



PATIENT

Charlie Zekovich

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

14 years

WEIGHT

24 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Westoak AH

REFERRING VET

Dr. Kohlmaier/Fisher

INVOICE

10579

DATE

3/17/22

PRESENTING CLINICAL SIGNS

History: Waxing and waning appetite. Currently only eating bread at home. Drastic changes to bloodwork over last two months.

Abnormal PE/Chem/CBC/UA Results: Low Albumin, high AST, high ALT, high Alk Phos, high GGT, high T. Bilirubin, Elevated Precision PSL, Low Platelets, CBC slide review - Acanthocytes 10-15/hpf, Mature and non-toxic neutrophils, low numbers of small mature lymphocytes. The lymphocyte morphology is atypical. Several large lymphoid cells at least the size of neutrophils and sometimes larger with expanded amounts of deeply basophilic cytoplasm and a single round to oval shaped nucleus with a coarse and slightly clumped chromatin pattern. These potentially represent a population of neoplastic lymphocytes. Flow cytometry is recommended. Blood chemistry just 2 months ago was essentially within normal limits and Charlie was heartworm negative.

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 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.

The left kidney is normal size (5.57 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (5.51 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

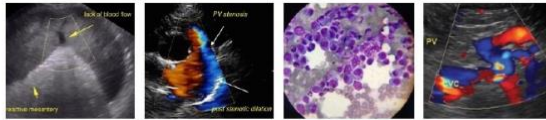
Adrenal Glands

The left adrenal gland is normal in size (0.44 cm at cranial pole) (0.63 cm at caudal pole); 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 region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is subjectively normal in size (1.99 cm in width at the level of the hilus) with slightly irregular peripheral capsular contours, particularly at the caudal pole. The parenchyma is subjectively hypoechoic and mottled in appearance. No distinct focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.



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Liver

The liver is subjectively enlarged size with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and homogenous 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 0.32 cm), and edematous, with a "double-walled" effect. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is 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 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. The mesentery in the cranial abdomen is mildly hyperechoic. A few prominent, hypoechoic to heterogenous lymph nodes are observed in the mid to caudal abdomen, the largest measuring 1.92 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic and splenic changes, along with the clinical history, are most concerning for infiltrative neoplasia. Lymphoma is the top differential.
- The prominent lymph nodes could be consistent with infiltrative neoplasia or reactive change.
- The cranial peritonitis is likely secondary to hepatic and splenic pathology.

Secondary Findings

- Minor age-related renal changes
- The gall bladder wall changes could be consistent with low oncotic pressure, cholecystitis, autoimmune disease, anaphylaxis (less likely), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider flow cytometry on the previously submitted CBC. Other diagnostic considerations include three-view thoracic radiographs to assess for lymphadenopathy in the chest, as well as hepatic and splenic aspirates, if clotting status is appropriate.



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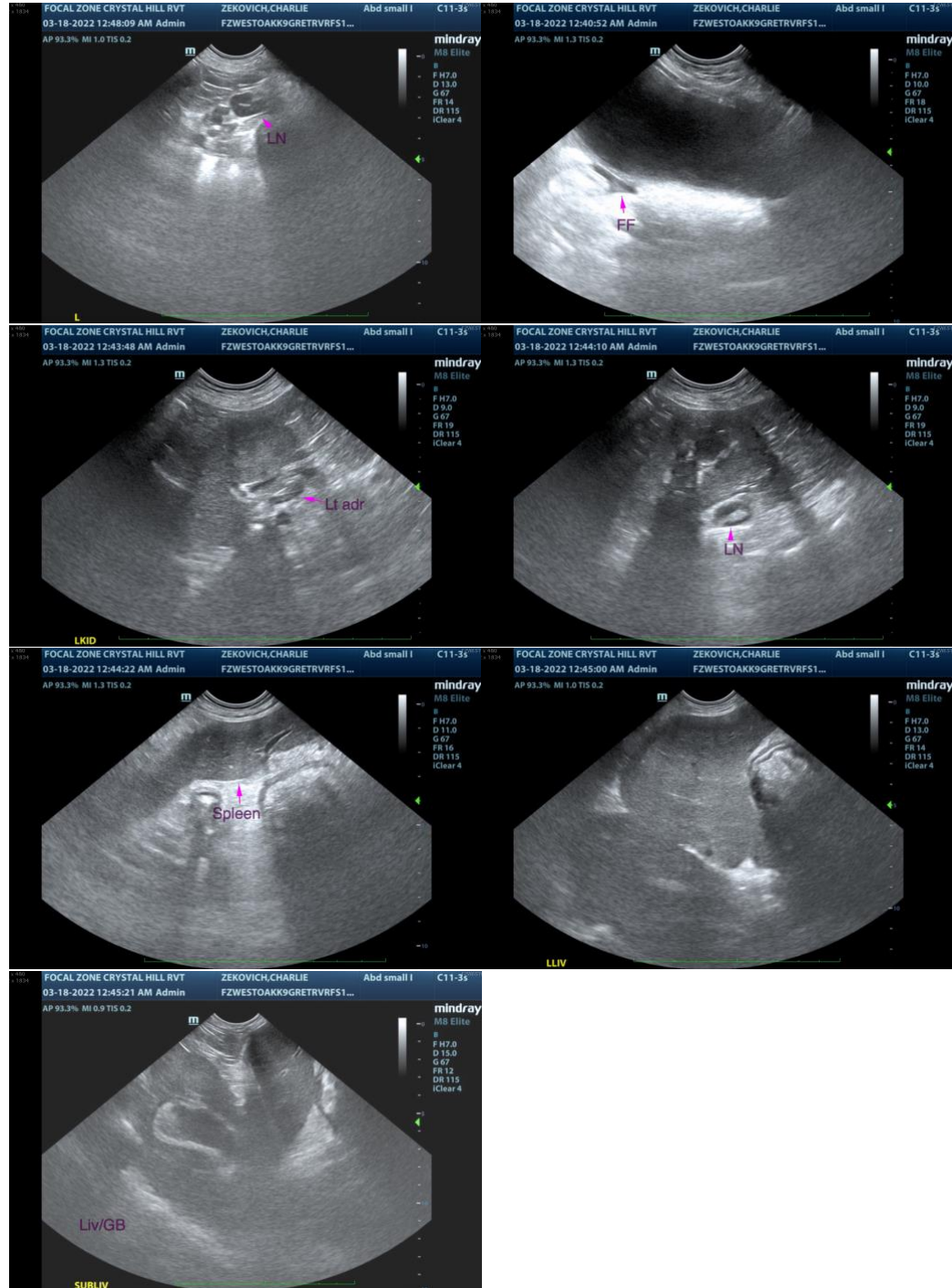
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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info@SonoPath.com

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