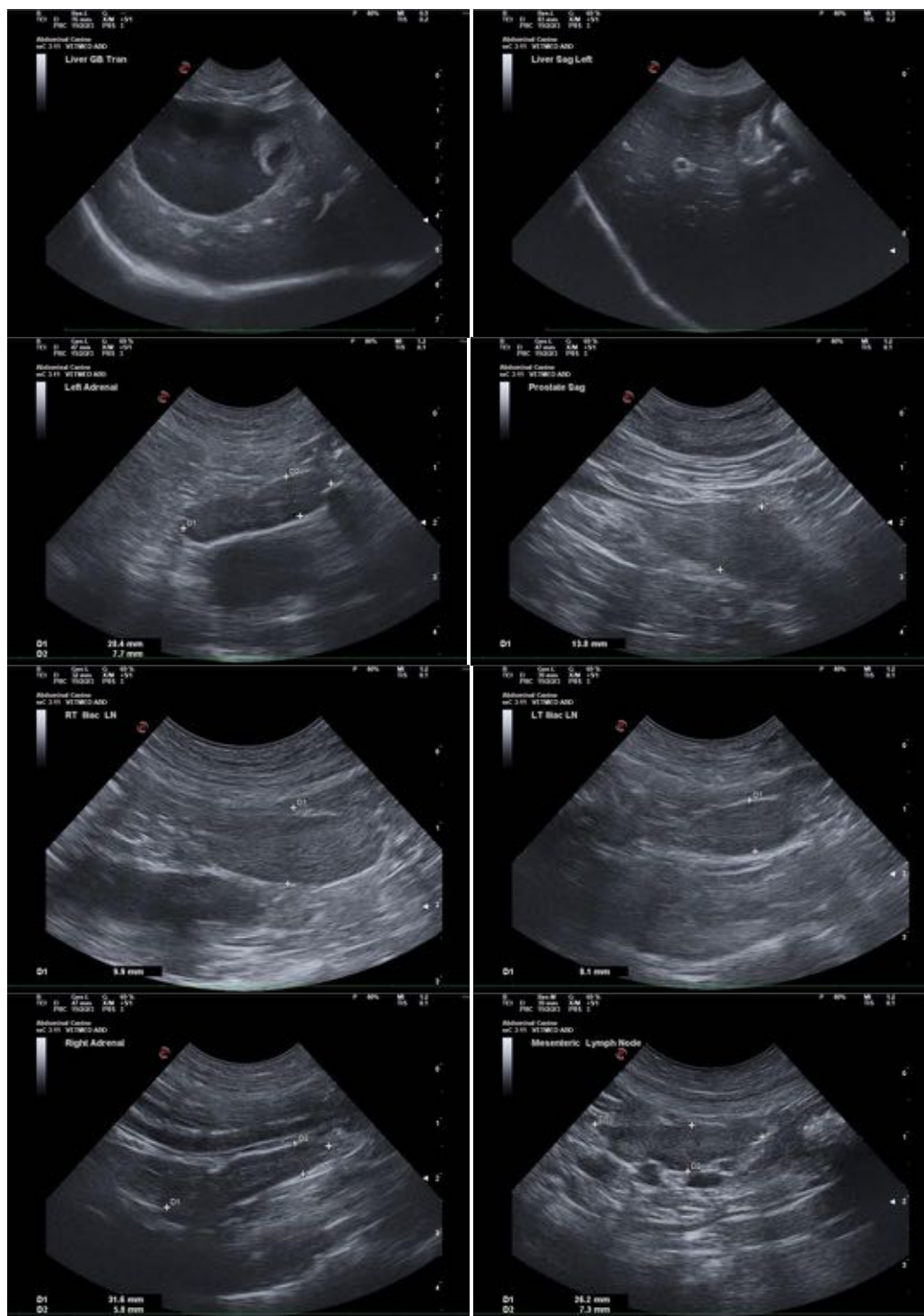
Dr. Walker

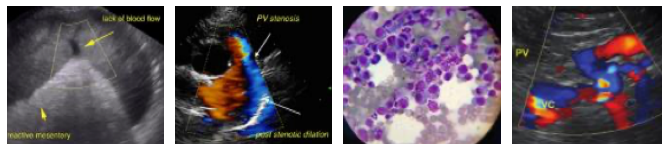
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## DATE

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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.

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Canine

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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