



**PATIENT**

Ivy McCarthy

**SPECIES**

Canine

**BREED**

French Bulldog

**SEX**

Female Spayed

**AGE**

12/08/2014

**WEIGHT**

25.2 lb

**INTERPRETED BY**

Andrea Nicastrò DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**IMAGING  
PERFORMED BY**

Andrea Nicastrò DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**HOSPITAL NAME**

Sun Dog Cat Moon

**REFERRING VET**

Dr Pruitt

**INVOICE**

22274

**DATE**

12-15-25

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: Diagnosed with lumbar/sacral myelopathy on 12/11 (L4-S1) - acute paraparesis pelvic limbs. Presumed lymphoma on 12/11 at CVRC - pending flow cytometry and cytology LN review pyrexia, anorexia, intermittent dyspnea per o 12/15 at SDCM

Abnormal lab-work values: BW wnl 12/12.

P has not defecated since 12/10/25. No signs of constipation on radiographs, though concern of renomegaly (compensatory?) L kidney. Concern for cranial mediastinal lymphadenopathy on radiographs thx and moderate bronchointerstitial pattern 12/15

Current Medications: Prednisone, Gabapentin

Radiographic Findings: See above

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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

The left kidney is normal in size (5.40 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.

The right kidney is normal in size (5.20 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.

**Adrenal Glands**

The left adrenal gland is normal in size (0.76 cm at cranial pole) (0.55 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.

The right adrenal gland is mildly enlarged (0.88 cm at cranial pole) (0.73 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.

**Spleen**

The spleen is normal in size (1.78 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. 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 portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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***Gastrointestinal***

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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

***Pancreas***

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic 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.

***Lymph Nodes***

A 1.93 x 0.41 medial iliac lymph node is visualized. A 1.52 x 2.19 x 0.81 cm heterogenous, slightly cystic periportal lymph node is also seen.

***Free Abdomen***

There is no obvious evidence of free fluid.

***Other***

A brief echocardiogram reveals no obvious evidence of right atrial or auricular mass. There is no obvious evidence of pericardial effusion.

**ULTRASONOGRAPHIC FINDINGS**

- The prominent abdominal lymph nodes could be consistent with reactive lymphadenitis, lymphoid hyperplasia or emerging lymphoma.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Mild right adrenomegaly
- Minor bilateral nonspecific age-related renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

While awaiting lymph node cytology, symptomatic care is recommended. Depending on lymph node cytology results, consultation with a board-certified oncologist may be warranted.



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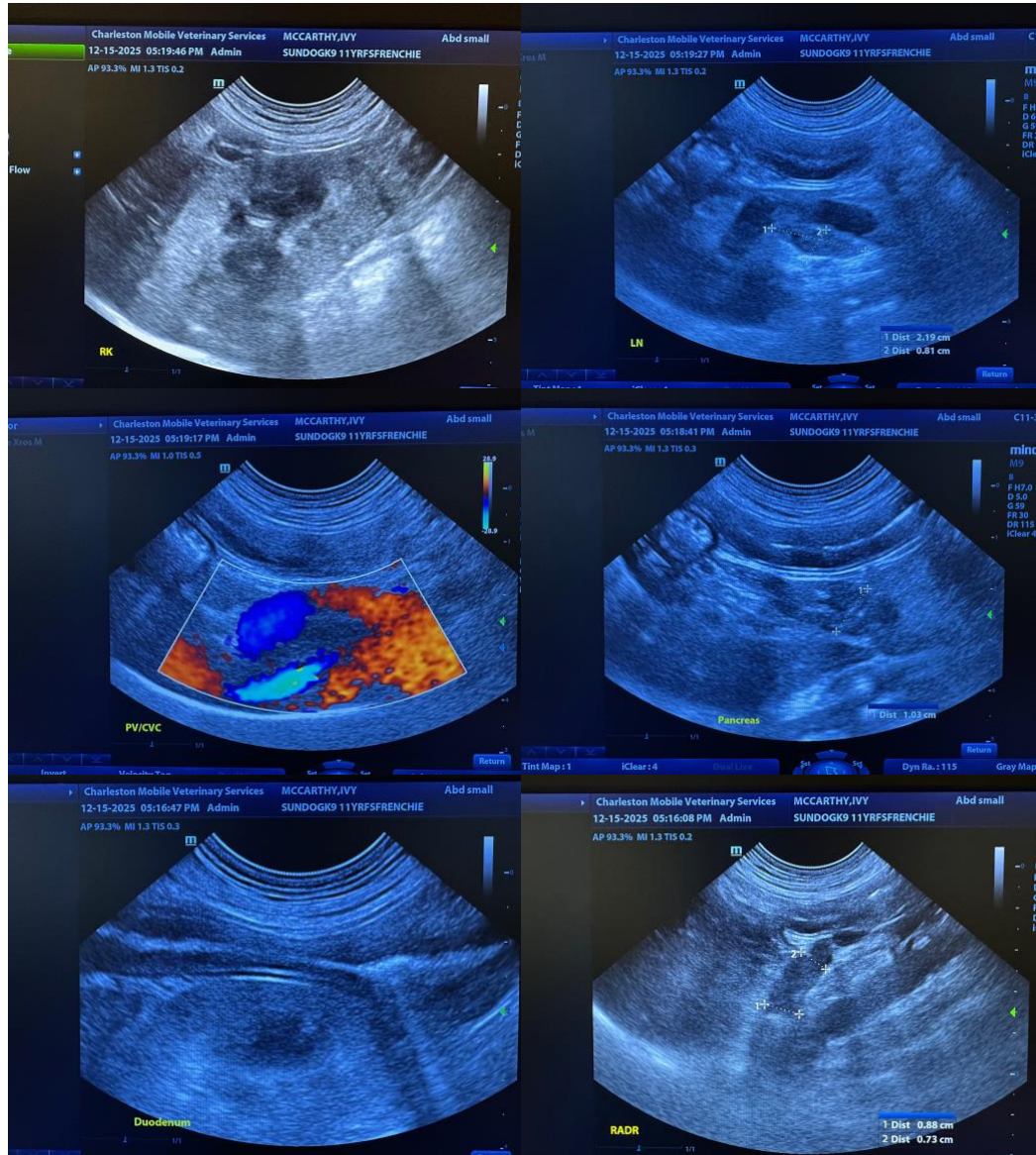
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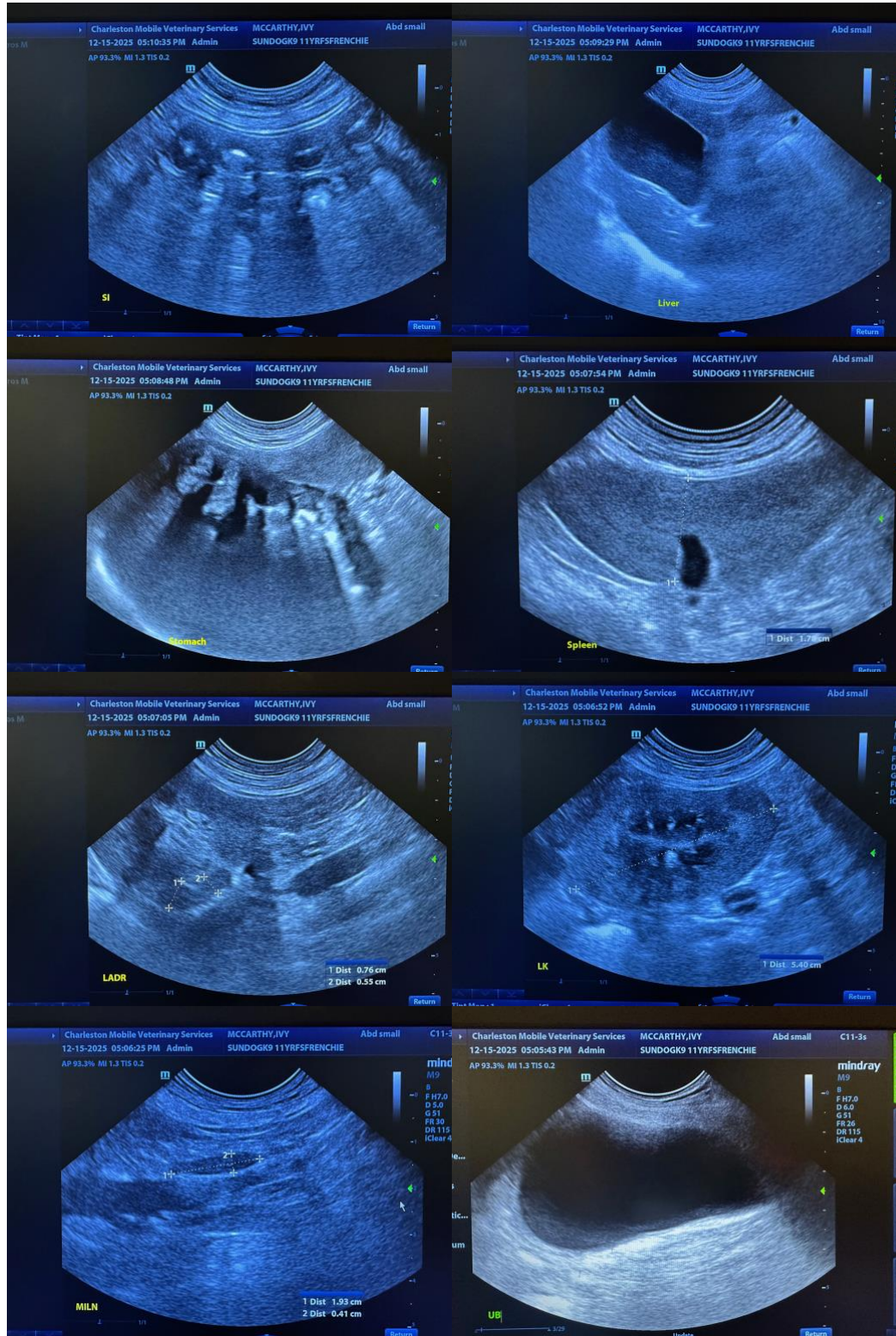
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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

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