

**PATIENT PRESENTING CLINICAL SIGNS**

**Aurora Miller**  
History: Dog presented on 12/20 with watery diarrhea starting 12/6. No vomiting, eating little to nothing. Weight loss. Vision impairment 4-5 days leading up to exam, translucent hyperphema OU.  
**SPECIES**  
Canine  
Treated with IV fluids/antibiotics 12/20-12/22. IDEXX blood work confirmed lymphocytic leukemia (see attached). Waiting for cytology on mandibular lymph nodes, and CBC+immunophenotype. NOT fasted- NOT sedated  
**BREED**  
Abnormal PE/Chem/CBC/UA Results: LABS attached

**Great Dane ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX** *Urinary System*

Spayed Female  
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. The region of the trigone and the visible portion of the proximal urethra are normal.

**AGE**

3 years  
The left kidney is 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.

**WEIGHT**

51 kg  
The right kidney is normal size (9.38 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.

**INTERPRETED BY**

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

*Adrenal Glands*

The left adrenal gland is small in size (0.52 cm at cranial pole) (0.56 cm at caudal pole) (3.22 cm in length) 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.

**IMAGING PERFORMED BY**

Loetitia Saint-  
Jacques,  
LVT

The right adrenal gland is small in size (0.50 cm at caudal pole) (3.50 cm in length) 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.

**HOSPITAL NAME**

Round Hill AH

*Spleen*

The spleen is overall normal in size. A 3.15 cm hypoechoic mass is observed at the cranial aspect. The lesion causes capsular expansion. In the remainder of the spleen, the margins are curvilinear, and the parenchyma is homogenous. Splenic vasculature appears normal with no evidence of thrombosis.

**REFERRING VET**

Dr Carl Kelly

*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. No pathological hepatic lymphadenopathy observed.

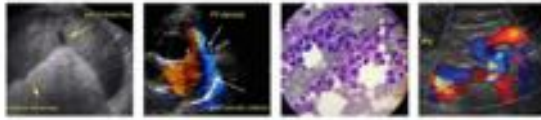
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The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

**DATE**

12.26.22



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Canine

**BREED**

Great Dane

**SEX**

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**Gastrointestinal**

The gastric lumen is moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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.

**Free Abdomen**

There is no obvious evidence of free fluid. Several enlarged mid to caudal abdominal lymph node are visualized (the largest measuring 5.12 cm in length). The nodes are slightly rounded and heterogenous in appearance.

**Other**

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

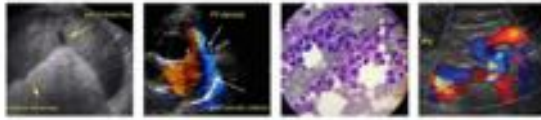
- Splenic mass. Neoplasia (i.e., round cell tumor, sarcoma) is considered likely. However, a benign focus (i.e., inflammatory, other) cannot be excluded.
- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia (i.e., round cell tumor), lymphoid hyperplasia or lymphadenitis (i.e., pyogranulomatous).

**Secondary Findings**

- The bilaterally small adrenal glands may be a normal variant for this patient or may represent early atrophy (i.e., secondary to hypoadrenocorticism).

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Consider fine needle aspirates of the splenic mass and enlarged abdominal lymph nodes, particularly if the peripheral lymph node cytology is inconclusive.
- Three-view thoracic radiographs are also recommended to assess for lymphadenopathy in the chest.
- Consider consultation with a board-certified oncologist for further diagnostic/treatment recommendations.



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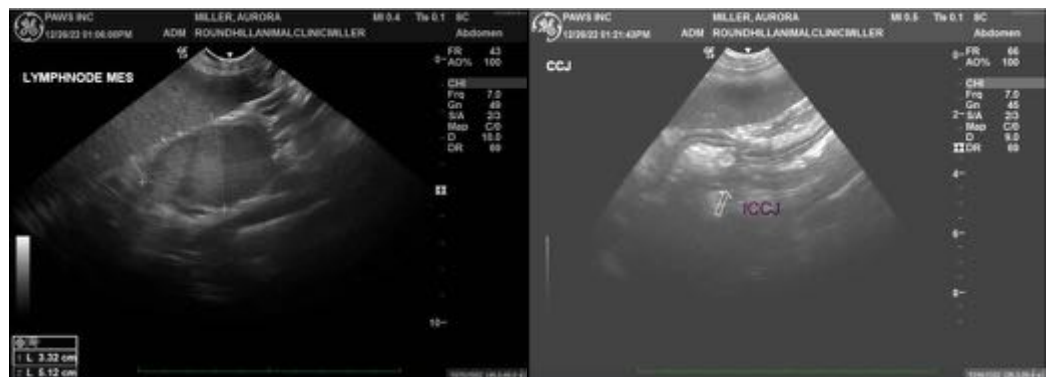
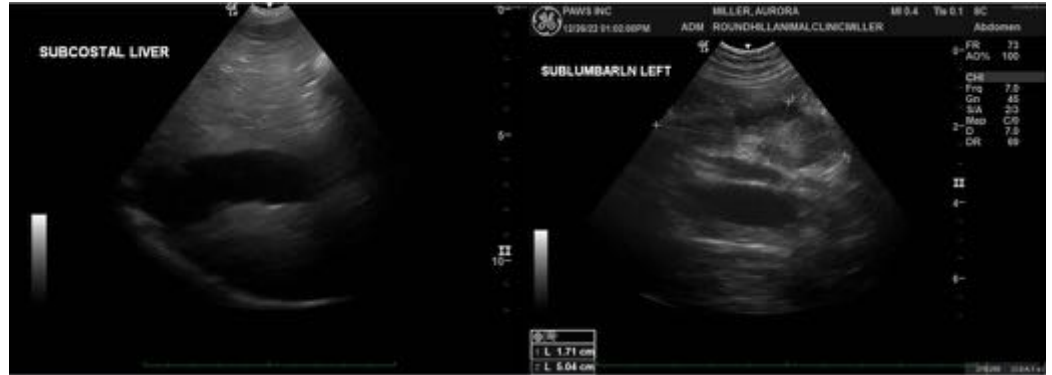
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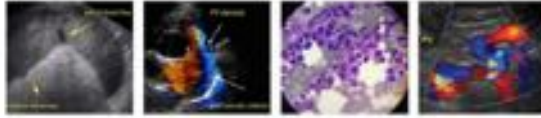
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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](mailto:info@SonoPath.com)

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