

PATIENT

Lilli Daily

SPECIES

Canine

BREED

German Shepherd

SEX

Female Spayed

AGE

5

WEIGHT

110 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

Central VH Summerville

REFERRING VET

Dr. Miller

INVOICE

22774

DATE

3-30-26

PRESENTING CLINICAL SIGNS

Presented two days ago for swelling under the neck and discomfort. Aspiration of the swelling was inconclusive. CBC revealed a leukocytosis with a lymphocytosis and a neutrophilia. The clinical pathology review revealed concern for hemopoietic neoplasia (either leukemia or the leukemic phase of lymphoma). Chemistry panel unremarkable. T4 0.6. Heartworm negative. Patient has some peripheral lymphadenopathy.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (7.78 cm in length) with a normal shape, architecture and 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 hydroureter. Renal vasculature is normal.

The right kidney is normal in size (8.10 cm in length) with a normal shape, architecture and 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.45 cm at cranial pole) (0.47 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 normal in size (0.53 cm at cranial pole) (0.56 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 (2.42 cm in width at the level of the hilus) with smooth peripheral contours. The parenchyma is diffusely mottled, bordering on a "moth-eaten" appearance. No focal lesions are observed. Splenic vasculature is normal.

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 lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

Within the gastric lumen, a 3.1 cm hard, shadowing structure is visualized. The remainder of the lumen is empty. 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 not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not



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identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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.

Lymph Nodes

At least two enlarged medial iliac lymph nodes are visualized (one measuring 4.16 x 1.58 cm). A 2.66 x 1.53 cm hypoechoic lymph node is also observed in the left mid-abdomen. Several enlarged, hypoechoic, cranial abdominal lymph nodes are also seen (one measuring 2.15 x 1.89 cm). A few prominent, irregular, hypoechoic mesenteric lymph nodes are also visualized (one measuring 3.2 x 1.5 cm). The mesentery surrounding all nodes is hyperechoic.

Free Abdomen

There is no obvious evidence of free fluid.

Other

A brief visualization of the heart revealed some pleural effusion. No obvious pericardial effusion is noted. There is no obvious evidence of intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The abdominal lymphadenopathy and splenic parenchymal changes are more most concerning for infiltrative neoplasia (i.e., lymphoma) with a lower possibility of reactive change.
- Pleural effusion

Secondary Findings

- The shadowing structure within the gastric lumen likely represents a foreign body. It appears nonobstructive at the time of this study.

*Fine needle aspiration of a popliteal lymph node was obtained at the end of the study. In-house assessment revealed a cellular sample with a uniform population of medium-sized lymphocytes. Stat cytology with a clinical pathologist is pending.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If cytology results from the popliteal lymph node are inconclusive, fine-needle aspiration of the spleen +/- enlarged abdominal lymph nodes can be considered (assuming normal clotting status). Depending on results, consultation with a board-certified oncologist may be warranted.

- Regarding the pleural effusion, three-view thoracic radiographs are recommended to assess cardiopulmonary status.



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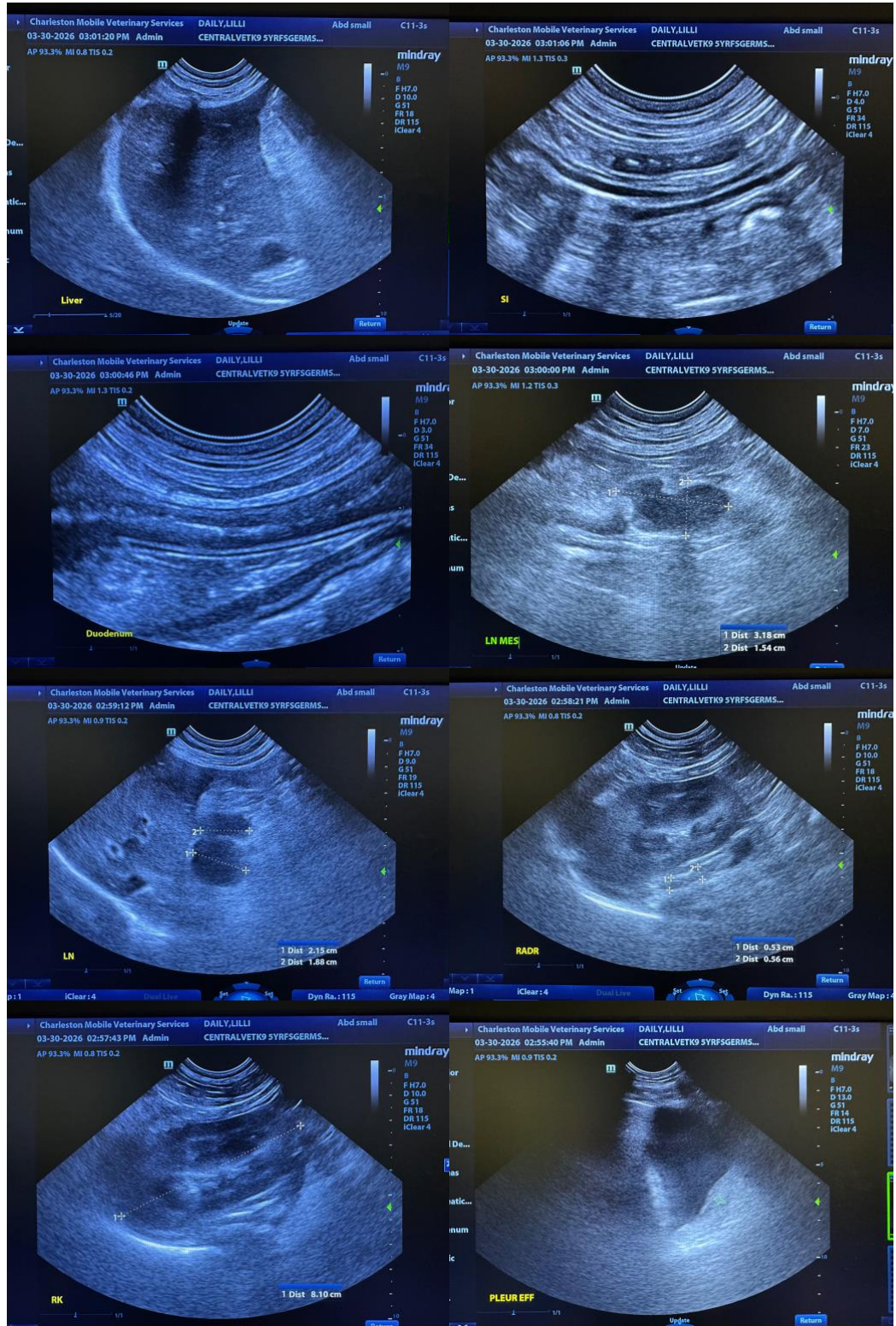
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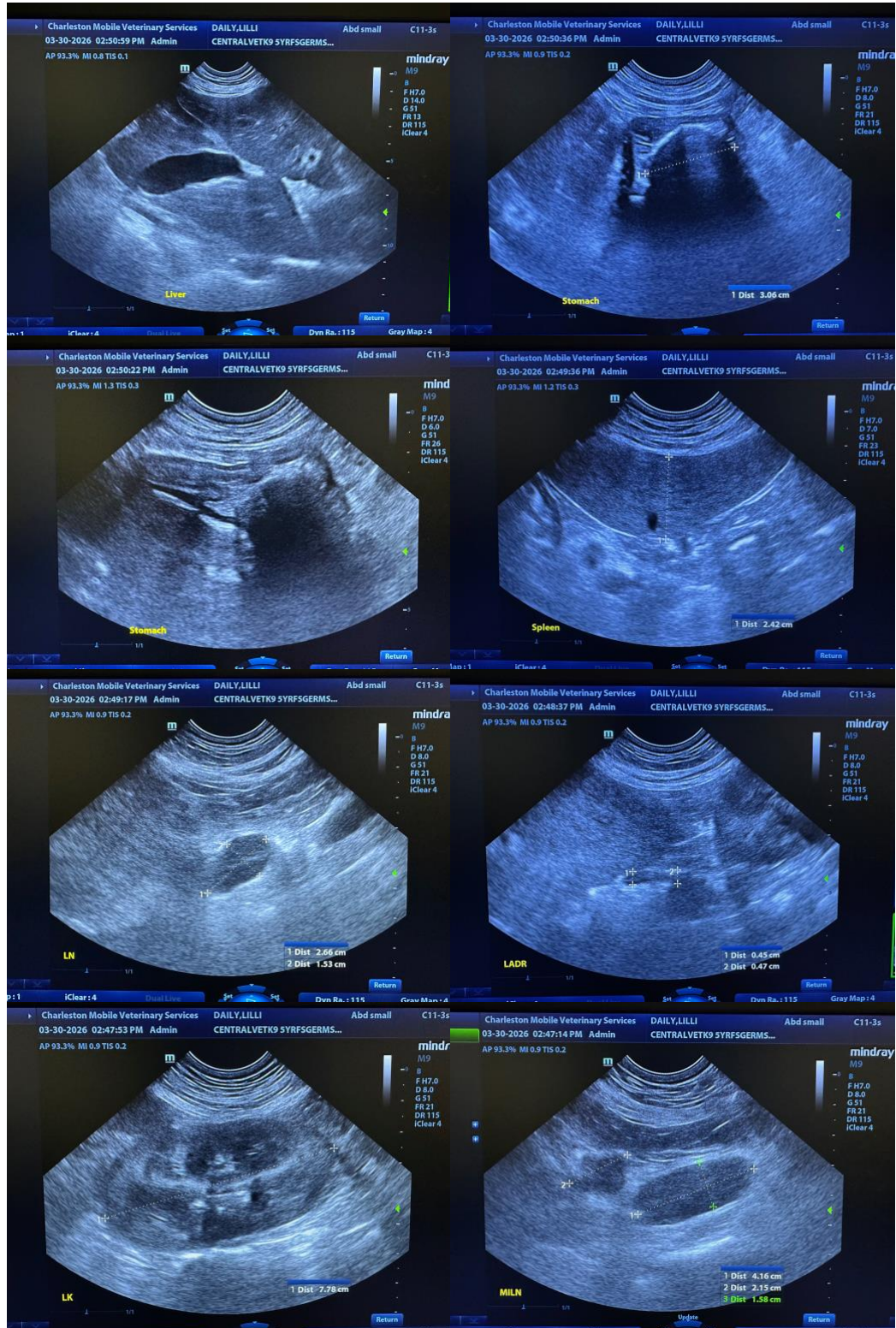
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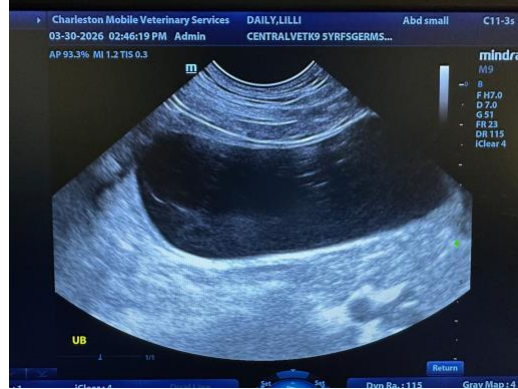
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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