



PATIENT

Maley Skelton

PRESENTING CLINICAL SIGNS

History: Concern for LSA vs Lymphoblastic Leukemia

Abnormal PE/Chem/CBC/UA Results: Anemia HCT 25.3 %, Increasing WBC numbers 36 x10⁹/l

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Boxer

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with 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.

SEX

Male, neutered

The prostate is normal in size (1.01 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

11 Yrs. 9 months

The left kidney is normal size (5.65 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

WEIGHT

41.9 lbs.

The right kidney is normal size (7.75 cm in length); normal shape and architecture with 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.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland is normal size (0.64 cm at cranial pole) (0.66 cm at caudal pole) (3.07 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.

The right adrenal gland is normal size (0.76 cm at cranial pole) (0.46 cm at caudal pole) (2.24 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

Dr. Barnes

Spleen

HOSPITAL NAME

Westview VH

The spleen is subjectively enlarged (2.78 cm in width at the level of the hilus) with rounding of the caudal pole. The parenchyma is diffusely mottled with small, ill-defined hypoechoic nodules, the largest measuring 0.95 cm in diameter. Splenic vasculature is normal with no evidence of thrombosis.

Liver

REFERRING VET

Dr. Barnes

The liver is subjectively normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly mottled in appearance. 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. A small to moderate amount of aggregated, echogenic, gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

DATE

12/19/22



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The gastric wall is normal in thickness with a normal layering pattern. Within the gastric lumen, a 2.0 cm hyperechoic shadowing structure is observed near the pyloric antrum. A small amount of fluid is also observed within the gastric lumen. 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.

SPECIES

Canine

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.

BREED

Boxer

Free Abdomen

SEX

Male, neutered

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

AGE

11 Yrs. 9 months

ULTRASONOGRAPHIC FINDINGS

WEIGHT

41.9 lbs.

- The splenic parenchymal changes could be consistent with infiltrative neoplasia (i.e., lymphoma). Alternatively, a benign process (i.e., splenitis, lymphoid hyperplasia or similar) may be present.
- The hepatic parenchymal changes are non-specific and may be secondary to benign, age-related remodeling, emerging neoplasia, inflammatory disease, other hepatopathy.
- The hyperechoic shadowing structure within the gastric lumen may represent small foreign material or medication. It appears non-obstructive at the time of the study.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for lymphadenopathy in the chest, if not already performed.
- Consider a CBC with clinical pathology review +/- bone marrow aspirate.
- Once the cytology and other results are available, consider consultation with a board-certified oncologist for further diagnostic/treatment recommendations.

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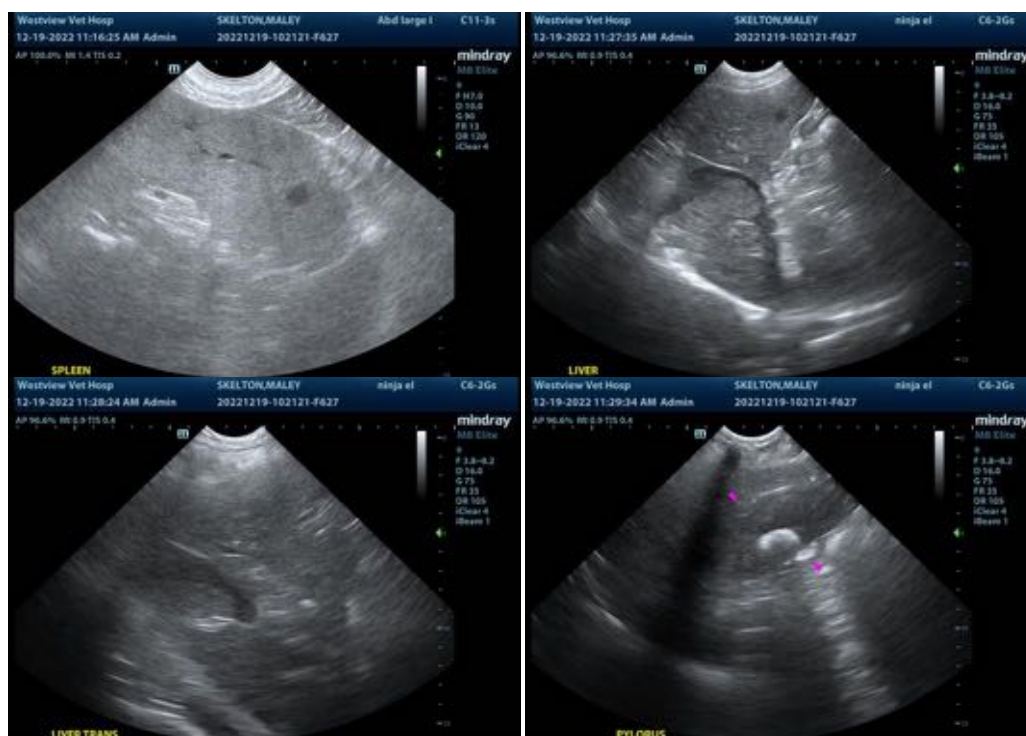
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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