



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Gracie Miller  
**SPECIES** Canine  
**BREED** Labrador  
**SEX** Female, spayed  
**AGE** 13 Years  
**WEIGHT** 67 Pounds

History: Presented 1/02/2023 for vestibular incident. Was already improving when I saw her 2 days after it started, mild head tilt, mild positional nystagmus, mild PL ataxia. Hadn't been eating or getting her thyroid pill for 2 days. Started on meclizine 25mg PO SID and steadily recovered. O restarted thyroxine next day 0.6mg BID. Recheck 1/16 residual very slight head tilt but had lost 4 pounds and O report appetite has not returned to normal, eating a little every day but not normal for Gracie. Physical exam findings: BARH, stiff in PL's, non-painful but full abd, no masses palpated, not tender  
Abnormal PE/Chem/CBC/UA Results: ALT 521, alkphos 1306- all else WNL-

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (7.13 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.

The right kidney is normal size (7.53 cm in length); normal shape and architecture with 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 hydroureter.

**Adrenal Glands**

The left adrenal gland is normal size (0.59 cm at cranial pole) (0.62 cm at caudal pole); 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.

The right adrenal gland is normal size (0.97 cm at cranial pole) (0.82 cm at caudal pole) (3.78 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.

**Spleen**

The spleen is mildly enlarged (2.86 cm in width at the level of the hilus) with slightly swollen peripheral contour. The parenchyma is subjectively hypoechoic and heterogeneous in appearance with several ill-defined hyperechoic nodules/areas. A thrombus is seen in the region of the hilus.

**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. A moderate to large amount of aggregated, echogenic, mostly gravity-dependent sludge is observed within the lumen. The cystic and common bile ducts are mildly dilated. There is no obvious evidence of an intraluminal obstruction.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

Grass Valley VH

**REFERRING VET**

Dr. Cortright

**INVOICE**

14511

**DATE**

1/24/23



**PATIENT** *Gastrointestinal*

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

**SPECIES**

Canine *Pancreas*

**BREED**

Labrador The left limb of the pancreas is normal in size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic 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**

*Free Abdomen*

Female, spayed There is no obvious evidence of free fluid. 1-2 prominent lymph nodes are observed near the aortic trifurcation, the largest measuring 2.83 cm in length. The nodes are slightly heterogeneous in appearance. A few prominent mesenteric lymph nodes are also seen, the largest measuring 2.58 cm in length. Surrounding mesentery is slightly hyperechoic. A 1.31 cm cranial abdominal lymph node is also observed.

**AGE**

13 Years

**WEIGHT**

67 Pounds

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- The diffuse splenic parenchymal changes are concerning for infiltrative neoplasia (i.e., round cell tumor). However, a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation) cannot be completely excluded. A splenic thrombus is also noted near the hilus.

**Secondary Findings:**

- Gallbladder sludge, non-mucocele.
- Age-related pancreatic remodeling.
- The prominent abdominal lymph nodes could be consistent with reactive change or infiltrative neoplasia.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

Grass Valley VH

**REFERRING VET**

Dr. Cortright

**INVOICE**

14511

**DATE**

1/24/23

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Thoracic radiographs are recommended to assess for occult disease in the chest.
- Consider fine needle aspirates of the spleen and liver if clotting status is appropriate. 25-gauge needles should be used.
- Given the elevated liver enzymes, also consider pre and post prandial serum bile acids and Leptospirosis testing (i.e., blood and urine PCR, serology). Depending on the results of the above diagnostics, liver biopsies (i.e., laparoscopic or surgical) may be warranted. If pursued, aerobic and anaerobic bile cultures should be obtained and hepatic copper quantitation performed.



**PATIENT**

Gracie Miller

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

Female, spayed

**AGE**

13 Years

**WEIGHT**

67 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

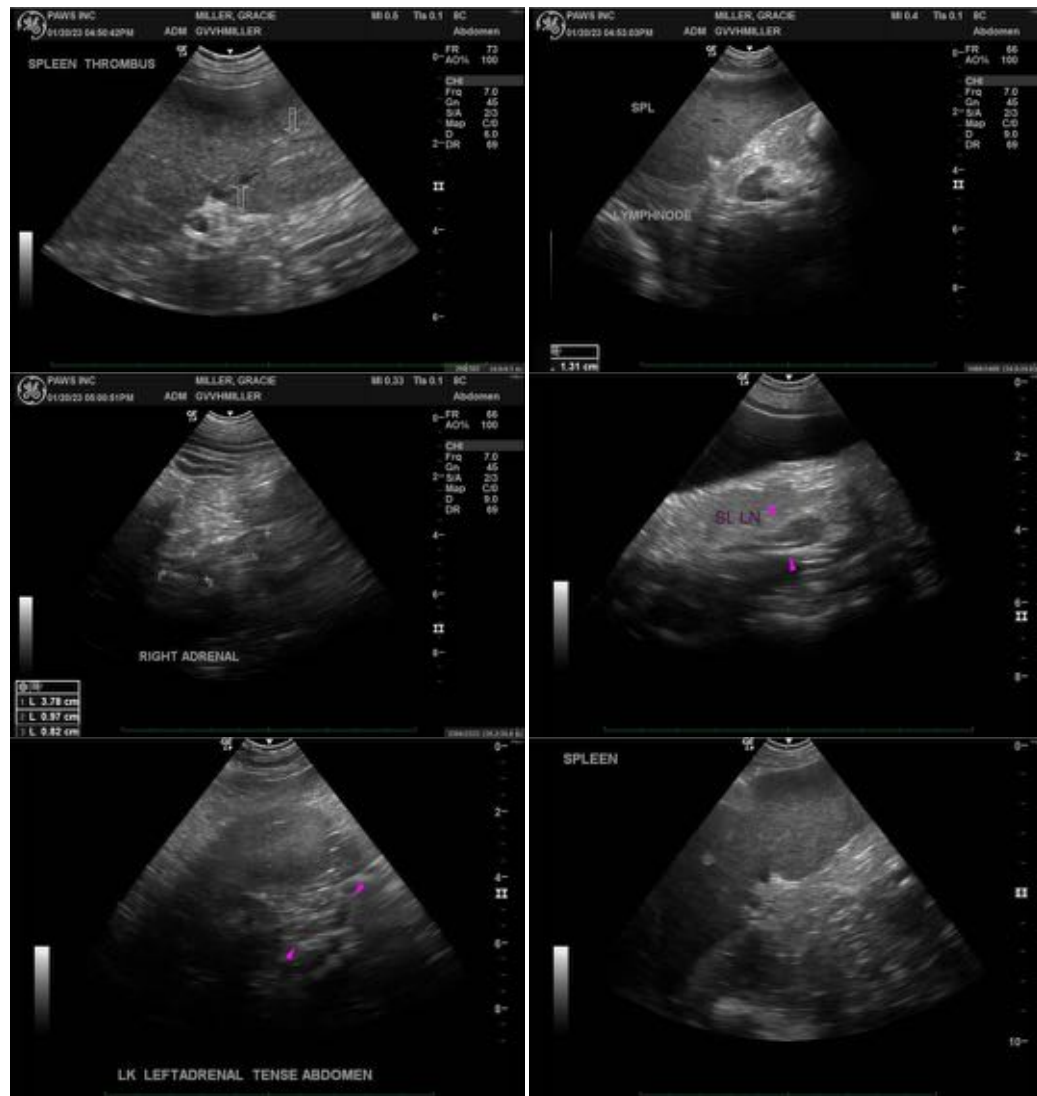
Grass Valley VH

**REFERRING VET**

Dr. Cortright

- Given the presence of a splenic thrombus, an evaluation for hypercoagulability is recommended. Therefore, consider the following:

- UPC (if proteinuria is present)
- Baseline blood pressure measurement
- Echocardiogram

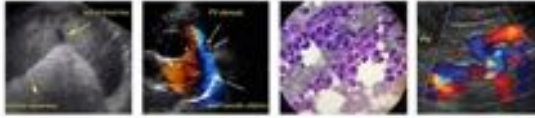


**INVOICE**

14511

**DATE**

1/24/23



**PATIENT**

Gracie Miller

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

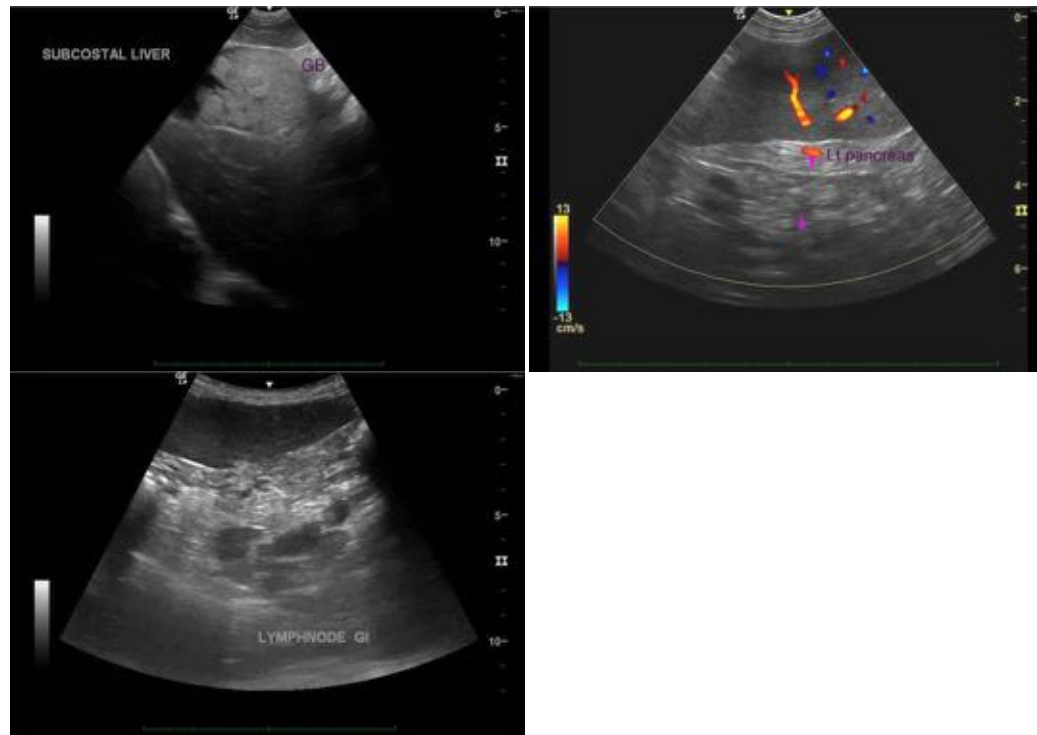
Female, spayed

**AGE**

13 Years

**WEIGHT**

67 Pounds



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

Grass Valley VH

**REFERRING VET**

Dr. Cortright

**INVOICE**

14511

**DATE**

1/24/23

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](mailto:info@SonoPath.com)