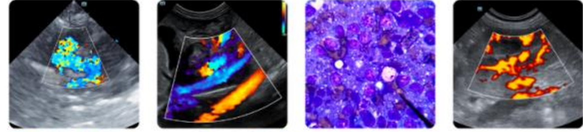
Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath FOSTERING THE ART OF VETERINARY MEDICINE™ www.charlestonmobile.net info@charlestonmobile.net 800.403.5408

PATIENT
Ethel Fay

SPECIES
Canine

BREED
Beagle

SEX
Female Spayed

AGE
9

WEIGHT
22 lbs

INTERPRETED BY
Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY
Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME
Trinity Island VC

REFERRING VET
Dr Kim Luce

INVOICE
22287

DATE
12-18-25

PRESENTING CLINICAL SIGNS

Patient was rescued approximately one year ago. Presented for acute onset of cough. Pulmonary infiltrates noted on thoracic radiographs. Patient has peripheral lymphadenopathy. Concern for lymphoma. Lymph node cytology pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System
The urinary bladder wall is normal in thickness. The mucosal surface is slightly irregular. The bladder is mildly distended. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (4.50 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 hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.26 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 hydroureter. Renal vasculature is normal.

Adrenal Glands
The left adrenal gland is normal in size (0.50 cm at cranial pole) (0.60 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 normal in size (0.69 cm at cranial pole) (0.49 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 subjectively enlarged (1.96 cm in width at the level of the hilus). The parenchyma is diffusely mottled with a "moth-eaten" appearance. A 1.8 x 1.2 cm heterogenous macronodule is observed approximately mid-body. In addition, a 3.5 x 3.1 cm hypoechoic-to-heterogenous, expansile mass is seen at the medial aspect. Several smaller nodules are also seen. Splenic vasculature is normal with no evidence of thrombosis.

Liver
The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. 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.

Gastrointestinal
The gastric lumen is mildly distended with ingesta. 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

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small intestinal wall is normal in thickness 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 right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic 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
Severa prominent lymph nodes are observed near the aortic trifurcation (one measuring 1.50 x 0.74 cm). In addition, a 1.01 x 0.52 cm left mesenteric lymph node is seen. One-to-two periportal lymph nodes are also visualized (one measuring 3.5 x 1.0 cm).

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

Primary Findings

- The splenic changes, including the nodules and masses, are concerning for infiltrative neoplasia (i.e., lymphoma) with a lower possibility of a non-neoplastic process (i.e., lymphoid hyperplasia or similar).
- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia (i.e., lymphoma) or less likely, lymphadenitis or lymphoid hyperplasia.
- Mild hepatomegaly

Secondary Findings

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Depending on the results from the lymph node cytology, consultation with a board-certified oncologist may be indicated.

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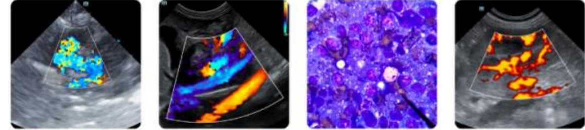

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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