



PATIENT

Mara Condon

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

Intact Female

AGE

12.5 years

WEIGHT

62.5 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

The Maples AH

REFERRING VET

Dr. Kazeienko

INVOICE

10442

DATE

2/23/22

PRESENTING CLINICAL SIGNS

History: No vet care for a few years. Presented with weight loss, loss of muscle, tense and firm abdomen. Suspected palpable abdominal mass.

Abnormal PE/Chem/CBC/UA Results: n/a

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. The wall in the region of the apex is thickened (up to 0.94 cm), with an irregular mucosal surface. The wall tapers to a normal thickness as it extends towards the urinary bladder neck. A small to moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The left kidney presented normal size (7.68 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (6.28 cm in length); with an irregular shape. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Suspected reduced vascular uptake. A cortical infarct is suspected at the lateral aspect. A few nonobstructive nephroliths are seen. Trace pyelectasia is present. There is no evidence of hydronephrosis.

Adrenal Glands

The left adrenal gland is normal size (0.81 cm at cranial pole) (0.63 cm at caudal pole) (2.32 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 (1.98 cm at cranial pole) (0.83 cm at caudal pole) (3.31 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 enlarged (5.4 cm at the level of the hilus), with a swollen, slightly irregular peripheral contours. The parenchyma is diffusely and severely mottled, with a "moth-eaten" appearance. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isochoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering 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 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.

Free Abdomen

Trace free fluid is observed. At least 2 prominent lymph nodes are observed in the cranial abdomen, the largest measuring 3.07 cm in length.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic parenchymal changes are most consistent with infiltrative neoplasia (i.e., round cell tumor). Lymphoma is the top differential. A benign process is possible but considered unlikely.
- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia, reactive lymphadenitis or lymphoid hyperplasia.

Secondary Findings

- The urinary bladder wall changes could be consistent with cystitis, or may be artifactual due to lack of full repletion. Correlation with clinical findings is recommended.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Age-related pancreatic remodeling +/- fibrosis.
- Bilateral age-related renal changes, more severe on the right. Right non-obstructive nephrolithiasis and cortical infarct.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pathology in the chest.
- A fine-needle aspirate of the spleen is recommended if clotting status is appropriate.



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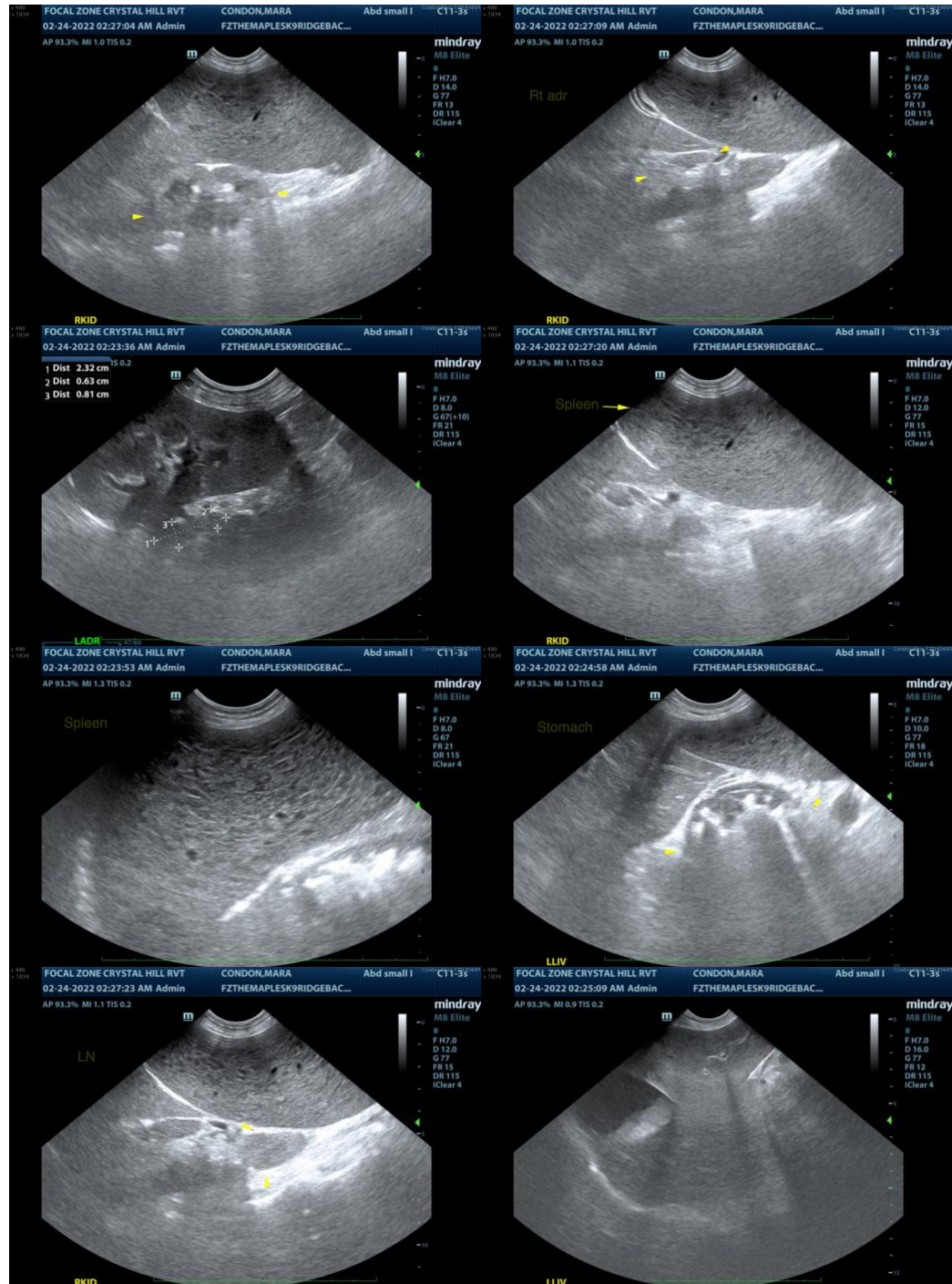
Dr. Kazeienko

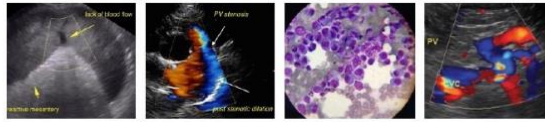
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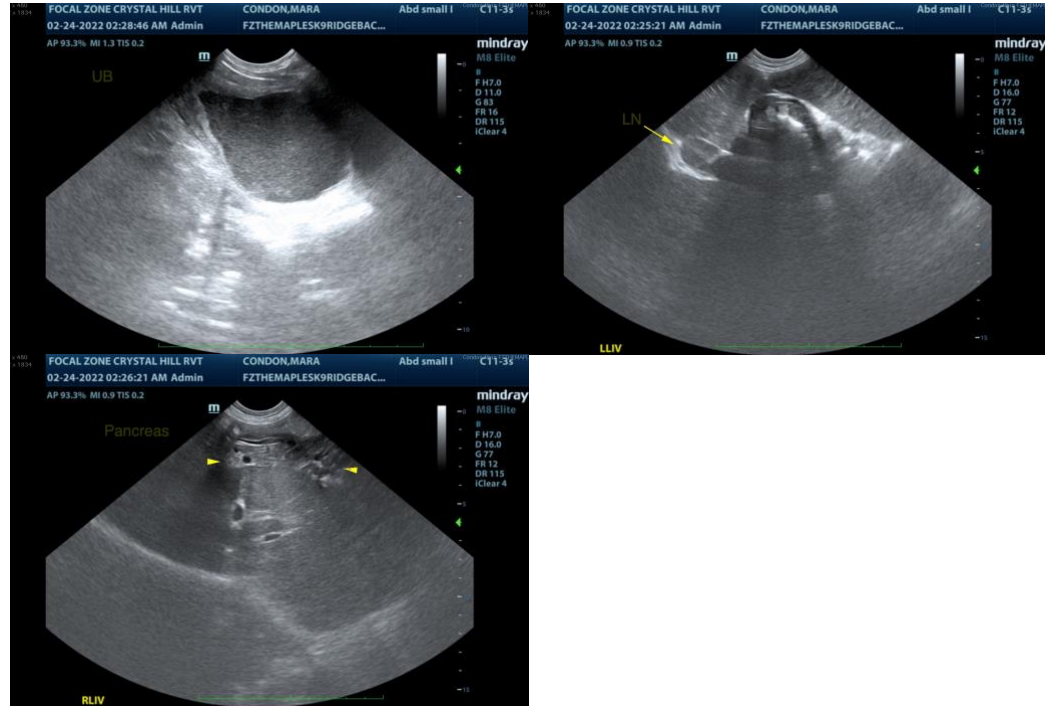
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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