

**PATIENT PRESENTING CLINICAL SIGNS**

Luna Marin  
**SPECIES** History:  
 Lethargic.  
 Severe abdominal pain.  
 Anorexia  
 Canine X-ray showing splenomegaly  
 Abnormal PE/Chem/CBC/UA Results: BW normal.

**BREED**

Yorkshire Terrier

**SEX**

Female

**AGE**

6

**WEIGHT**

9.5 lbs

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A few, small, cystic calculi are observed within the lumen. The remaining luminal contents are anechoic. The region of the trigone is normal.

The left kidney is normal in size (3.83 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 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 loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**INTERPRETED BY**

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

**Adrenal Glands**

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

**Spleen**

The spleen is enlarged (1.81 cm in width at the level of the hilus) with swollen peripheral contours. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

**IMAGING PERFORMED BY**

Byron Cabrera

**Liver**

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

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 Denville

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.

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**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 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**

At least two, prominent, rounded, hypoechoic medial iliac lymph nodes are visualized (one measuring 1.5 x



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1.0 cm). In addition, a 1.4 x 0.7 cm lymph node is observed in the left- mid-abdomen. At least two rounded, hypoechoic lymph nodes are observed in the left- cranial abdomen (one measuring 2.0 x 1.4 cm). Two enlarged, hypoechoic periportal lymph nodes are also seen (one measuring 2.6 x 1.8 cm). A few prominent mesenteric lymph nodes are also seen (one measuring 1.6 x 0.8 cm).

**Free Abdomen**

There is questionable trace ascites.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

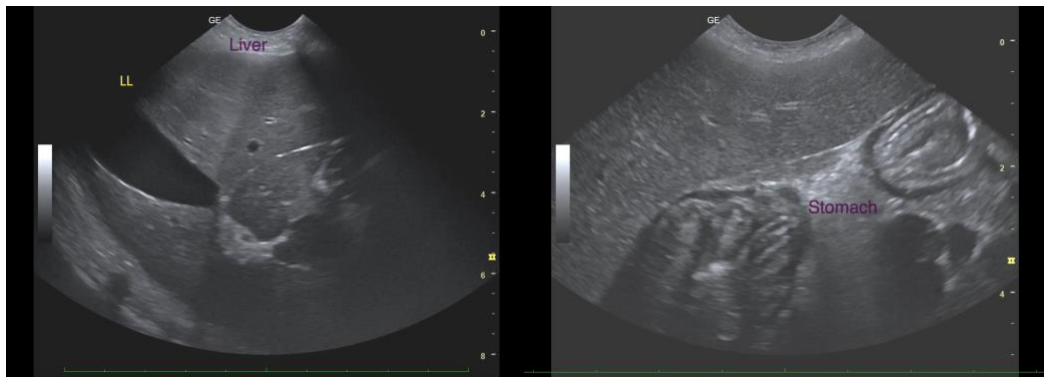
- The abdominal lymphadenopathy is most concerning for infiltrative neoplasia (i.e., lymphoma) with a lower possibility of lymphadenitis or lymphoid hyperplasia.
- The splenic changes could be consistent with infiltrative neoplasia (i.e., lymphoma) or a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, or similar).

**Secondary Findings**

- 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.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Consider fine-needle aspirates of the spleen and enlarged abdominal lymph nodes (if accessible and if clotting status is appropriate). Twenty-five gauge-needles should be used.
- Three-view thoracic radiographs are also recommended to assess cardiopulmonary status.
- Depending on the results of the above diagnostics, consultation with a board-certified oncologist may be indicated.





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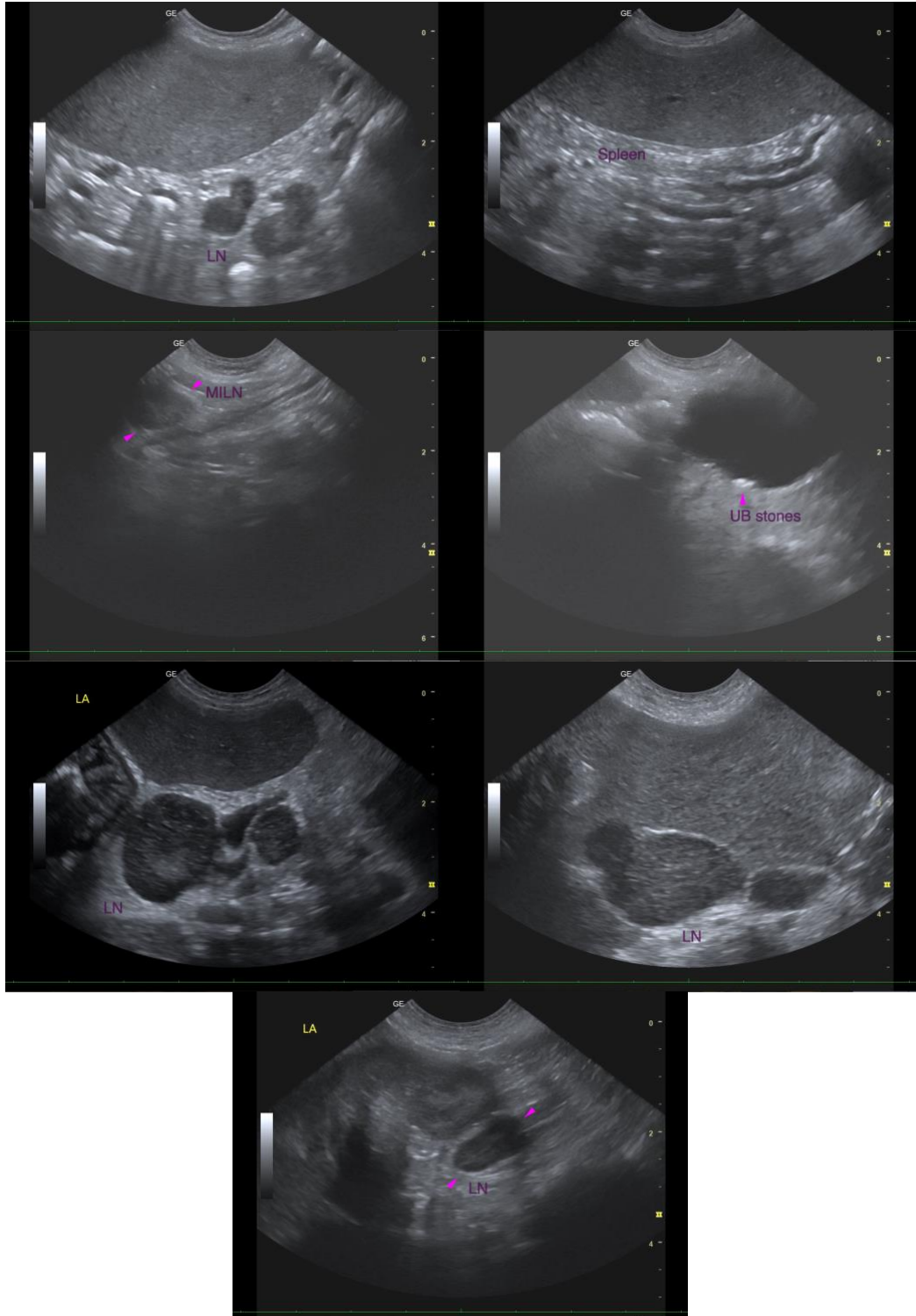
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in



**PATIENT** the image/video clips provided.

Luna Marin

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.

**SPECIES**

Canine

**Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
[info@SonoPath.com](mailto:info@SonoPath.com)

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