



PATIENT

Roxy Clark

PRESENTING CLINICAL SIGNS

History: hyporexia and abdominal pain.

SPECIES

Canine

Bloodwork shows severe leukocytosis and thrombocytopenia. Elevated liver values. ALT 513. ALP 265.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

German Shepherd

Urinary System

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

SEX

Spayed Female

The left kidney is normal in size (6.53 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.

AGE

11 years

The right kidney is normal in size (8.24 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.

WEIGHT

NP

Adrenal Glands

The left adrenal gland is normal in size (0.53 cm at cranial pole) (0.87 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.

INTERPRETED BY

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

The right adrenal gland is in normal size (1.34 cm at cranial pole) (0.56 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.

IMAGING PERFORMED BY

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

Spleen

The spleen is subjectively enlarged (2.36 cm in width at the level of the hilus) with slightly swollen, undulating peripheral contours with rounding at the poles. The parenchyma is subtly mottled in appearance. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

HOSPITAL NAME

Flowertown AH

Liver

The liver is subjectively enlarged with slight rounding of the peripheral margins. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

REFERRING VET

Dr. Hawk

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

INVOICE

12117

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 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.

DATE

1.30.23

Pancreas

The right 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.

Free Abdomen

There is no obvious evidence of free fluid. Several enlarged, slightly rounded, echogenic to hypoechoic lymph nodes are observed throughout the abdomen (the largest measuring approximately 4.00 cm in diameter).

Other

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

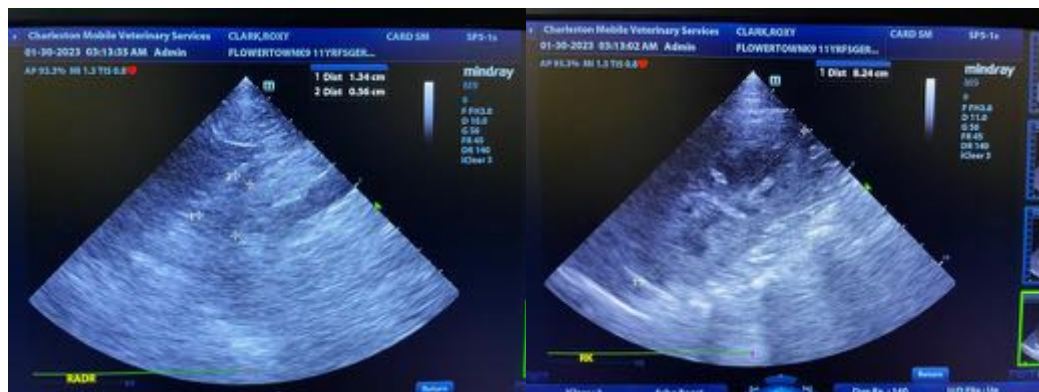
- The hepatosplenomegaly and abdominal lymphadenopathy, in conjunction with the patient's clinical history, are concerning for infiltrative neoplasia (i.e., lymphoma). However, diffuse inflammatory disease cannot be completely excluded.

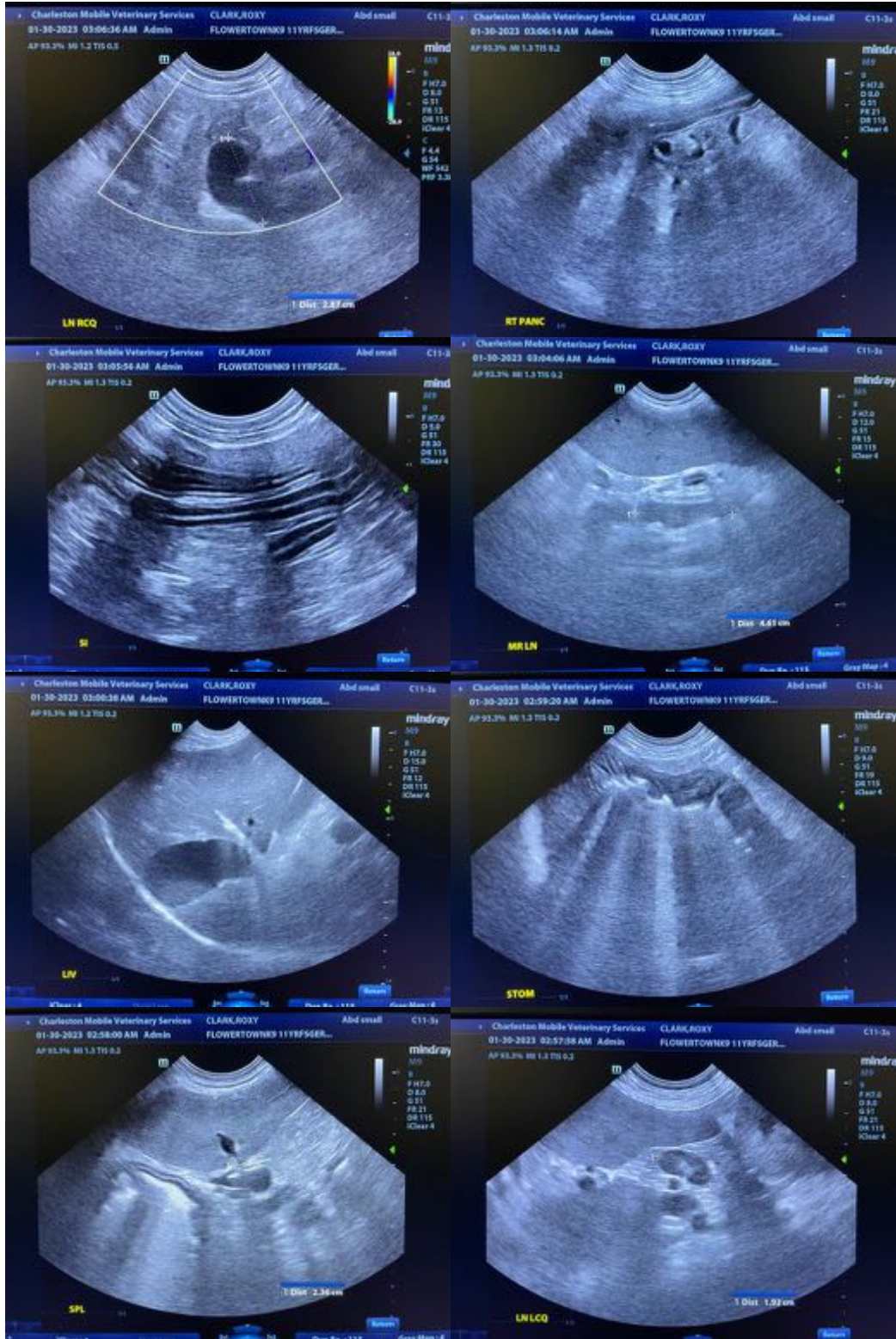
Secondary Findings

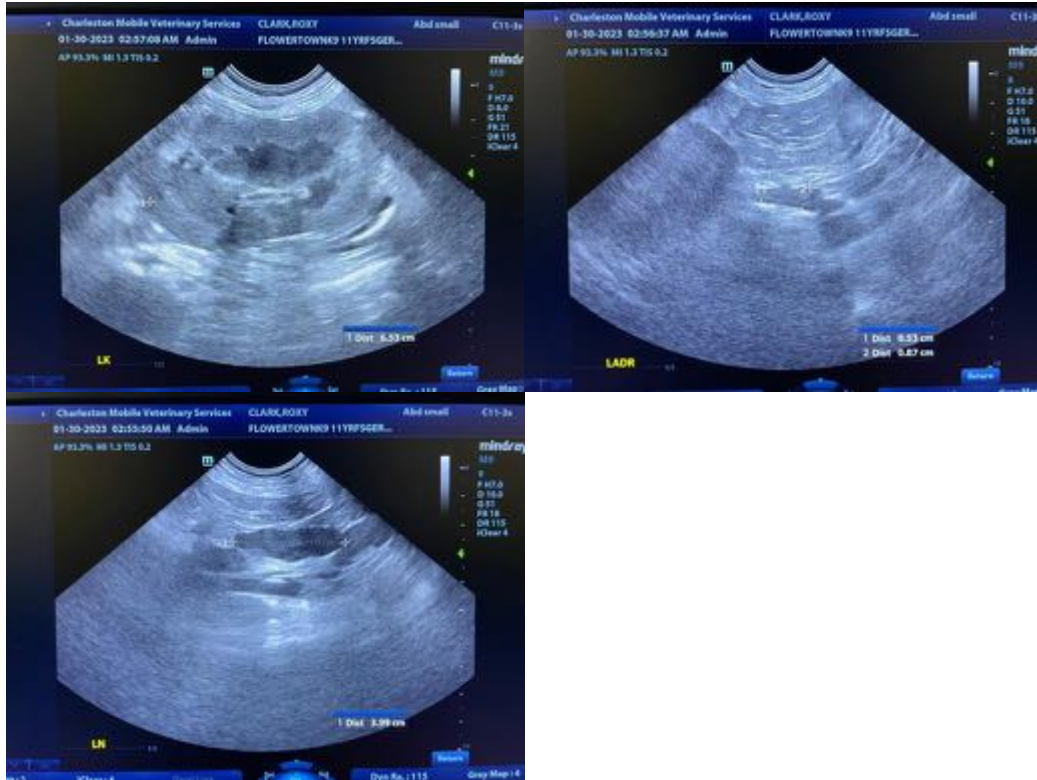
- Minor bilateral age-related renal changes
- Age-related pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider referral to a board-certified oncologist for further diagnostic/treatment recommendations. If further diagnostics are not to be pursued, consider empirical treatment with corticosteroids (as long as the client understands the risks of treatment without a definitive diagnosis).







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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