



**PATIENT PRESENTING CLINICAL SIGNS**

**Hallie Hagerman**  
History: Not eating well for 2 weeks. Not eating at all for 2 days. No vomiting or diarrhea. Drinking water. UTD on vaccines and HWP

**SPECIES**  
Abnormal PE/Chem/CBC/UA Results: 3-pound wt loss since 6 months ago. Brittle, dry fur coat. tense cranial abdomen. CBC-stress leukon. PCV 31%. Alb 1.8, ALP> 993, GGT 53, K 3.8, Cl 98, urine sp gr 1.038 1 plus protein. Urine protein:Ct ratio is pending.

Canine

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Basenji Urinary System**

The urinary bladder is mildly distended. Overall, the wall appears normal in thickness. In the region of the trigone, a 1.00 cm irregular hyperechoic structure is visualized. Luminal contents otherwise appear anechoic.

**SEX**

**Spayed Female**  
The left kidney is subjectively normal in size with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

**AGE**

**10 years**  
No images of the right kidney are provided.

**WEIGHT**

**Adrenal Glands**

The left adrenal gland is normal size (0.39 cm at cranial pole) (0.54 cm at caudal pole) with a 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.

18.8 lbs

**INTERPRETED BY**

No images of the right adrenal gland are provided.

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

**IMAGING PERFORMED BY**

**Spleen**

The spleen is enlarged (2.21 cm in width at the level of the hilus) with swollen peripheral contours and, scalloping at the medial aspect and rounding at the poles. The parenchyma is diffusely mottled, with a "moth-eaten" appearance. Splenic vasculature appears normal with no evidence of thrombosis.

Laurel Logas

**Liver**

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and mildly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

**HOSPITAL NAME**

Bradentown VH

**REFERRING VET**

Laurel Logas

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic, partially dependent debris/sludge is observed within the lumen. In addition, a small amount of echogenic debris is adhered to the luminal surface. The cystic and common bile ducts are normal/not seen.

**INVOICE**

**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen 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 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.

12267

**DATE**

2.23.23



**PATIENT**

Hallie Hagerman

**Pancreas**

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic 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.

**SPECIES**

Canine

**Free Abdomen**

There is no obvious evidence free fluid. A 3.17 cm rounded hypoechoic to heterogenous cystic lymph node is observed in the right cranial quadrant. A few smaller lymph nodes are also observed in this region. Several prominent to enlarged, slightly hypoechoic mesenteric lymph nodes are also seen (the largest measuring 2.82 cm in length). A prominent gastric lymph node is also observed. The mesentery surrounding all nodes is hyperechoic.

**BREED**

Basenji

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed Female

**Primary Findings**

- The splenic and abdominal lymph node changes are more concerning for infiltrative neoplasia. Lymphoma is the top differential. There is a lower possibility of a multifocal inflammatory process.
- The hepatic changes could be consistent with benign age-related change (i.e., remodeling, regenerative nodular hyperplasia). Alternatively, infiltrative neoplasia may be present.

**AGE**

10 years

**WEIGHT**

18.8 lbs

**Secondary Findings**

- The gall bladder changes could be consistent with cholestasis, an emerging mucocele, or less likely, fasting.
- Age-related pancreatic remodeling
- Minor age-related changes in the left kidney
- The hyperechoic structure in the urinary bladder may represent imaging artifact, cystic calculus, tumor, granuloma, other.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Laurel Logas

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Bradentown VH

- Fine-needle aspirates of the spleen and enlarged abdominal lymph nodes are recommended (if clotting status is appropriate). Twenty-five gauge-needles should be used. If results are inconclusive, more advanced testing (i.e., flow cytology, PARR, biopsies) may be necessary to get a definitive diagnosis.

**REFERRING VET**

Laurel Logas

- Thoracic radiographs are also recommended to assess for lymphadenopathy in the chest.

**INVOICE**

12267

**DATE**

2.23.23



**PATIENT**

Hallie Hagerman

**SPECIES**

Canine

**BREED**

Basenji

**SEX**

Spayed Female

**AGE**

10 years

**WEIGHT**

18.8 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Laurel Logas

**HOSPITAL NAME**

Bradentown VH

**REFERRING VET**

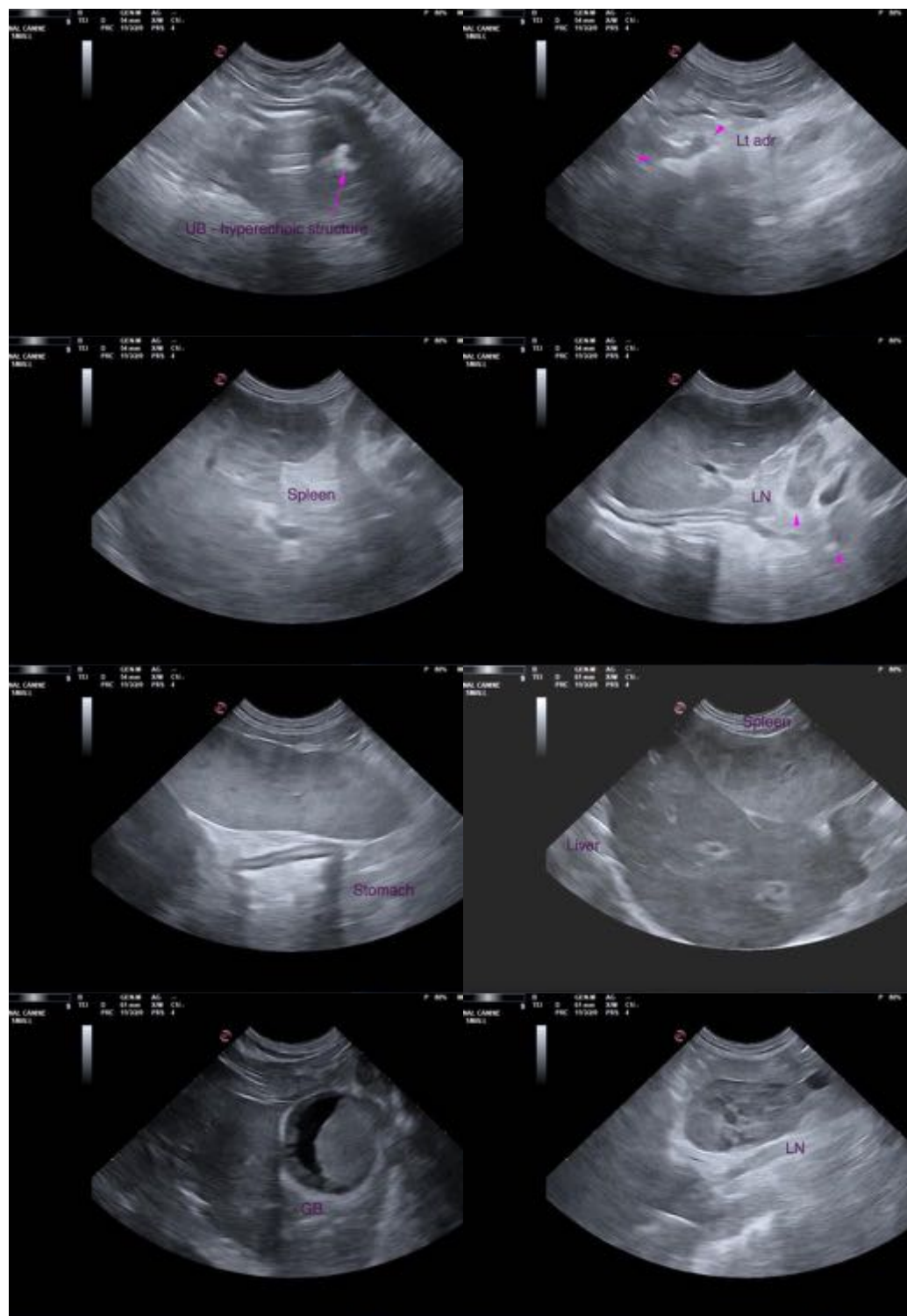
Laurel Logas

**INVOICE**

12267

**DATE**

2.23.23



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



**PATIENT**

Hallie Hagerman

can be of any further assistance, please contact me.

**Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**

info@SonoPath.com

**SPECIES**

Canine

**BREED**

Basenji

**SEX**

Spayed Female

**AGE**

10 years

**WEIGHT**

18.8 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Laurel Logas

**HOSPITAL NAME**

Bradentown VH

**REFERRING VET**

Laurel Logas

**INVOICE**

12267

**DATE**

2.23.23