



PATIENT

Blue Peterson

SPECIES

Canine

BREED

Pitbull

SEX

Spayed Female

AGE

5 Years

WEIGHT

68 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet

REFERRING VET

Dr. Chun

INVOICE

12870

DATE

12/9/21

PRESENTING CLINICAL SIGNS

History: Vomiting, anorexia, melena x 1wk. Elevated liver values. Current meds: IVF, Pantoprazole, Metronidazole, Cerenia

Abnormal PE/Chem/CBC/UA Results: wbc 19, neu 39,240, Lyme 15,690, ast 100166, ALT 263, ALP 1542, GGT 53, Tbil 5.3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is distended. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2.00 cm, are normal.

The left kidney presented normal size (6.35 cm in length); normal shape and architecture with 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 presented normal size (5.96 cm in length); normal shape and architecture with 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.

Adrenal Glands

The left adrenal gland is normal size (0.64 cm at cranial pole) (0.54 cm at caudal pole) (2.52 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 (0.64 cm at cranial pole) (0.69 cm at caudal pole) (3.20 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.

Spleen

The spleen is subjectively prominent in size (1.87 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is subjectively hypoechoic. No distinct focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is subjectively hypoechoic and subtly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is moderately distended. The wall is mildly thickened (up to 0.43 cm) and hyperechoic. Luminal contents are mostly anechoic. 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. A > 5.0 cm segment of small intestine is severely thickened (up to 2.05 cm), irregular and hypoechoic with a complete loss of the normal layering pattern. The remaining small intestinal segments are normal to mildly thickened (up to 0.52 cm). In some segments, there is an increase in the submucosal layer. The wall of the descending colon is thickened (0.61 cm) and irregular with questionable retention of the normal layering pattern. The lumen of the descending colon contains echogenic fecal material. There is no obvious evidence of an obstructive 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. No obstructive or overt infiltrative disease is noted.

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

A small amount of free fluid is present. The mesentery throughout the abdomen is hyperechoic. Several enlarged rounded hypoechoic lymph nodes are observed throughout the abdomen, the largest measuring 4.10 cm in length. Surrounding mesentery is hyperechoic.

Other

A brief echocardiogram (no charge) reveals no evidence of pericardial effusion or obvious right atrial/auricular mass. A moderate amount of pleural effusion is visualized in the thorax.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Small intestinal mass effect. Neoplasia (i.e., lymphoma) is considered likely with lower potential for a severe inflammatory process (i.e., pyogranulomatous).
- The abdominal lymphadenopathy is most consistent with infiltrative neoplasia (i.e., lymphoma) with a lower potential for benign reactive change.
- The hepatic and splenic changes are also concerning for infiltrative neoplasia. However, non-neoplastic pathology cannot be excluded.
- The diffuse peritonitis is present, likely secondary to pathology in multiple organs.
- Pleural effusion. Differentials include neoplastic effusion, transudate, exudate, other.

Secondary Findings

- The gallbladder wall is most consistent with cholecystitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to further assess the degree of pleural effusion. A therapeutic thoracocentesis may be warranted if the patient is dyspneic.



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- Fine needle aspirates of the bowel mass, abdominal lymph nodes +/- liver and spleen can be considered if clotting status is appropriate. 25-gauge needles should be used.

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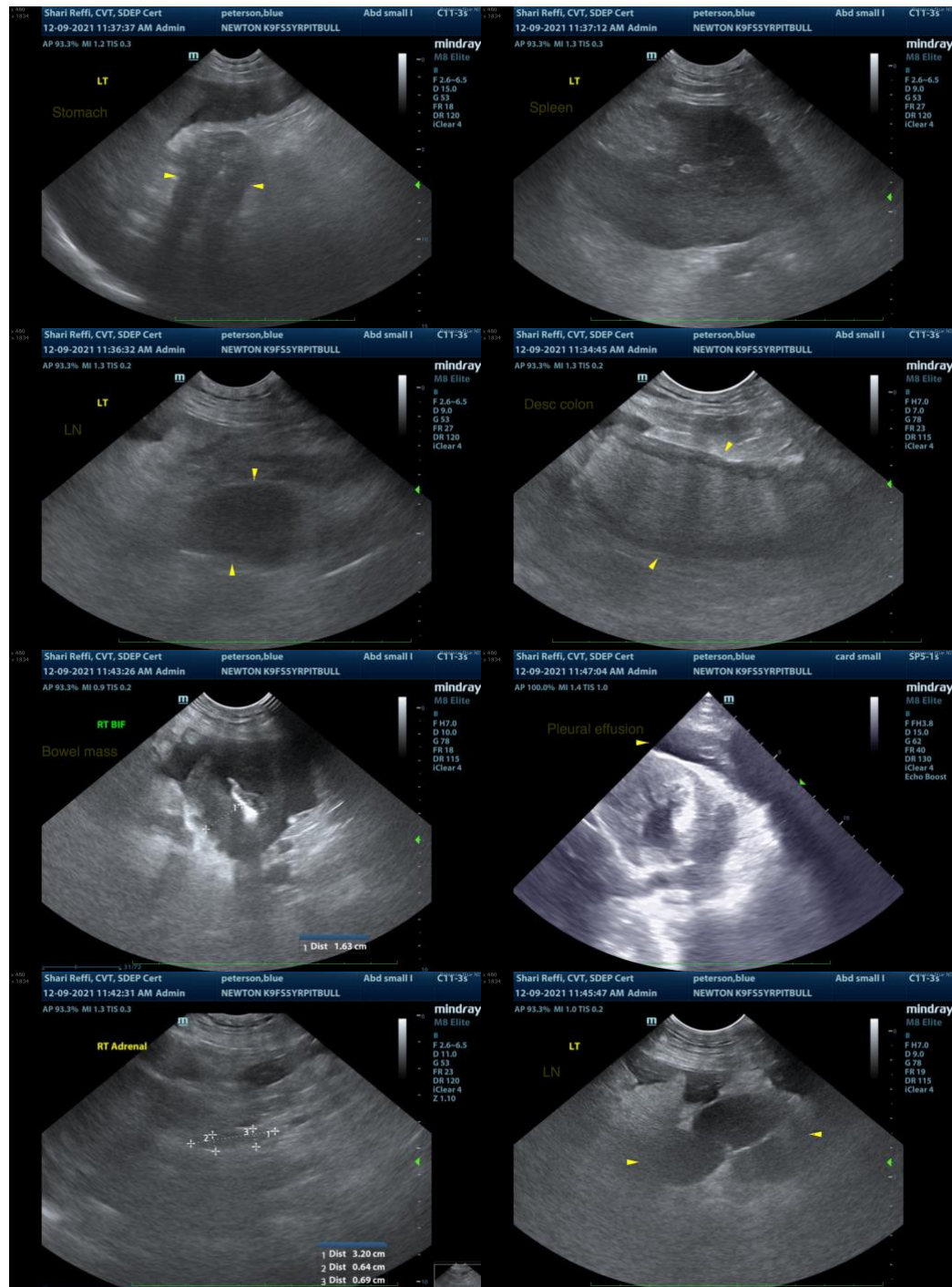
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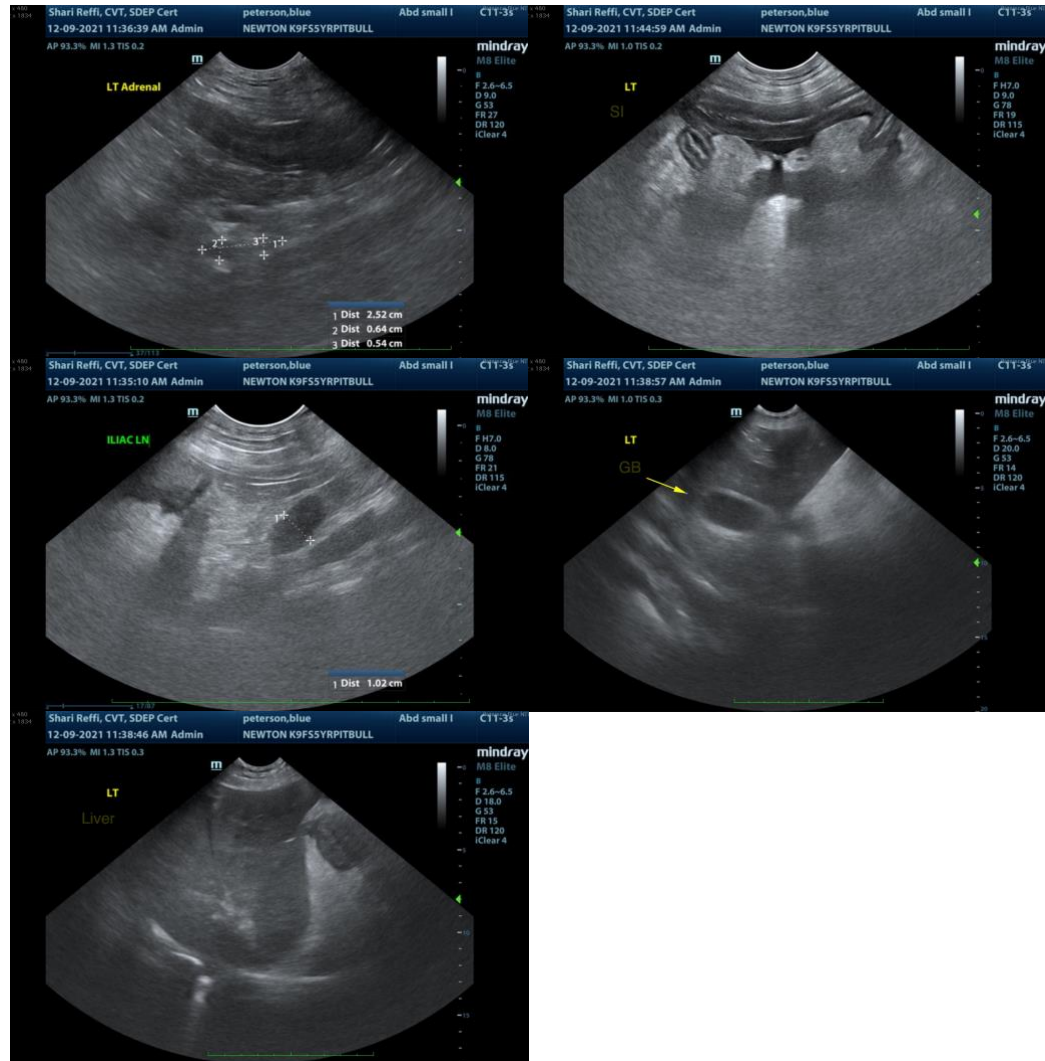
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com