



PATIENT

PRESENTING CLINICAL SIGNS

Daisy Platt

History: Seen @ rDVM for 5 days of not eating; sent home on baytril, metacam and clindamycin. P got better for 3 days but then stopped eating and hasn't eaten for past 7 days (ate some ice cream a few days ago). O reports decreased eating for over 3 weeks prior to. P presents QAR, jaundiced, weight loss, Abnormal PE/Chem/CBC/UA Results: See attached lab work - CBC = MCV 60.8, WBC 3.76, Neu 0.25, Mono 2.32, Eos 0.01. CHEM = Creat 0.4, Sod 141, Chlor 103, TP 5.1, ALT 458, ALP 1960, GGT 27, Tbili 6.3, Amyl 453. PT = >100, PTT = >300. See attached radiographs - increased liver size, loss of detail, abnormal vertebral bodies.

SPECIES

Canine

BREED

French Bulldog

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Female, spayed

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

AGE

10 yrs.

The left kidney is normal size (5.19 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

20 lbs.

The right kidney is normal size (5.15 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Adrenal Glands

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

The left adrenal gland is mildly enlarged (0.67 cm at cranial pole) (0.67 cm at caudal pole) (2.61 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.

IMAGING PERFORMED BY

Amanda Crook

The right adrenal gland is normal size (0.94 cm at cranial pole) (0.56 cm at caudal pole) (1.35 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.

HOSPITAL NAME

Rivers Edge Pet
Medical Center

Spleen

The spleen is subjectively enlarged (2.00 cm in width at the level of the hilus) with rounding at the poles and slightly undulating medial and lateral contours. The parenchyma is diffusely mottled bordering on a "moth-eaten" appearance. Splenic vasculature appears normal with no evidence of thrombosis.

REFERRING VET

Dr. David Gray

Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogeneous in appearance. No focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is mildly thickened (up to 0.19 cm with a "double-walled" effect). A scant amount of echogenic debris is adhered to the mucosal surface. The cystic duct is normal. The common bile duct is borderline dilated (0.41 cm in diameter at its entry point into the duodenal papilla. There is no evidence of intraluminal obstruction. The duodenal papilla is normal (0.52 cm in width).

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Gastrointestinal

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The gastric lumen is mildly distended with echogenic fluid and is hypomotile. The gastric wall in the region of the fundus is mildly thickened (up to 0.63 cm) with retention of the 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. No obstructive disease is noted.

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Pancreas

BREED

French Bulldog

The left and right limbs of the pancreas is visible 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

Female, spayed

Free Abdomen

AGE

10 yrs.

Trace free fluid is present. Several enlarged, irregular, hypoechoic lymph nodes are observed in the right cranial quadrant and caudal abdomen, the largest measuring approximately 2.69 cm in length. Surrounding mesentery is hyperechoic.

Other

WEIGHT

20 lbs.

A few prominent to enlarged hypoechoic cranial mediastinal lymph nodes are present.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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

Primary Findings:

- The abdominal and cranial mediastinal lymphadenopathy is concerning for infiltrative neoplasia (i.e., lymphoma) with a lower possibility of lymphadenitis (i.e., pyogranulomatous).
- The splenic parenchymal changes are also concerning for infiltrative neoplasia.
- The hepatic changes are non-specific and could be associated with infiltrative neoplasia (i.e., lymphoma), inflammatory/immune mediated disease, hepatotoxicosis or other hepatopathy.
- The gallbladder wall changes could be consistent with cholecystitis, decreased oncotic pressure, anaphylaxis (less likely), other.
- The gastric wall changes are most consistent with gastritis with focal ileus.
- Peritonitis is present, likely secondary to lymph node and splenic pathology.

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Secondary Findings:

- Mild left adrenomegaly.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status.

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- Fine needle aspirates of the spleen and enlarged abdominal lymph nodes are recommended if clotting status can be stabilized (i.e., with plasma).
- In the meantime, supportive care with fluid therapy, broad spectrum antibiotics and symptomatic treatment is recommended.

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SEX

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WEIGHT

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(Small Animal Internal
Medicine)

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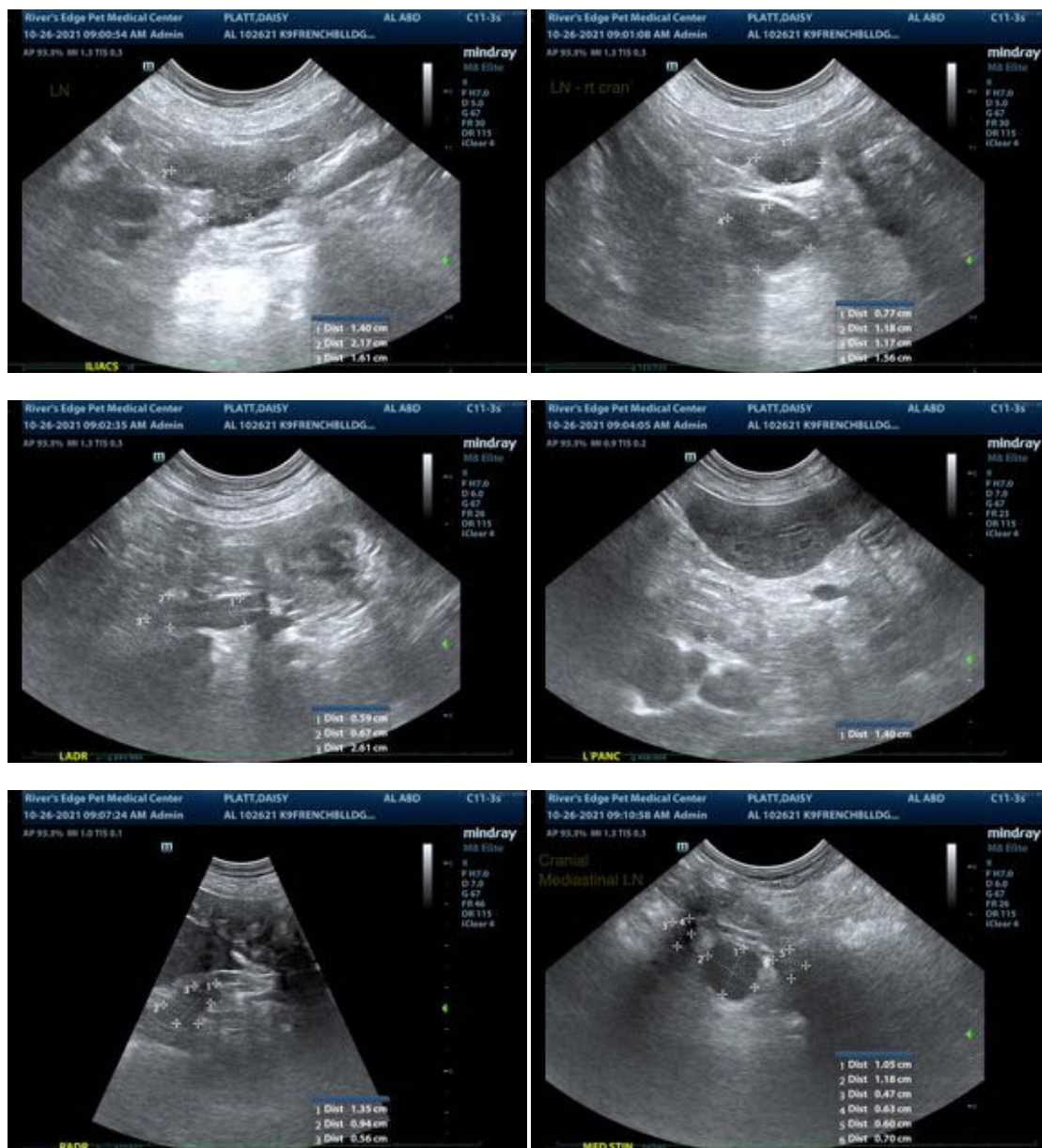
Dr. David Gray

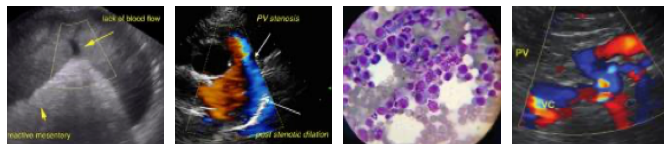
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

BREED

French Bulldog

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

Andrea.nicastro@sonopath.com

SEX

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