



PATIENT PRESENTING CLINICAL SIGNS

Petra Bakke

SPECIES

Canine

BREED

Labrador Retr Mix

SEX

Female Spayed

AGE

9 years 7 mos

WEIGHT

54 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Cameron Johnson DVM

HOSPITAL NAME

Craig Road AH

REFERRING VET

Cathleen Whitcraft DVM

INVOICE

22433

DATE

1-22-26

- Petra is a 9yr 7mo old FS Lab mix presenting for a significant change in appetite. She used to have a great appetite - eating dry food and taking hard treats. Over the last few weeks, she has stopped eating her usual food. O started offering wet food. She will eat one brand for a day or two, then stop. He's changed her diet about 4 times, and the same thing keeps happening. Now, she's stopped eating her Greenie treats. O questions if she has dental issues. She is still drinking water normally. O has not appreciated any vomit or diarrhea, but her last bowel movement had a different appearance with slime covering it. She is not coughing or sneezing. Not on any medications. O has noticed a significant weight loss in the last few weeks.

Abnormal lab-work values: ALP 200. ALT 270. Tbili 0.4. Mildly elevated SDMA. Slightly elevated nucleated red blood cells. Questionable thrombocytopenia. USG 1.033. 1+ proteinuria. Hematuria (sample collected via cystocentesis).

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 is normal.

The left kidney is normal in size (6.05 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 corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is subjectively normal-in-size with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal-to-mild corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is prominent-in-size (2.23 cm in width at the level of the hilus) with a slightly undulating medial contour. The parenchyma is subtly mottled in appearance. Several, varying-sized hypoechoic nodules are observed throughout the organ (one measuring 1.18 cm in its longest dimension). Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent-in-size, with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen, and subtly mottled in appearance. There is a subtle increase in portal markings. Hepatic vasculature is of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small-to-moderate amount of mostly gravity-dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The lumen is not distended. 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



PATIENT

and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Petra Bakke

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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

At least two prominent lymph nodes are observed at the aortic trifurcation (one measuring 1.46 x 0.91 cm). A few prominent jejunal lymph nodes are also seen (one measuring 2.77 x 0.71 cm).

Labrador Retr Mix

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Free Abdomen

The mesentery in the cranial abdomen is hyperechoic. Trace free fluid is observed.

Female Spayed

ULTRASONOGRAPHIC FINDINGS

AGE

Primary Findings

9 years 7 mos

- The splenic changes are concerning for infiltrative neoplasia (i.e., round cell tumor) with a lower possibility of a benign process (i.e., lymphoid hyperplasia or similar).

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- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.

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- Gallbladder changes, non-mucocele
- Cranial peritonitis
- The prominent abdominal lymph nodes could be consistent with lymphoid hyperplasia, lymphadenitis, or emerging neoplasia.

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Secondary Findings

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- Mild bilateral nonspecific age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Cathleen Whitcraft DVM

- Regarding the thrombocytopenia, consider a blood smear to further evaluate the platelet count.
- If the patient's clotting status can be stabilized, fine-needle aspiration of the spleen, with particularly attention to the nodules, should be considered.

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- Three-view thoracic radiographs are also recommended to assess for occult pathology in the chest

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- Depending on the results of the above diagnostics, further work-up may be indicated.



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REFERRING VET

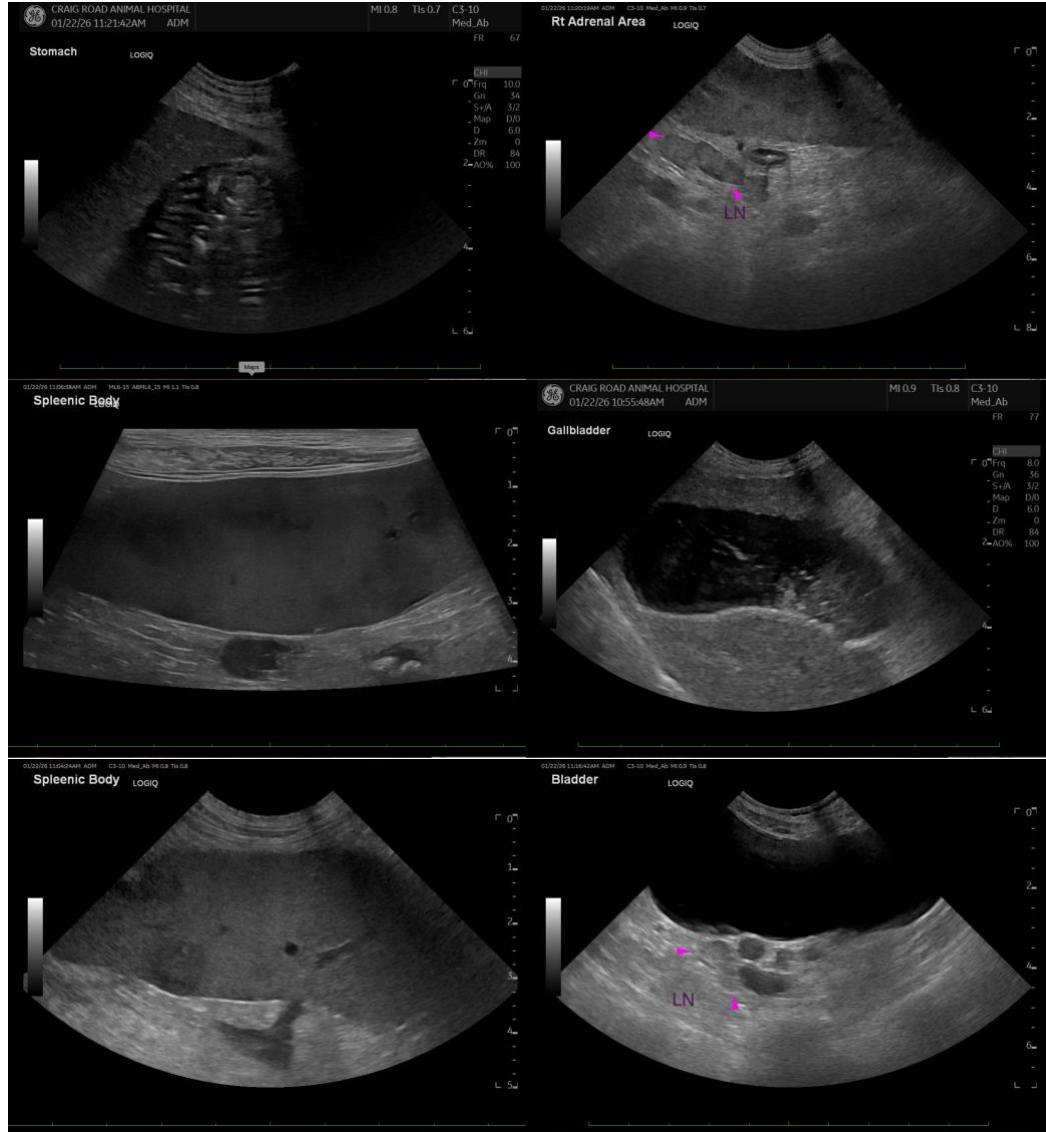
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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