



PATIENT

Maggie Young

SPECIES

Canine

BREED

Boxer

SEX

Female, spayed

AGE

3 Yrs.

WEIGHT

59 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Alicia Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Alicia Griffin

INVOICE

13309

DATE

11/4/25

PRESENTING CLINICAL SIGNS

History: Patient was diagnosed with pancreatitis but is now vomiting and not wanting to eat. Abdominal lymph nodes are abnormal, concern for lymphoma vs reactive lymph node

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (6.28 cm in length) with a normal shape, architecture and 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.

The right kidney is normal in size (6.28 cm in length) with a normal shape, architecture and 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.

Adrenal Glands

No images provided.

Spleen

The spleen is subjectively prominent in size (2.16 cm in width at the level of the hilus) with smooth peripheral contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

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.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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.

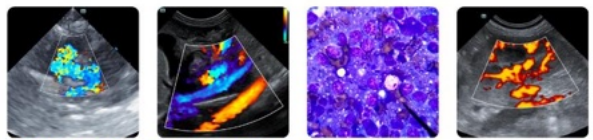
Pancreas

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.

Lymph nodes

A cluster of enlarged irregular hypoechoic mesenteric lymph nodes are visualized, one of the nodes measuring 3.40 x 0.96 cm. Surrounding mesentery is hyperechoic.

Free Abdomen



PATIENT

Maggie Young

SPECIES

Canine

BREED

Boxer

SEX

Female, spayed

AGE

3 Yrs.

WEIGHT

59 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Alicia Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Alicia Griffin

INVOICE

13309

DATE

11/4/25

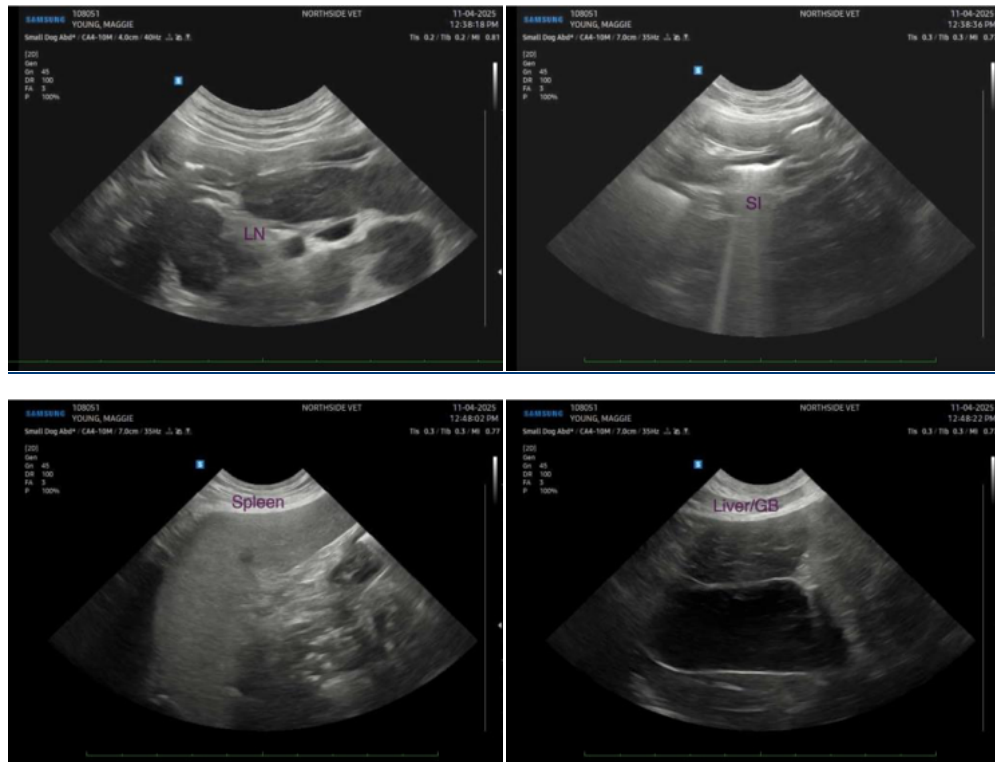
There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

- The mesenteric lymphadenopathy could be consistent with infiltrative neoplasia (i.e., round cell tumor such as lymphoma), lymphadenitis or lymphoid hyperplasia. Mild adjacent peritonitis is present.
- The splenic parenchymal changes are non-specific and could be secondary to infiltrative neoplasia (i.e., round cell tumor), lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for lymphadenopathy and/or other pathology in the chest.
- Consider fine needle aspirates of the mesenteric lymph nodes +/- spleen assuming normal clotting status. 25-gauge needles should be used. Depending on cytology results, consultation with a board-certified oncologist may be indicated.





PATIENT

Maggie Young

SPECIES

Canine

BREED

Boxer

SEX

Female, spayed

AGE

3 Yrs.

WEIGHT

59 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Alicia Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

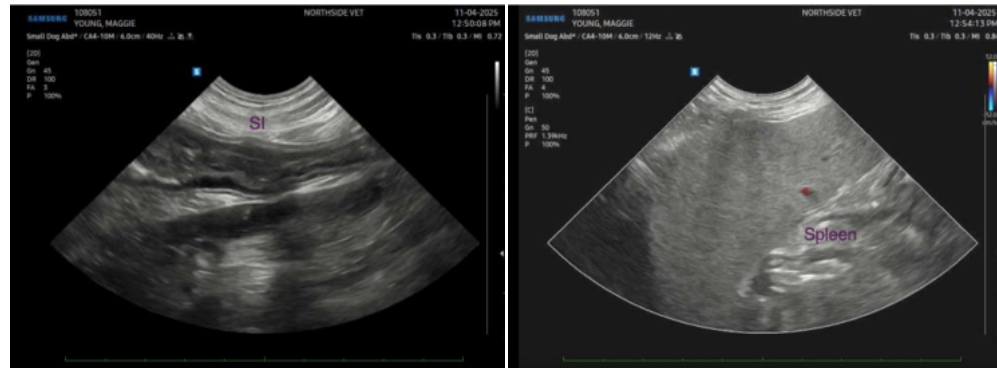
Dr. Alicia Griffin

INVOICE

13309

DATE

11/4/25



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