

**PATIENT**

Waylon Pinner

**SPECIES**

Canine

**BREED**

Labrador Retr

**SEX**

Neutered Male

**AGE**

11/29/2018

**WEIGHT**

65 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

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

**HOSPITAL NAME**

Flowertown AH

**REFERRING VET**

Dr. Kline

**INVOICE**

12001

**DATE**

1.2.23

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: Decreased appetite and lethargy. Enlarged peripheral lymph nodes. Suspected lymphoma

Abnormal lab-work values: Neutrophilia

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and visible portion of the proximal urethra are normal.

The prostate is normal in size (1.36 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (7.13 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (7.74 cm in length) with a normal shape, architecture and 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 hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal size (0.57 cm at cranial pole) (0.55 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.

The right adrenal gland is normal size (1.19 cm at cranial pole) (0.77 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.

**Spleen**

The spleen is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is diffusely mottled with a "Swiss cheese" appearance. Splenic vasculature appears normal with no evidence of thrombosis.

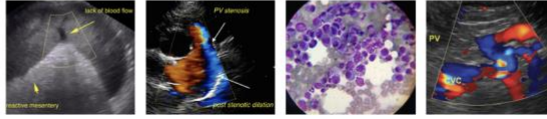
**Liver**

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 congestion. No pathological hepatic lymphadenopathy observed.

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/not seen.

**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



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pattern. The pyloric outflow tract is patent. 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.

**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**

There is no obvious evidence of free fluid. The lymph nodes throughout the abdomen are severely enlarged (up to 4.51 cm), rounded to irregular, and hyperechoic. Surrounding mesentery is slightly hyperechoic.

**Other**

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

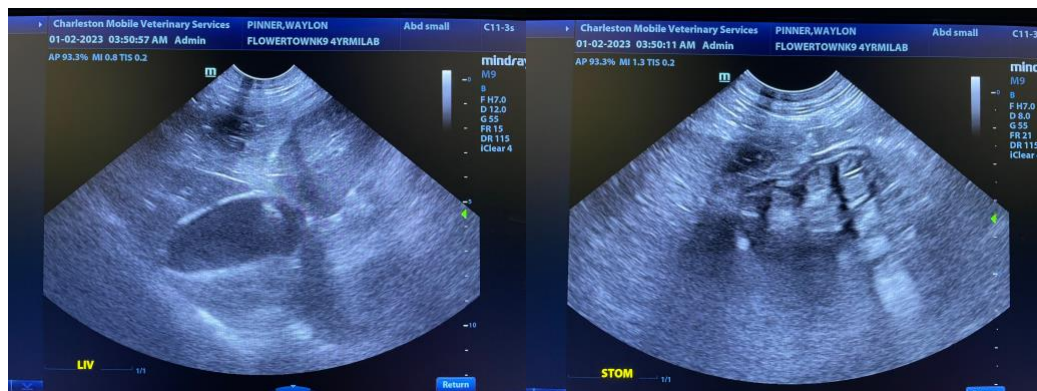
**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The severe abdominal lymphadenopathy and splenic parenchymal changes are more concerning for infiltrative neoplasia. Lymphoma is the top differential, with a lower possibility of a severe inflammatory process.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- If peripheral lymph node cytology supports a diagnosis of lymphoma, consider referral to a board-certified oncologist to discuss chemotherapy options. Otherwise consider empirical treatment with prednisone as a palliative measure.





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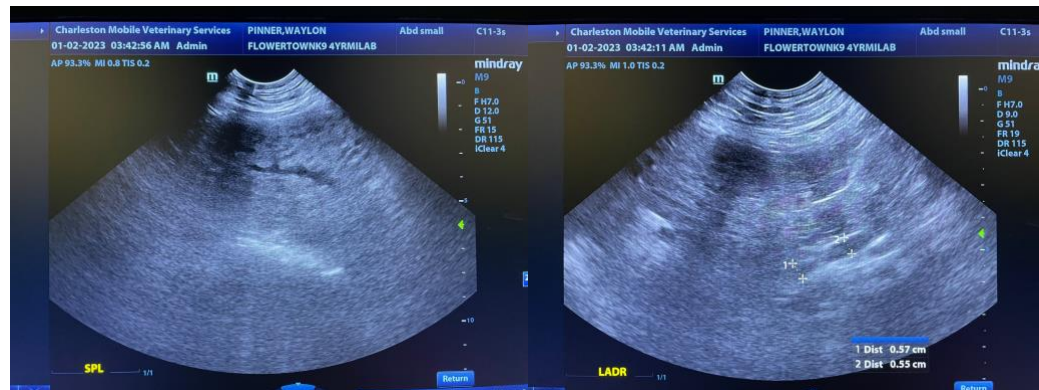
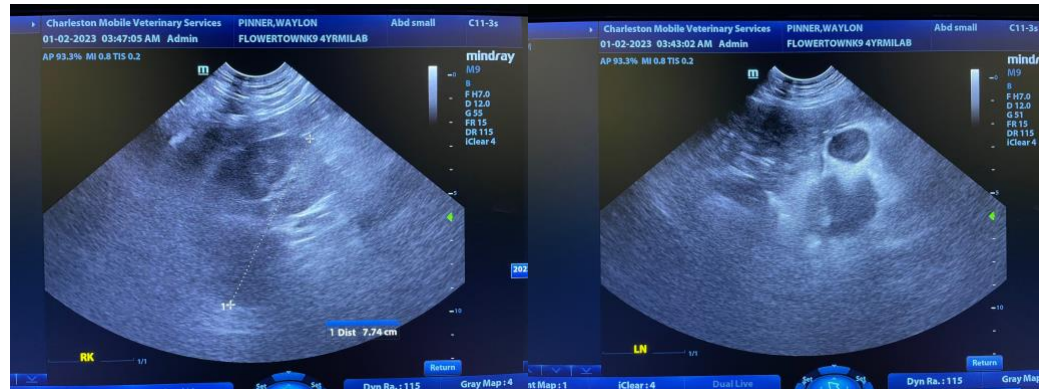
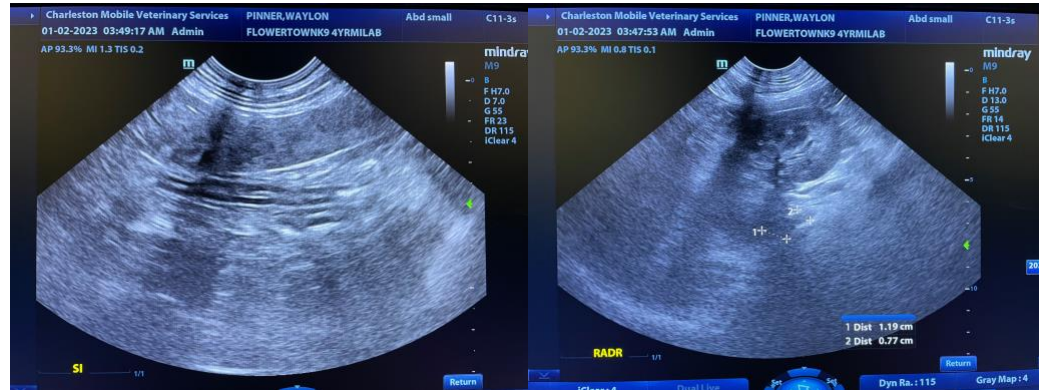
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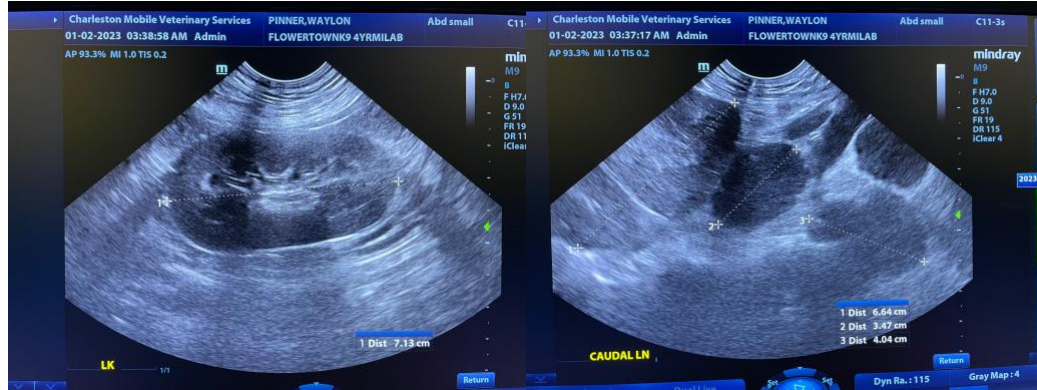
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
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