



PATIENT

Lenny DeNicola

SPECIES

Canine

BREED

Fr Bulldog

SEX

Neutered Male

AGE

11

WEIGHT

37.1 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

River Oaks AH

REFERRING VET

Dr. Duncan

INVOICE

22750

DATE

3-27-26

PRESENTING CLINICAL SIGNS

Patient came in initially for PU/PD. Baseline lab work revealed a lymphocytosis of 22,000. Concern for possible splenomegaly.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The wall is of appropriate thickness for the level of repletion. The mucosal surface is slightly irregular in the region of the apex. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (1.05 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (5.08 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (5.64 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild 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 (0.60 cm at cranial pole) (0.61 cm at caudal pole) with a normal shape and 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 mildly enlarged (0.99 cm at cranial pole) (0.75 cm at caudal pole) with a normal shape and 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 prominent-in-size (1.87 cm in width at the level of the hilus) with a slightly irregular medial contour. The parenchyma is mottled in appearance. A 2.1 cm slightly expansile, hyperechoic nodule/mass is observed at the medial aspect (approximately mid-body). A few, small, hyperechoic nodules are also seen. Splenic vasculature is normal with no evidence of thrombosis. A 1.3 x 1.2 cm daughter spleen is also observed in the left cranial quadrant medial to the spleen proper.

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

The gallbladder 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.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness



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with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is normal-in-size 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.

Lymph Nodes

A 2.28 x 0.47 cm medial iliac lymph node is visualized. A 1.8 x 0.9 cm slightly heterogenous periportal lymph node is visualized.

Free Abdomen

There is no obvious evidence of free fluid.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The diffuse splenic parenchymal changes could be consistent with emerging lymphoma, lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, or antigenic stimulation. The hyperechoic lesions trend toward the benign (i.e., myelolipomas) with a lower possibility of more insidious splenic pathology.
- The prominent periportal lymph node could be consistent with reactive change or emerging neoplasia. The prominent medial iliac lymph node is likely reactive with a lower possibility of emerging neoplasia.

Secondary Findings

- Mild bilateral nonspecific age-related renal changes
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further diagnostic work-up could include the following:

1. CBC with clinical pathology review +/- flow cytometry
2. Fine-needle aspiration of the spleen
3. Three-view thoracic radiographs to assess for occult pathology in the chest
4. Depending on the results of the above diagnostics, consultation with a board-certified oncologist may be indicated.
5. If further work-up is not pursued, palliative care is recommended.



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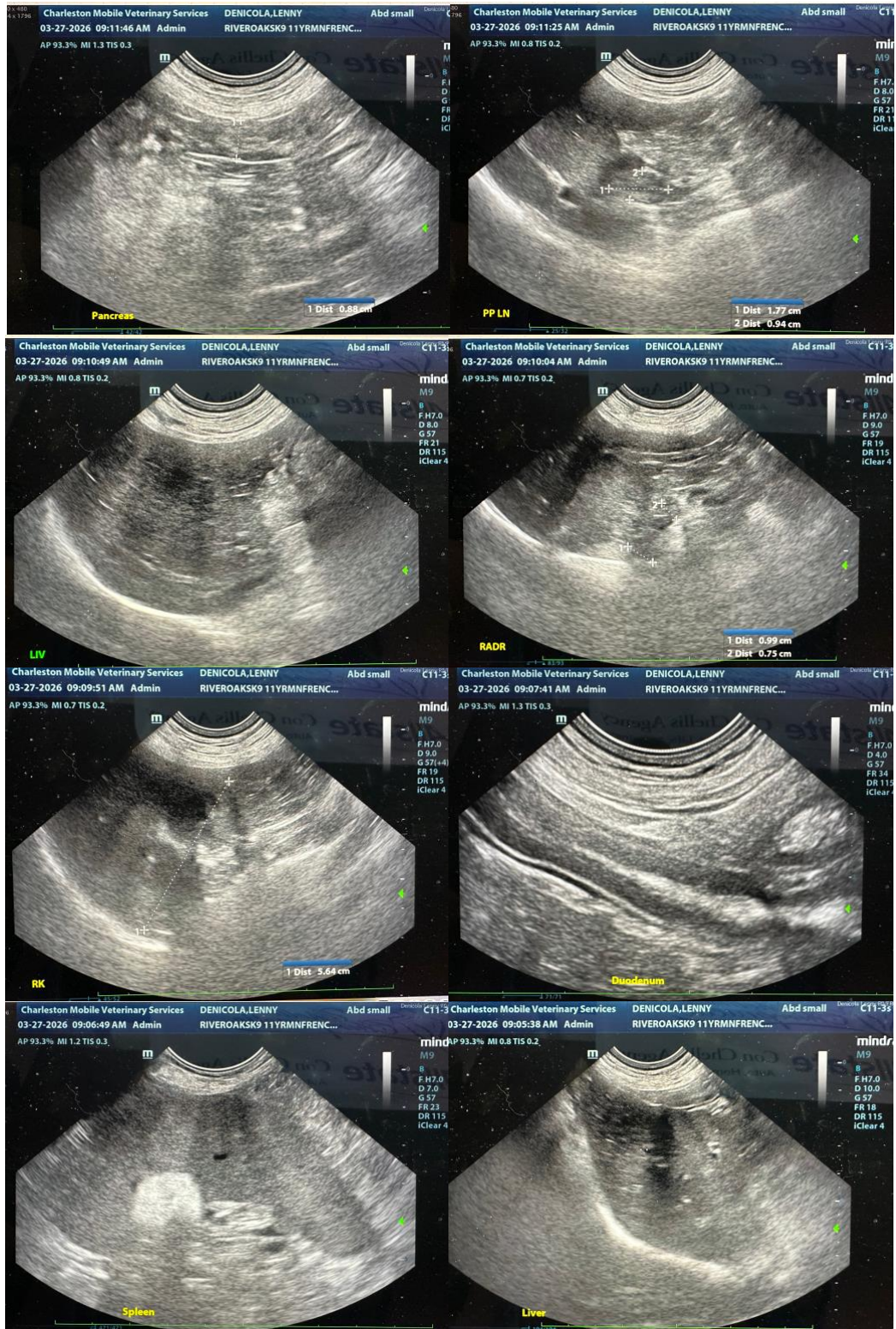
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Nicastrò, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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