



**PATIENT**

Myla Grace Durdel

**SPECIES**

Canine

**BREED**

Labradoodle

**SEX**

Spayed Female

**AGE**

4 years

**WEIGHT**

64 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Christina Sitton

**HOSPITAL NAME**

Sherwood Family Pet  
Clinic

**REFERRING VET**

Dr. Christina Sitton

**INVOICE**

10472

**DATE**

3/3/22

**PRESENTING CLINICAL SIGNS**

Abnormal PE/Chem/CBC/UA Results: T 102.4 tense w/ cranial abdominal palpation abd rads: hepatomegaly CBC Platelets decreased unclassified cells - pathology review pending HCT 51.6 (38.3-56.5) cortisol 4.5 (2-6) T4 2 (1-4) Chemistry: TP 5 (5.5-7.5) Albumin 2.3 (2.7-3.9) Globulin 2.7 (2.4-4) ALT 201 (18-212) AST 85 (16-55) ALP 261 (5-160) GGT 13 (0-13) Bilirubin conj 0.2 (0-0.1) UA USG 1.037 pH 7.5 2+ bilirubin 1+ protein cpl/rest of chem wnl Lepto PCR pending UPC pending Hospitalized today IV fluids, unasyn, doxy

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. Luminal content are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney presented normal size (6.86 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.

The right kidney presented normal size (6.93 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.

**Adrenal Glands**

The left adrenal gland is normal size (0.28 cm at cranial pole) (0.32 cm at caudal pole) (1.67 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 (0.65 cm at cranial pole) (0.46 cm at caudal pole) (2.81 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 subjectively prominent in size (2.30 cm in width at the level of the hilus) with slightly irregular peripheral contours. The parenchyma is diffusely mottled, bordering on a "moth-eaten" appearance. Splenic vasculature appears normal with no evidence of thrombosis.

**Liver**

The liver is subjectively enlarged with swollen, slightly irregular peripheral contours. The parenchyma is similar in echogenicity compared to the spleen, and mildly heterogenous in appearance, with a few ill-defined hyper- and hypoechoic areas. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is contracted. The wall is thickened, up to 0.41 cm and hyperechoic. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.



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**Gastrointestinal**

The gastric lumen is not distended. 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 pancreas is normal somewhat obscured by the cranial abdominal pathology. In the visualized portions, no obvious abnormalities are seen.

**Free Abdomen**

The mesentery in the cranial abdomen is hyperechoic. Trace free fluid is observed. A cluster of enlarged, irregular hypoechoic lymph nodes are observed in the cranial abdomen, the largest measuring 3.98 cm in length.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Hepatosplenomegaly. Neoplasia (i.e., lymphoma), is the top differential. However, a non-neoplastic process (i.e., inflammation), cannot be completely excluded.
- The cranial abdominal lymphadenopathy is also concerning for infiltrative neoplasia (i.e., lymphoma), with a lower possibility of reactive change.
- Cranial peritonitis, likely secondary to hepatic, splenic and lymph node pathology.

**Secondary Findings**

- The gall bladder wall changes may be artifactual due to lack of full repletion. Other possibilities include cholecystitis or infiltrative neoplasia (less likely).

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Fine-needle aspirates of the liver and spleen are recommended if clotting status is appropriate. Twenty-five gauge-needles should be used.
- Three-view thoracic radiographs are recommended to assess for lymphadenopathy in the chest.



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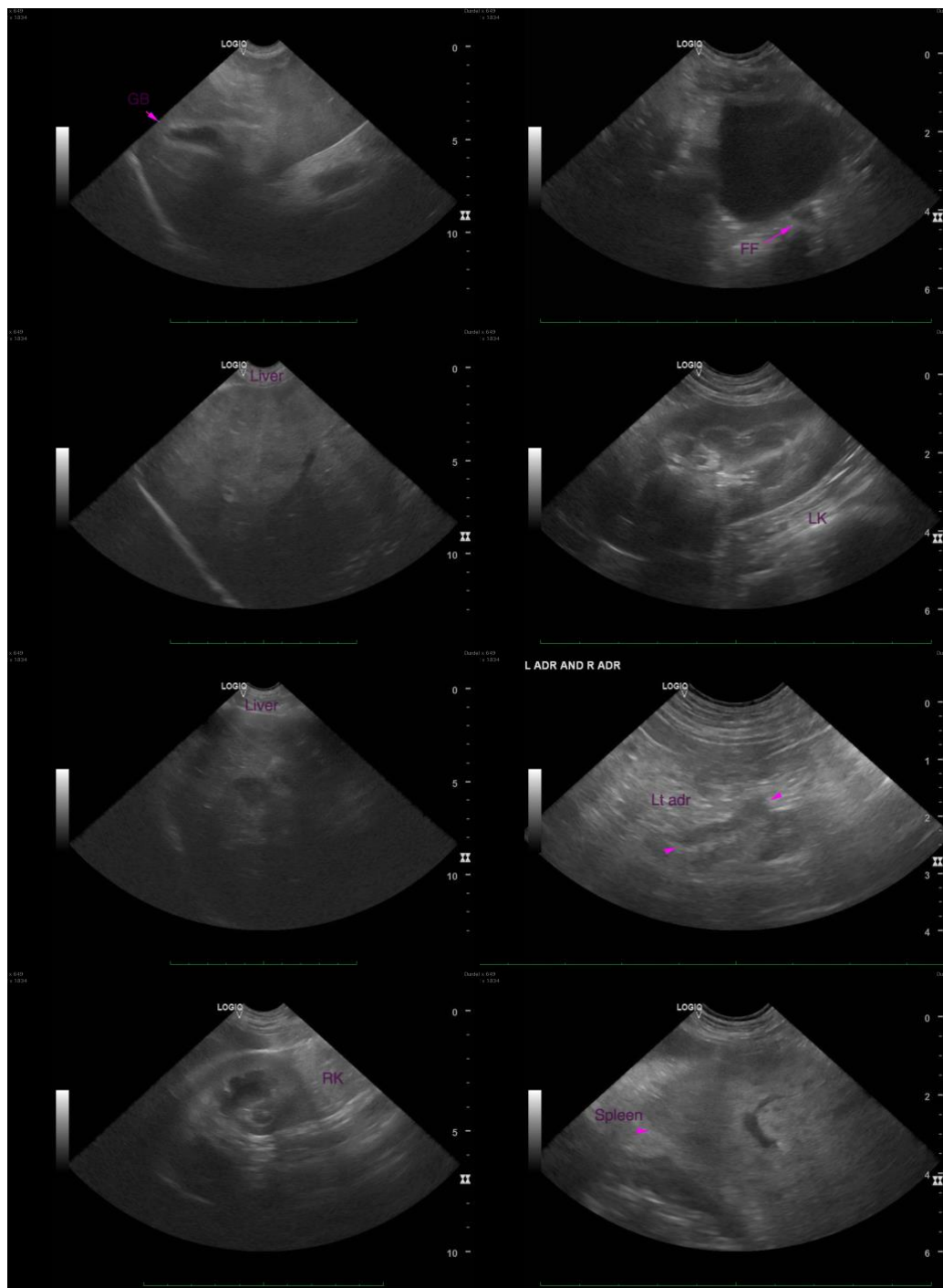
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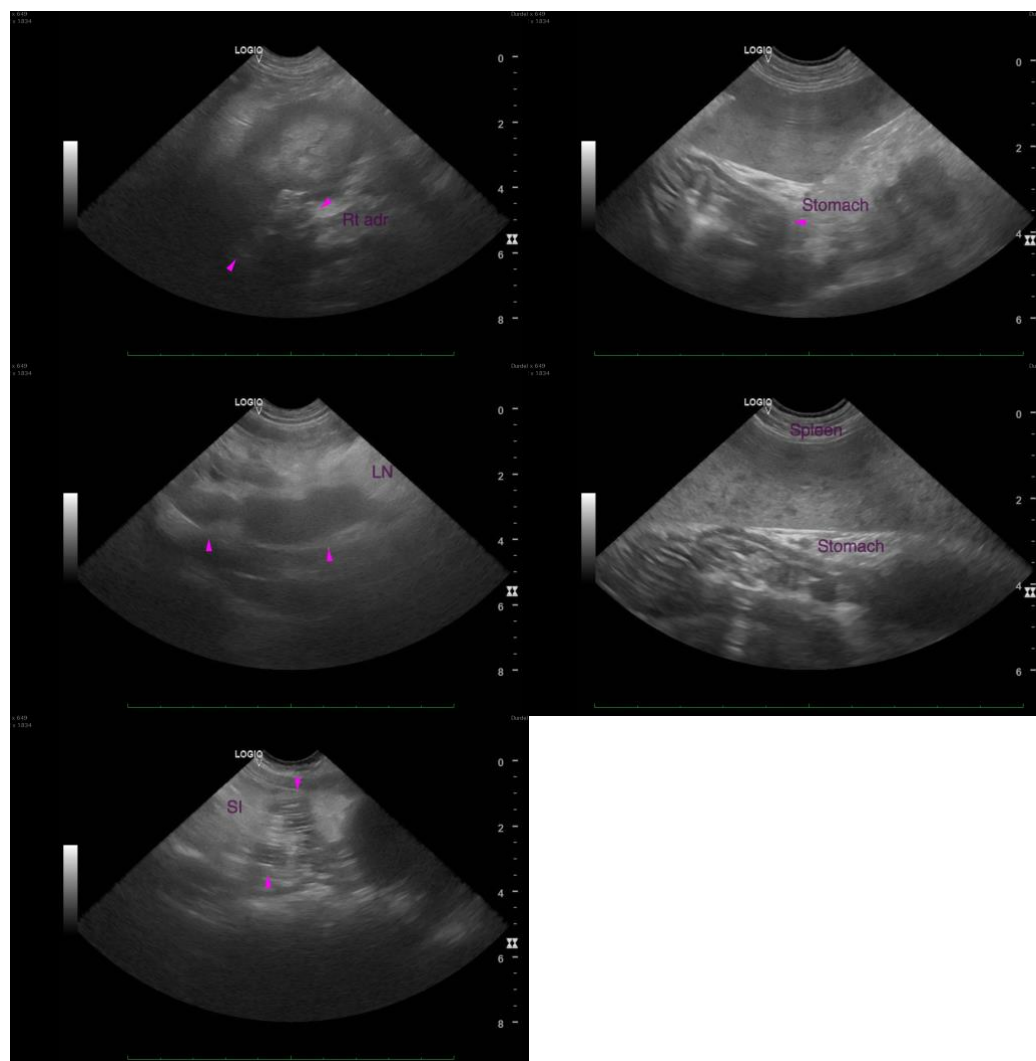
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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