



**PATIENT**

Afrodita Argentino

**SPECIES**

Canine

**BREED**

Dogo Argentino

**SEX**

Female

**AGE**

9 years

**WEIGHT**

74 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Gabriel Ferrer

**HOSPITAL NAME**

Paseos VC

**REFERRING VET**

Dr. Jose Ramirez

**INVOICE**

10501

**DATE**

3/4/22

**PRESENTING CLINICAL SIGNS**

History: Presented as a referral for an abdominal ultrasound. Afrodita presented to the referring veterinarian with a history of inappetence and weight loss. Blood test was done and showed an anemia. The 4DX was negative. Pt is currently on Prednisone and Doxycycline. Referring vet wants to evaluate the abdomen to evaluate for a possible splenic mass. FNA of the Spleen and the Mesenteric LNs were done and submitted to pathologist and results are pending.

Abnormal PE/Chem/CBC/UA Results: PE: was not provided, but when abd u/s was done noticed extreme lethargy and pt was icterus. BW: Done 3-4-22 CBC: Anemia (do not have values) 4dx: All negative Chem: no information was provided.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is slightly irregular. The bladder lumen is moderately distended with mostly 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 in size (8.22 cm in length); with an irregular shape. The cortex is variably thickened, heterogenous, and nodular, mainly at the medial aspect. There is mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter.

The right kidney size is difficult to determine, as it either appears to be fused with the left kidney or contains extra renal tissue. The kidney is irregular in shape. The cortex is variably thickened. There is mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydroureter.

**Adrenal Glands**

The adrenal glands are difficult to visualize due to the severe abdominal lymphadenopathy.

**Spleen**

The spleen is subjectively enlarged (2.23 cm in width at the level of the hilus) with slightly swollen peripheral contours. The parenchyma is subtly mottled in appearance. No distinct focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

**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 gall bladder 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.



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### **Gastrointestinal**

The gastric lumen is fluid-distended and hypomotile. 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.

### **Pancreas**

A portion of the pancreas is obscured by the severe abdominal lymphadenopathy. In the visualized portions, no obvious abnormalities are observed.

### **Free Abdomen**

There is no obvious evidence free fluid. The lymph nodes throughout the abdomen are severely enlarged, hypoechoic and irregular in shape. Surrounding mesentery is hyperechoic.

\*\*Fine-needle aspirates of the liver and enlarged abdominal lymph nodes were obtained during the study without incident.

## ULTRASONOGRAPHIC FINDINGS

### **Primary Findings**

- Severe abdominal lymphadomegaly. Neoplasia (i.e., lymphoma), is the top differential. However, severe lymphadenitis (i.e., pyogranulomatous) cannot be completely excluded.
- The splenic parenchymal changes are also concerning for infiltrative neoplasia. However, a benign process such as lymphoid hyperplasia, splenitis, or extramedullary hematopoiesis, is also possible.
- The severe gastric distention is likely secondary to ileus. However, an outflow tract obstruction cannot be completely excluded, as the pyloric outflow tract is difficult to evaluate due to severe abdominal pathology.
- Abnormal kidneys. The left renal changes could be consistent with infiltrative neoplasia, congenital malformation, inflammatory disease, other. The significance of the right renal changes is unclear. Congenital malformation is possible. Alternatively, it may be fused to the left kidney, although this possibility is less likely.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest X-rays (three-view) are recommended to assess for lymphadenopathy in the thorax. Further treatment recommendations should be based on the splenic and lymph nodes cytologies. To further evaluate the renal changes, an abdominal CT scan may be useful.



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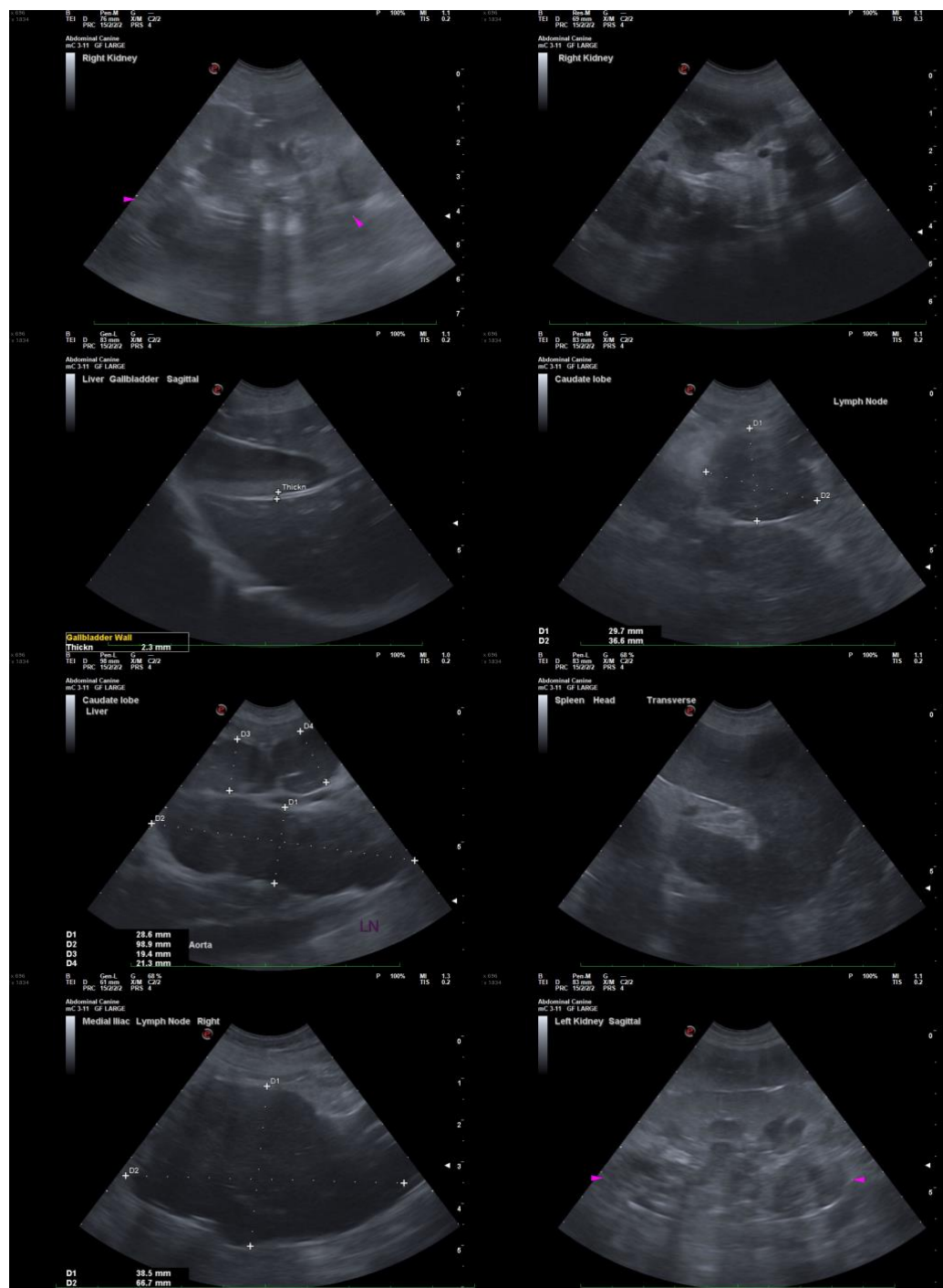
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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