



PATIENT

Chase Sheehan

SPECIES

Canine

BREED

Golden Doodle

SEX

Neutered Male

AGE

8 Years

WEIGHT

75 Pounds

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

**IMAGING
PERFORMED BY**

Adrienne Waffle

HOSPITAL NAME

Torch Lake VC

REFERRING VET

Adrienne Waffle

INVOICE

14049

DATE

10/29/21

PRESENTING CLINICAL SIGNS

History: Referred by emergency clinic for ultrasound. Decreased energy and appetite. Weight loss. Hepatomegaly.

Abnormal PE/Chem/CBC/UA Results: Thrombocytopenia ALT 147 ALKP 1643 GGT 39 TBIL 1.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is mostly anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (1.66 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (6.01 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 hydronephrosis. Renal vasculature is normal.

The right kidney presented normal size (7.00 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.59 cm at cranial pole) (0.53 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 caudal pole of the right adrenal gland is visualized and is normal in size (0.66 cm in width) with a normal shape, glandular echogenicity and detail. The surrounding vasculature appears normal.

Spleen

The spleen is subjectively enlarged with swollen to irregular peripheral margins. The parenchyma is diffusely mottled, bordering on a "moth eaten" appearance. A few ill-defined hypoechoic nodules are also seen. At the level of the hilus, 1-2 small myelolipomas are present. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. Hepatic vascular and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is contracted. The wall is thickened (up to 0.40 cm). A small amount of echogenic to mineralized debris is observed within the lumen. The cystic and common bile ducts are normal/not



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Gastrointestinal

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 small intestinal lumen is not dilated. The small intestinal wall thickness is normal (xxx cm) with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas

The right limb 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.

Free Abdomen

The mesentery throughout the abdomen is mildly hyperechoic. Trace free fluid is observed. A few prominent hypoechoic lymph nodes are observed in the cranial abdomen, the largest measuring 1.00 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatosplenomegaly, neoplasia (i.e., round cell tumor such as lymphoma) is considered likely with a lower possibility of benign pathology.
- The prominent abdominal lymph nodes may be secondary to infiltrative neoplasia, reactive lymphadenitis or lymphoid hyperplasia.
- The diffuse peritonitis is likely secondary to hepatic and splenic pathology/increased vascular permeability.

Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The gallbladder wall changes may be artifactual due to lack of luminal distention. Alternatively, cholecystitis may be present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If the platelet count is above 50,000 and if the PT and PTT are normal, consider fine needle aspirates of the liver and spleen. 25-gauge needles should be used.
- Three-view thoracic radiographs are also recommended to assess cardiopulmonary status.
- Consider Leptospirosis testing (i.e., blood and urine PCR, serology) if above test results are inconclusive.



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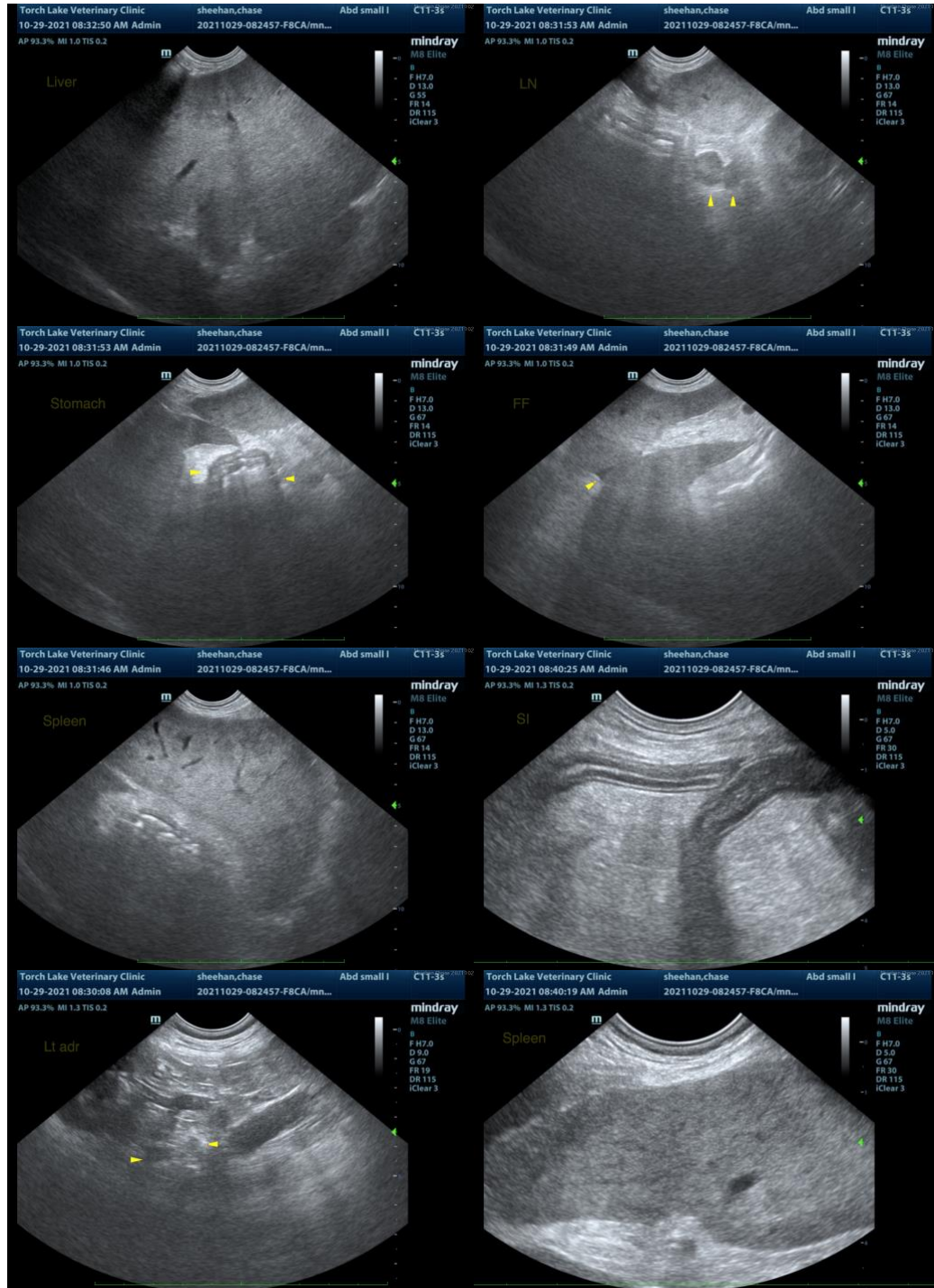
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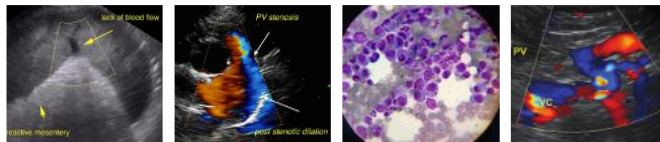
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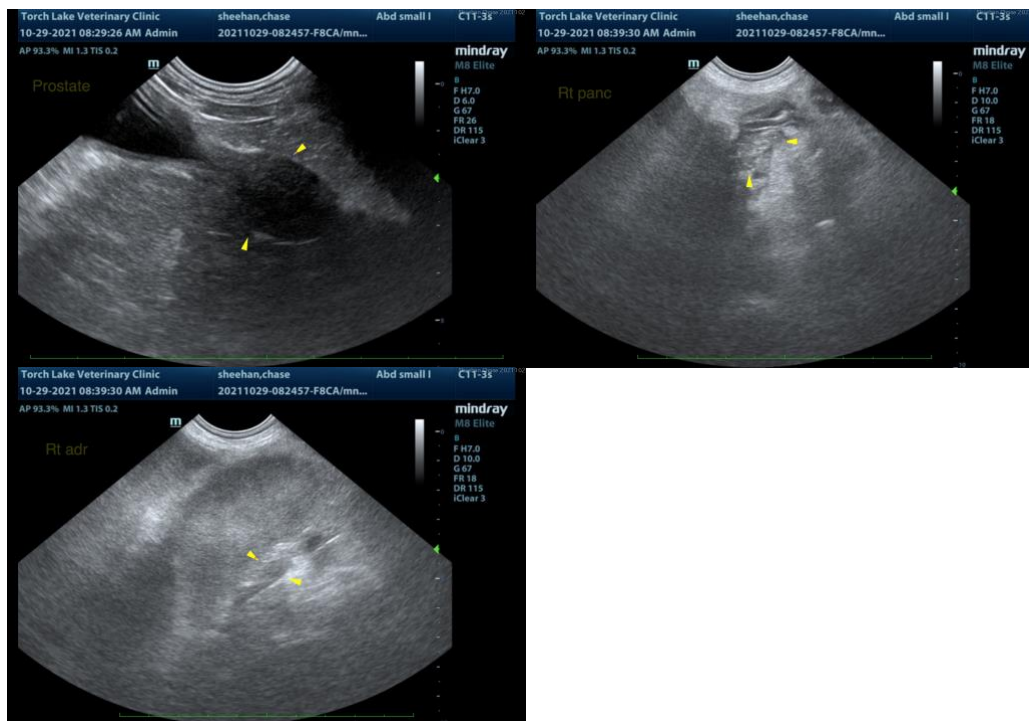
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com