



PATIENT PRESENTING CLINICAL SIGNS

Abbie Rapin-Archer

History: Housemate (13yo Yorkie) recently euthanized with likely abdominal tumor metastatic to lungs (based on radiographs/labwork). Owner is concerned she missed signs of a problem early on, and wanted to be proactive about health screening in this patient. Owner notes abdominal distention, especially after eating. No other significant/abnormal clinical signs reported by owner.

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Female Spayed

Abnormal PE/Chem/CBC/UA Results: PE: Grade 3/6 systolic murmur. Eupneic/normal BVS. Pot-bellied abdomen, palpably soft/non-painful but "full". No overt palpable mass. Severe periodontal disease remaining teeth (many extracted prior). Bilaterally enlarged submandibular LN's (suspect secondary/reactive to oral disease). Otherwise, exam NSF. CBC: WNL Chem: NSF (low ALKP) HW-4DX = Negative Chest radiographs: Slight elevation trachea/carina. Otherwise, chest/heart NSF. Liver enlarged/rounded edges. Spleen displaced caudally. Otherwise, NSF abdomen on rads.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

11

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

WEIGHT

8.8 lbs

The left kidney is normal in size (4.13 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A few, small, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

The right kidney is normal in size (4.54 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A few, small, nonobstructive nephroliths are visualized. At least one, small, cortical cyst is seen. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

IMAGING PERFORMED BY

Dr. Beth Coe

Adrenal Glands

The left adrenal gland is normal in size (0.63 cm at cranial pole) (0.48 cm at caudal pole) with a normal shape and 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

Riverside Animal Clinic

The right adrenal gland is upper limits of normal size (0.38 cm at cranial pole) (0.52 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. Sandy Cline

Spleen

The spleen is subjectively prominent-in-size (1.49 cm in width at the level of the hilus) with smooth peripheral contours. There is appropriate echogenicity and echotexture. One-to-two small, myelolipomas are observed at the medial aspect. Splenic vasculature is normal.

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Liver

The liver is prominent-in-size, with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.



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The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. A few polypoid-like lesions are arising from the mucosal surface. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness 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.

BREED

Yorkshire Terrier

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic 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.

SEX

Female Spayed

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

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Free Abdomen

There is no obvious evidence of free fluid.

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

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- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy.
- The mild splenomegaly may be secondary to lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, normal variation, or less likely, emerging infiltrative neoplasia.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Bilateral nonspecific age-related renal changes with nonobstructive nephrolithiasis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine-needle aspiration of the spleen can be considered (assuming normal clotting status) to assess for infiltrative neoplasia, although clinical suspicion for splenic cancer is low. Otherwise, there are no specific recommendations in this asymptomatic patient.

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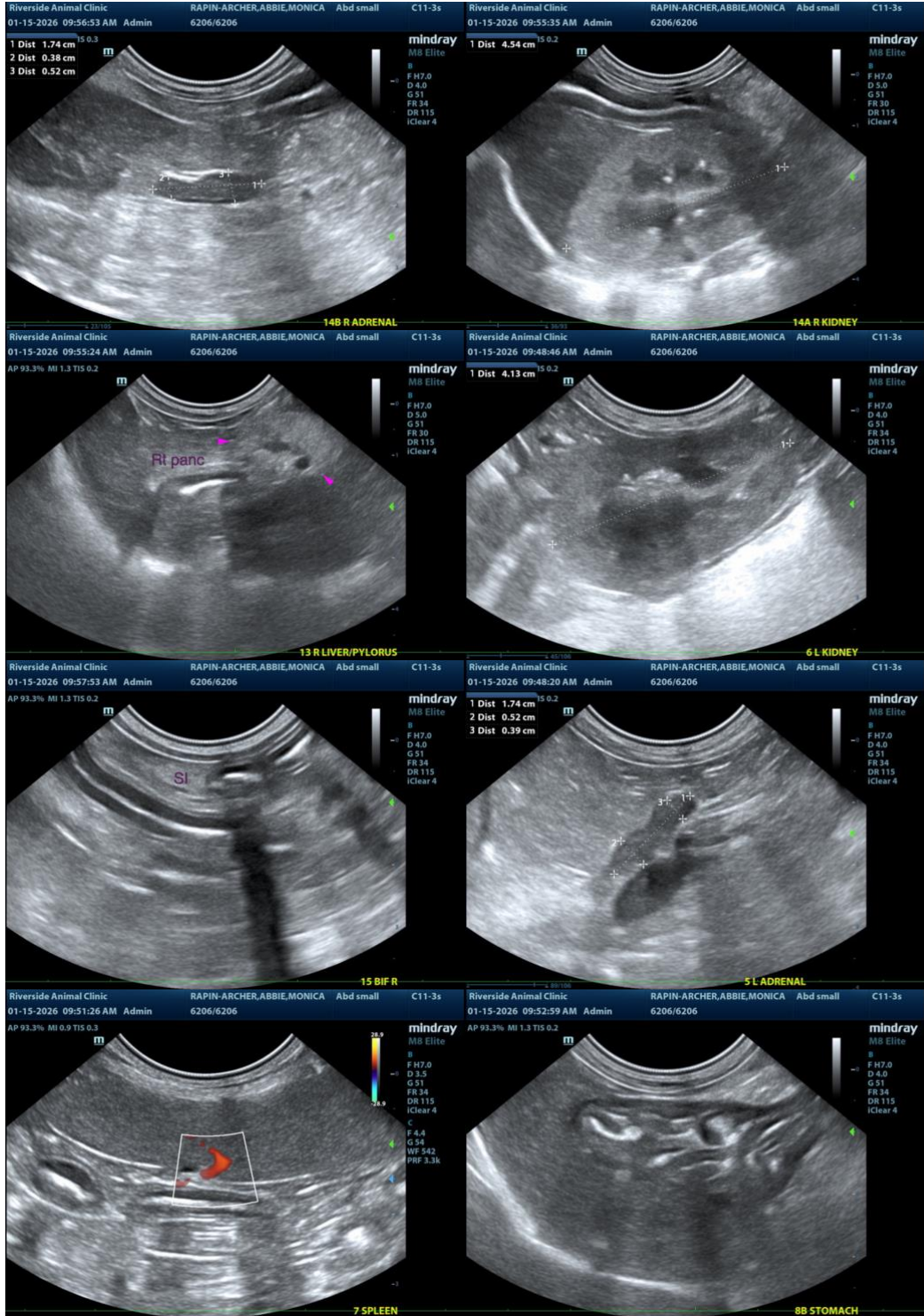
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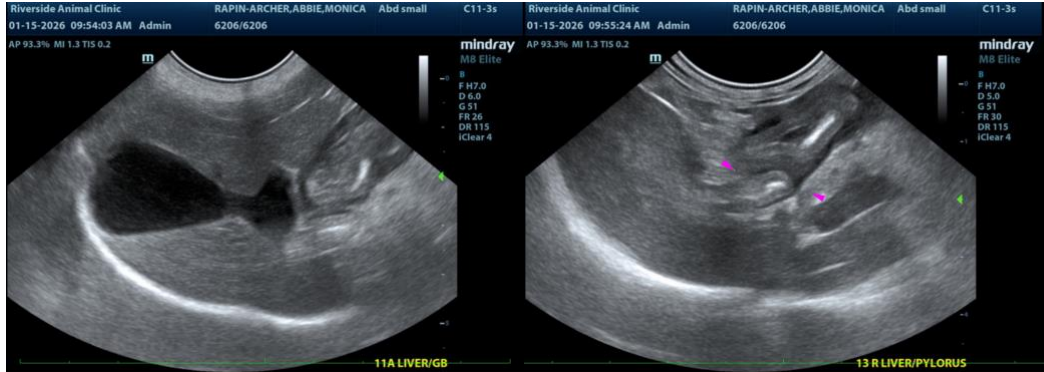
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com