



**PATIENT**

Oden Christiansen

**SPECIES**

Canine

**BREED**

Boxer Mix

**SEX**

Neutered Male

**AGE**

7 years

**WEIGHT**

38.1 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Hayley Heindel, CVT

**HOSPITAL NAME**

Mason Dixon AEH

**REFERRING VET**

Dr. Laura de Cordon

**INVOICE**

12841

**DATE**

4.24.23

**PRESENTING CLINICAL SIGNS**

History: Enlarged superficial lymph nodes noted 4/15. FNA & cytology to IDEXX confirmed large cell lymphoma (T-cell). Chemotherapy started 4/19 (CHOP protocol).

Abnormal PE/Chem/CBC/UA Results: Bloodwork (CBC/Chem/Lytes): WNL Chest x-rays: Cranial mediastinal mass seen

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**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.

The region of the prostate is not visualized due to its pelvic location.

The left kidney is subjectively normal in size 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 hydroureter.

The right kidney is normal in size (7.99 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**Adrenal Glands**

The left adrenal gland is mildly enlarged (0.73 cm at cranial pole) (0.90 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 region of the right adrenal gland is evaluated. The gland is not definitively visualized. However, no obvious abnormalities are observed in this region.

**Spleen**

The spleen is normal in size (2.40 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.

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

**Gastrointestinal**

The stomach is not visualized in its entirety. In the visualized portion, the wall is normal in thickness with a normal layering pattern. The gastric lumen is empty. 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 colonic wall is normal. There is no obvious evidence of an obstructive pattern.



**PATIENT**

**Pancreas**

Oden Christiansen

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.

**SPECIES**

**Free Abdomen**

Canine

There is no obvious evidence of free fluid. Two to three medial iliac lymph nodes are enlarged. The medial iliac lymph nodes are visualized (the largest measuring 2.30 cm in length). The nodes are mildly heterogenous in appearance.

**BREED**

**ULTRASONOGRAPHIC FINDINGS**

Boxer Mix

**Primary Findings**

**SEX**

- Given the patient's clinical history, the medial iliac lymphadenopathy is concerning for the presence of lymphoma. However, reactive lymphadenitis or lymphoid hyperplasia cannot be completely excluded.

Neutered Male

**Secondary Findings**

**AGE**

- Mild left adrenomegaly. The right adrenal gland is not definitively visualized.

7 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

- Consider fine-needle aspiration of the enlarged medial iliac lymph nodes (if clotting status is appropriate). Twenty-five gauge-needles should be used.
- Consultation with a board-certified oncologist is also recommended for further diagnostics/treatment recommendations.

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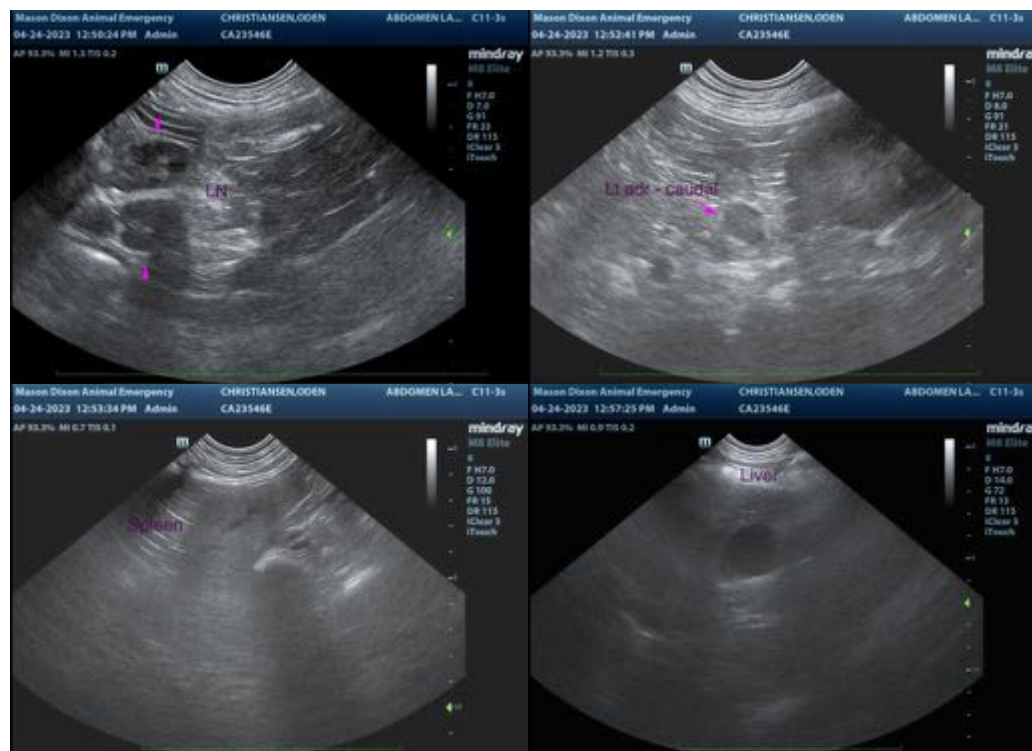
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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