

**DATE PRESENTING CLINICAL SIGNS**

2/21/22

Patient presents for PU/PD and lethargy. Hypercalcemia and mild azotemia noted on labs.

**PATIENT**

Raven Davis

Current Medications: None current.

Lab Results: Not provided by clinic.

Date of Previous IntraPet Ultrasound: no previous.

Sedation: Declined.

Stat Report: Not requested.

**SPECIES**

Canine

Imaging Performed By: Andi Parkinson, RDMS.

**BREED**

Boxer

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Female, spayed

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness. The mucosal surface in the region of the apex is slightly irregular. The bladder lumen is mildly 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.

**AGE**

1/29/2012

The left kidney is normal size (7.16 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**WEIGHT**

89 lbs.

The right kidney is normal size (7.36 cm in length) with an irregular shape. There is moderate loss of corticomedullary distinction. A cortical infarct is observed at the caudolateral aspect. Trace pyelectasia is observed. There is no evidence of nephroliths or hydroureter.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is enlarged (1.27 cm at cranial pole) (1.27 cm at caudal pole) (3.09 cm in length) with an irregular shape. The parenchyma is heterogeneous with loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature appear normal.

The right adrenal gland is normal size (0.53 cm at cranial pole) (0.68 cm at caudal pole) (2.47 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.

**HOSPITAL NAME**

Perry Hall AH

**Spleen**

The spleen is normal in size (2.05 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.

**REFERRING VET**

Dr. Miller

**INVOICE**

13002

**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. 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.

### ***Gastrointestinal***

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive 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***

Trace free fluid is observed. Several enlarged, irregular hypoechoic mesenteric lymph nodes are visualized. Surrounding mesentery is hyperechoic. A few prominent sublumbar lymph nodes are also seen.

### ***Other***

A 7.47 x 6.10 cm hypoechoic cranial mediastinal lymph node/mass is observed in the thorax.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

- The cranial mediastinal and abdominal lymphadenopathy is most concerning for infiltrative neoplasia. Lymphoma is the top differential.
- Mid-abdominal peritonitis is present, likely secondary to the mesenteric lymph node pathology.

### **Secondary Findings:**

- Bilateral, degenerative renal changes with a left cortical infarct.
- Left adrenomegaly could be consistent with hyperplastic change or an emerging tumor.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Fine needle aspirate of the mesenteric lymph nodes is recommended (if clotting status is appropriate). If cytology results are inconclusive, consider PARR on the lymph node samples or surgical lymph node biopsies.
- Three-view thoracic radiographs are recommended.
- Consultation with a board-certified oncologist may be warranted.





**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.

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