



**PATIENT PRESENTING CLINICAL SIGNS**

Jojo Fisher History: presented for vomiting and lethargy. fever with vomiting anorexia and abd pain - concern for FB with peritonitis vs neoplasia

**SPECIES** Abnormal PE/Chem/CBC/UA Results: chem/lytes: TP 8.1 ALP 517 PCV 50 cPLI - normal CBC: leukocytosis of 23900 with neutrophilia of 22760 Abd x-rays: loss of detail in cranial abdomen with caudal displacement of stomach axis due to liver enlargement.

Canine

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Rottie Mix** *Urinary System*  
The urinary bladder wall is normal in thickness and 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.

**SEX**

Female Spayed The left kidney is normal in size (7.53 cm in length) with a normal shape, architecture and 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 hydroureter.

**AGE**

7 years The right kidney is normal in size (7.95 cm in length) with a normal shape, architecture and 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 hydroureter.

**WEIGHT**

38.6 kg *Adrenal Glands*  
The left adrenal gland is normal in size (0.49 cm at cranial pole) (0.43 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.

**INTERPRETED BY**

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

The region of the right adrenal gland is evaluated. The gland is not definitively visualized. However, no obvious abnormalities is observed in this region.

*Spleen*

The spleen is normal in size (1.70 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**IMAGING PERFORMED BY**

Dr. Laura de Cordon

*Liver*

The liver is prominent in size with normal curvilinear peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

**HOSPITAL NAME**

Mason Dixon AEH

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of mostly gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**REFERRING VET**

Dr. Laura de Cordon

*Gastrointestinal*

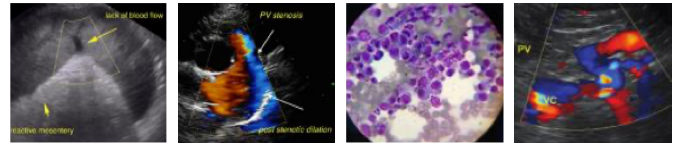
The lumen is mildly fluid-distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

**INVOICE**

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**DATE**

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**PATIENT** *Pancreas*

Jojo Fisher 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**

**SPECIES** The mesentery throughout the abdomen is hyperechoic. A small amount of free fluid is present. A 2.18 cm medial iliac lymph node is visualized. The node is normal in shape and echogenicity. Two enlarged hypoechoic to heterogenous mesenteric lymph nodes are visualized (the largest measuring 3.41 cm in length). The mesentery surrounding the nodes is hyperechoic.

Canine

**BREED** **ULTRASONOGRAPHIC FINDINGS**

Rottie Mix **Primary Findings**

**SEX**

Female Spayed

- The enlarged mesenteric lymph nodes are concerning for infiltrative neoplasia (i.e., lymphoma). However, lymphadenitis (i.e., pyogranulomatous) or lymphoid hyperplasia cannot be completely excluded. Diffuse peritonitis is present, the cause of which is unclear, but may be secondary to lymphadenopathy or other microscopic abdominal pathology.

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

7 years

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**WEIGHT**

38.6 kg

- Diffuse peritonitis is present, the cause of which is unclear, but may be secondary to lymphadenopathy or other microscopic abdominal pathology.

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**HOSPITAL NAME**

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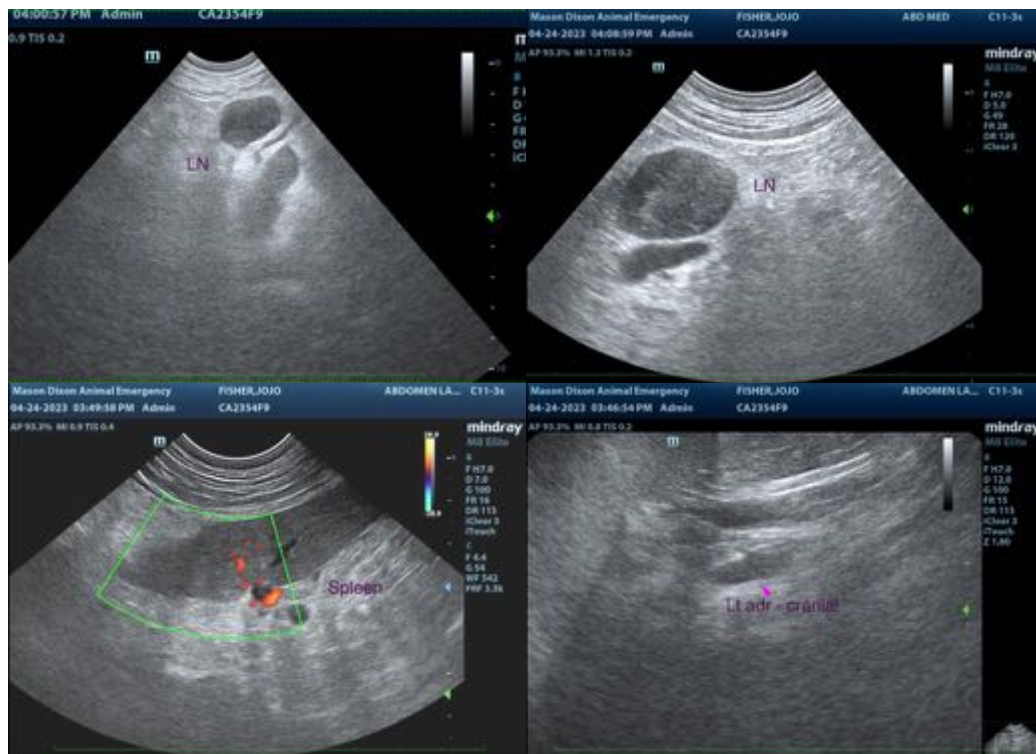
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**PATIENT**

Jojo Fisher

**SPECIES**

Canine

**BREED**

Rottie Mix

**SEX**

Female Spayed

**AGE**

7 years

**WEIGHT**

38.6 kg

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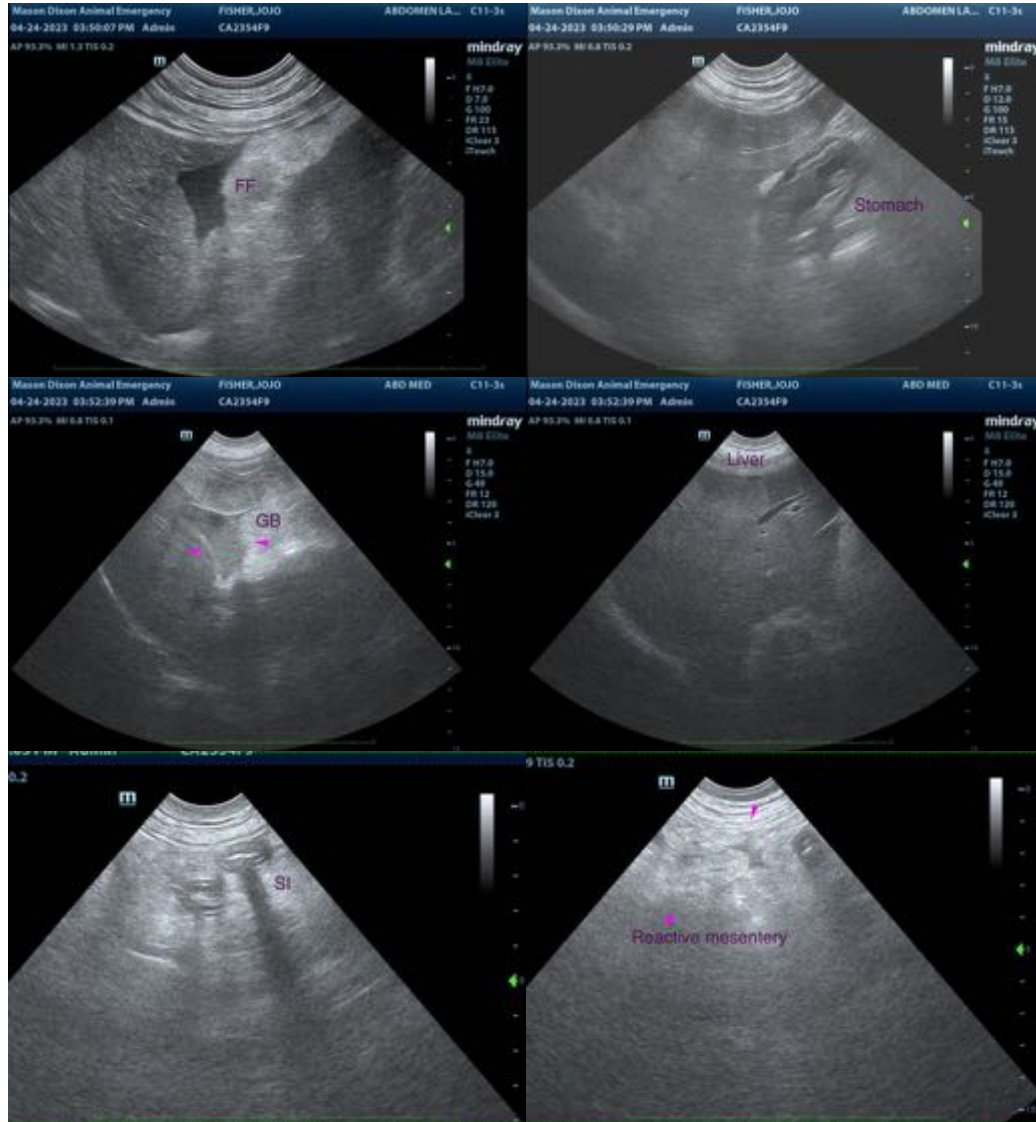
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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