



**PATIENT**

Zelda Spencer

**PRESENTING CLINICAL SIGNS**

History: Came in for a routine evaluation in December. Basic bloodwork showed a lymphocytosis of 16,745. The rest of the bloodwork was normal. It was rechecked February 22. The lymphocyte count was up to 2198. 2+ proteinuria. USG 1.055, inactive sediment. Occasional vomiting, otherwise, feels well.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

DSH

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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

**SEX**

Female Spayed

The left kidney is normal in size (3.80 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. The cortex is hyperechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

10 years

The right kidney is normal in size (4.17 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. The cortex is hyperechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

NP

**Adrenal Glands**

The left adrenal gland is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**

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

The right adrenal gland is normal size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is enlarged (1.28 cm in width at the level of the hilus) with a swollen, undulating medial contour. The parenchyma is subjectively hypoechoic. No focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

**IMAGING  
PERFORMED BY**

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

**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 portal vein to caudal vena cava ratio is approximately 1: 1.

**HOSPITAL NAME**

West Ashley VC

**REFERRING VET**

Dr. Wallis

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal. The duodenal papilla is normal in size (0.30 cm in width).

**Gastrointestinal**

**INVOICE**

12382

The gastric lumen is moderately 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 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.

**DATE**

3.10.23

### **Pancreas**

The pancreas is diffusely visible with normal curvilinear peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

### **Free Abdomen**

There is no obvious evidence of free fluid. The mesenteric lymph nodes are severely enlarged (up to 2.66 cm in length), irregular, and hypoechoic. Surrounding mesentery is hyperechoic. In addition, a 1.26 cm gastric lymph node is seen, as well as 1-2 prominent portal lymph nodes (the largest measuring 1.06 cm in length).

### **Other**

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

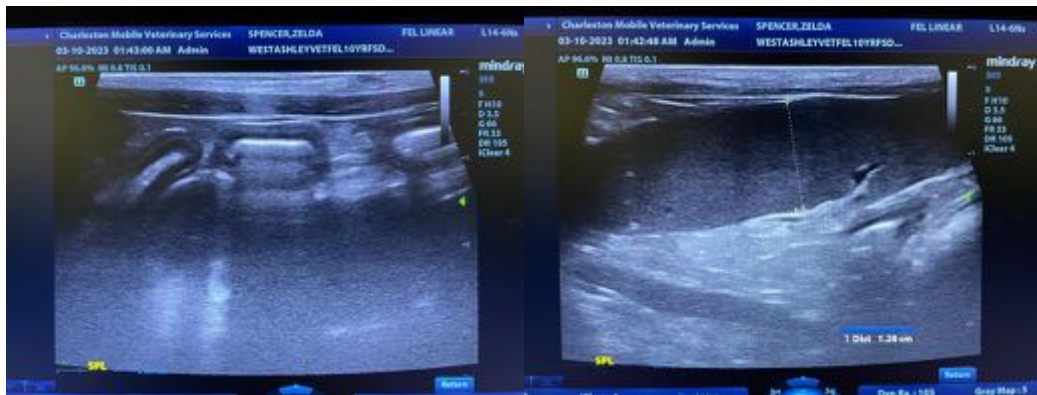
## **ULTRASONOGRAPHIC FINDINGS**

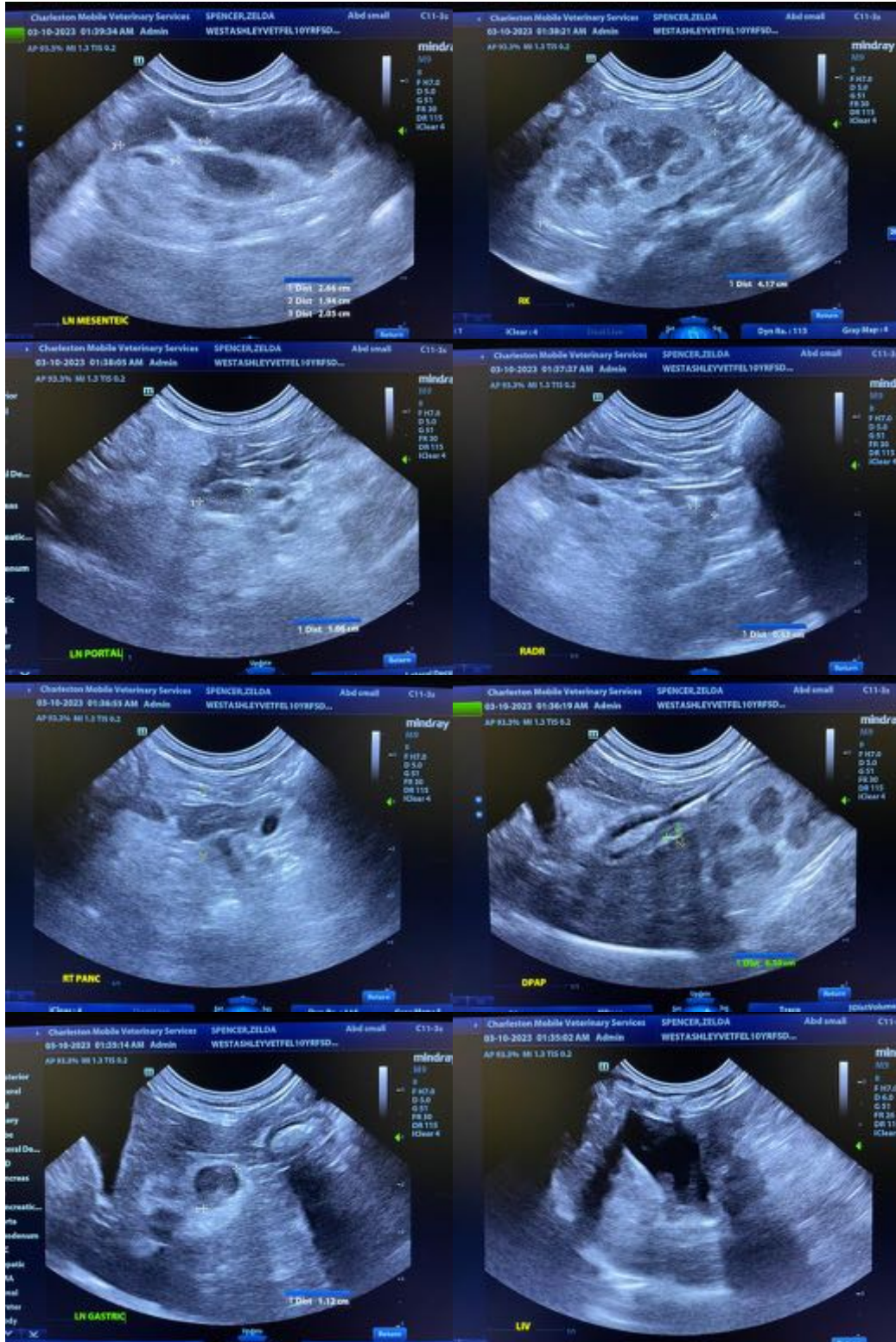
### **Primary Findings**

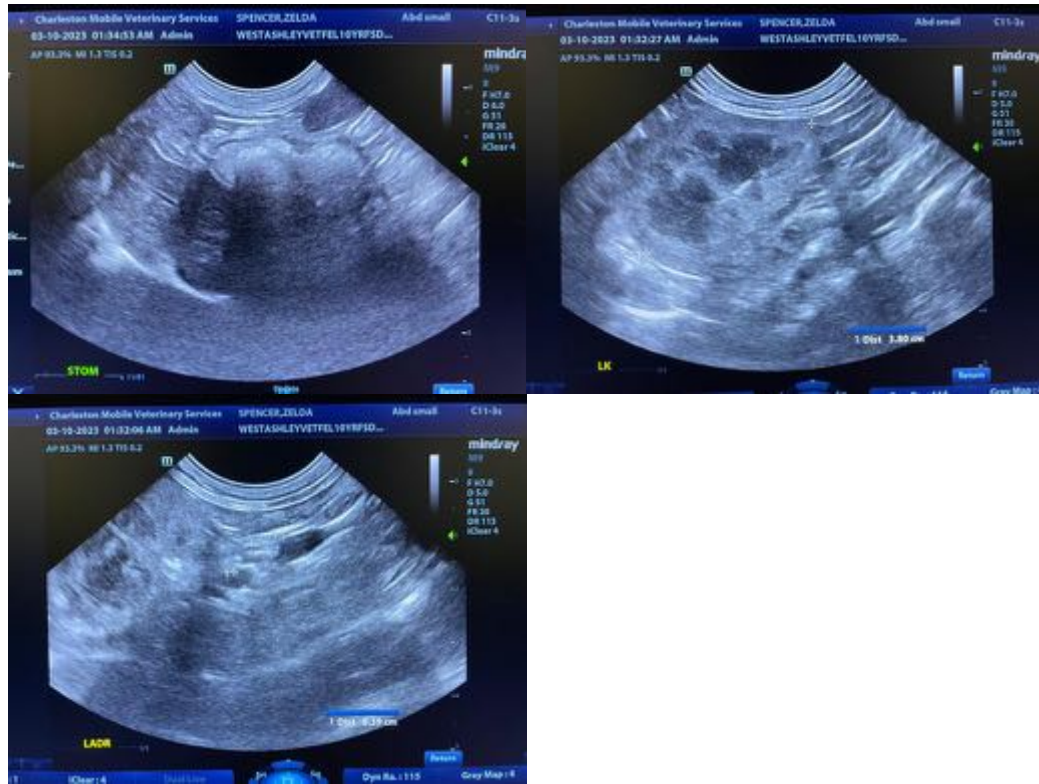
- The severe abdominal lymphadenopathy and splenomegaly are concerning for infiltrative neoplasia. Lymphoma is the top differential. However, a severe inflammatory process (i.e., pyogranulomatous/secondary to FIP) cannot be completely excluded.
- Peritonitis is present, likely secondary to lymph node and splenic pathology.

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

- Consider fine-needle aspirates of the spleen and mesenteric lymph nodes (if clotting status is appropriate). Twenty-five gauge-needles should be used.
- Also consider three-view thoracic radiographs to assess for lymphadenopathy in the chest.
- If neoplasia is confirmed, consider a consult with a board-certified oncologist.







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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
[info@SonoPath.com](mailto:info@SonoPath.com)