



PATIENT PRESENTING CLINICAL SIGNS

Chance Golonek History: lymphoma staging, chest rads-> WNL
 Abnormal PE/Chem/CBC/UA Results: Normal chem/CBC

SPECIES

Canine

BREED

Pitbull Terrier Mix

SEX

Neutered Male

AGE

15

WEIGHT

97.2 lbs

INTERPRETED BY

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Companion VH Wayne

REFERRING VET

Dr. Spitz

INVOICE

22434

DATE

1-22-26

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 4 cm, are normal.

The prostate is normal in size (1.21 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (7.75 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in 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 minimal-to-mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (1.00 cm at cranial pole) (0.97 cm at caudal pole) with slightly swollen peripheral contours. The parenchyma is subtly heterogenous, with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (1.08 cm at cranial pole) (0.90 cm at caudal pole) with slightly swollen peripheral contours. 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 prominent-in-size (2.4 cm in width at the level of the hilus) with smooth peripheral contours. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder 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 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.

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Lymph Nodes

Several enlarged, rounded, hypoechoic medial iliac lymph nodes are visualized (one measuring 4.2 x 3.2 cm). In addition, a 2.6 x 1.6 cm hypoechoic, slightly cystic lymph node is observed in the right cranial abdomen. A few enlarged, irregular, heterogenous, slightly cystic mesenteric lymph nodes are also seen (one measuring 4.9 x 4.4 cm). Surrounding mesentery is hyperechoic.

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Free Abdomen

There is no obvious evidence of free fluid.

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Other

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

15

ULTRASONOGRAPHIC FINDINGS

WEIGHT

Primary Findings

97.2 lbs

- The abdominal lymphadenopathy is concerning for neoplasia (i.e., lymphoma) with a lower possibility of lymphadenitis or lymphoid hyperplasia.

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- The splenic parenchymal changes are also concerning for emerging lymphoma. However, a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, cannot be excluded.

IMAGING PERFORMED BY

Secondary Findings

Rebecca Hamilton

- Minor age-related hepatic and renal changes
- Bilateral adrenomegaly

HOSPITAL NAME

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Companion VH Wayne

Given the diagnostic of lymphoma, consultation with a board-certified oncologist is recommended.

REFERRING VET

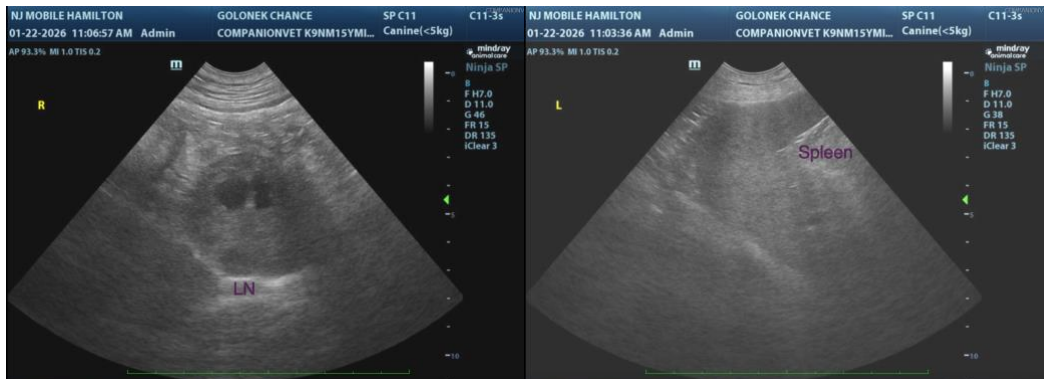
Dr. Spitz

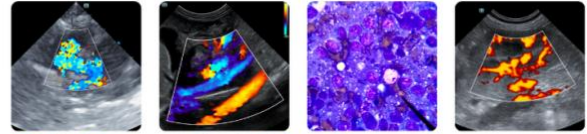
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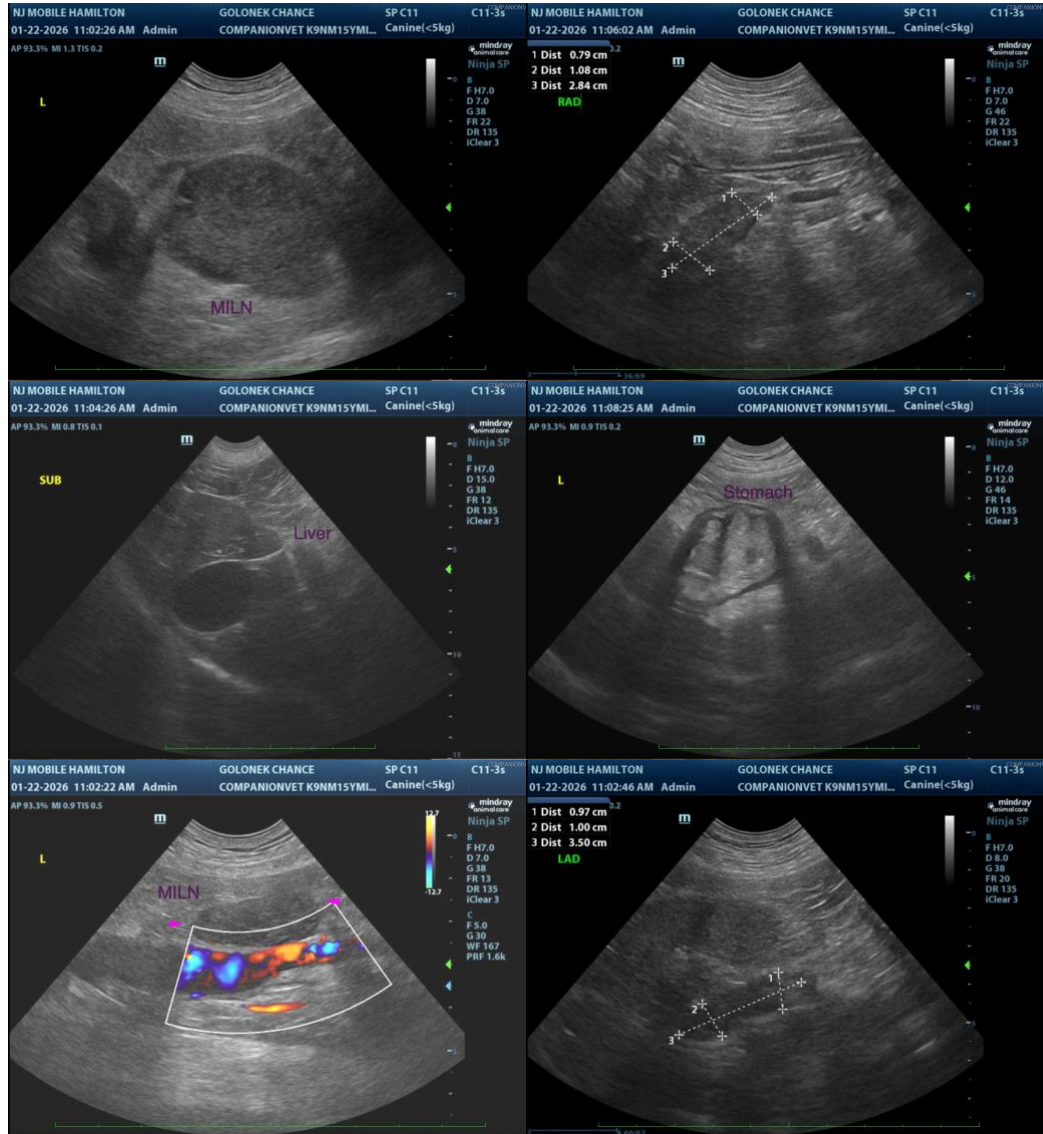
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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