



PATIENT

Gemma Czajkowski

SPECIES

Canine

BREED

Pitbull Terrier

SEX

Spayed Female

AGE

3 years

WEIGHT

44 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Leal

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Summers

INVOICE

10820

DATE

4/27/22

PRESENTING CLINICAL SIGNS

History: Dog presented ADR. Lethargy and not eating well. Vomiting. Bloodwork essentially all WNL. Radiographs show loss serosal detail abdomen. Ultrasound done for further diagnostics

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The wall is of appropriate thickness for the level of repletion. The mucosal surface in the region of the apex is slightly irregular. No cystic calculi are observed. The region of the trigone is normal.

The left kidney presented normal size (7.49 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomodullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney presented normal size (7.61 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomodullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.59 cm at cranial pole) (0.60 cm at caudal pole); 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 (0.97 cm at cranial pole) (0.73 cm at caudal pole) (2.35 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 normal in size with a normal curvilinear peripheral contours. The parenchyma is diffusely mottled, bordering on a "moth-eaten" appearance. A few hypoechoic nodules are visualized, the largest measuring 0.96 in diameter. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely mottled in appearance with a few ill-defined, hypoechoic nodules, the largest measuring 1.34 cm in diameter. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

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.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern. There is evidence of mucosal speckling in some segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.



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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.

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Free Abdomen

A small amount of free fluid is present. Two to three prominent lymph nodes are observed in the right, cranial quadrant, the largest measuring 1.93 cm in length.

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Other

A 2.78 cm hypoechoic subcutaneous mass is observed at the level of the right midabdomen.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic parenchymal changes are concerning for infiltrative neoplasia (i.e., round cell tumor). However, lymphoid hyperplasia, extramedullary hematopoiesis or splenitis cannot be completely excluded.
- The hepatic parenchyma changes are nonspecific and could be associated with a benign process (i.e., regenerative nodular hyperplasia, vacuolar hepatopathy, infiltrative neoplasia (i.e., lymphoma)), inflammatory disease, hepatotoxicosis (i.e., copper), other.
- Ascites
- Subcutaneous mass

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Secondary Findings

- The small intestinal mucosal speckling is suggestive of enteritis.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Consider fine-needle aspirates of the spleen, liver and free abdominal fluid (if clotting status is appropriate). Twenty-five gauge-needles should be used.

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Other diagnostics considerations include the following:

1. Three-view thoracic radiographs to assess for occult neoplasia in the chest
2. Malabsorption panel, including serum cobalamin and folate, TLI and PLI
3. Fine-needle aspiration of the subcutaneous mass over the right midabdomen.
4. Ultimately, endoscopic, or surgical gastrointestinal biopsies may be warranted.

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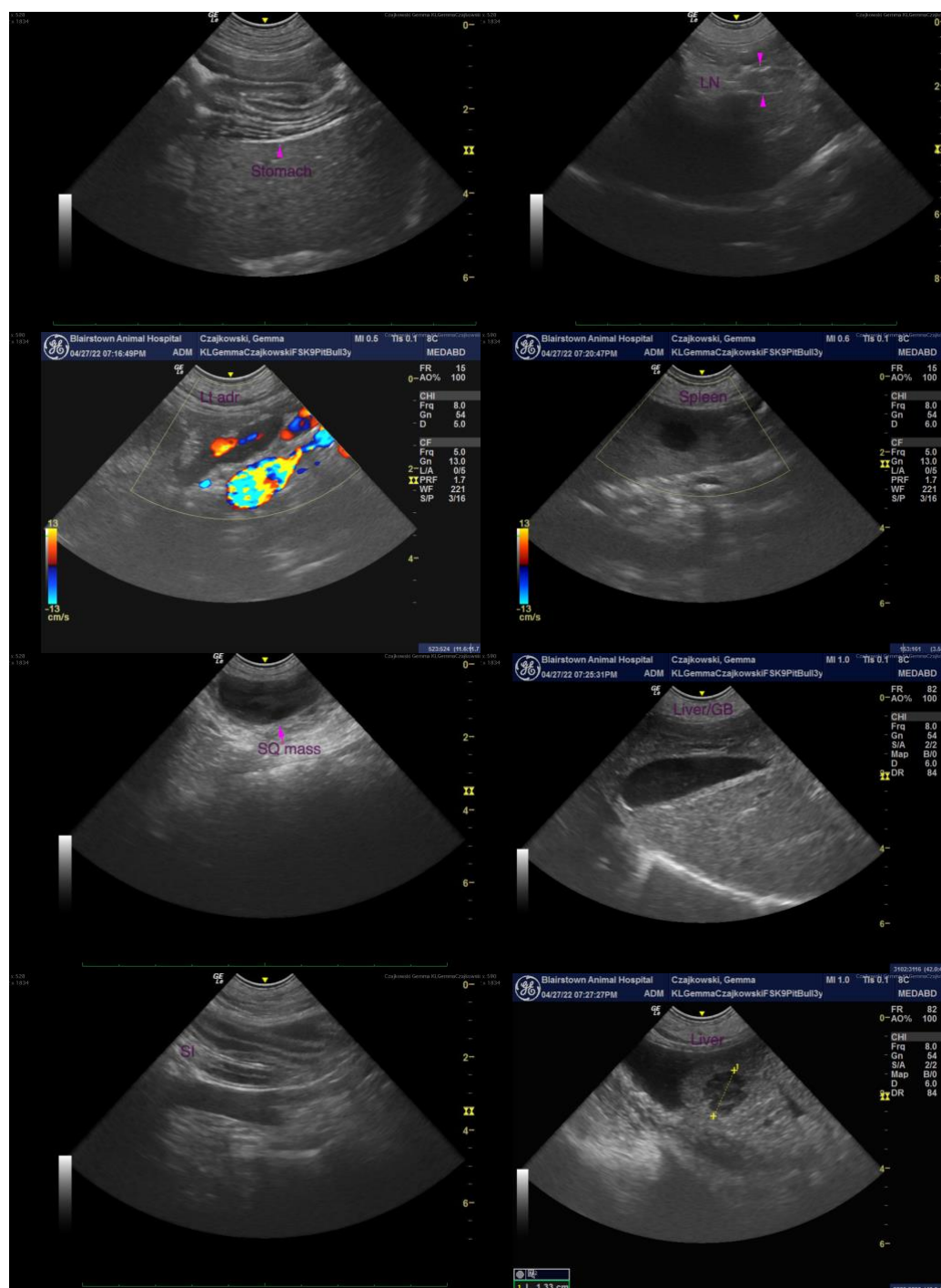
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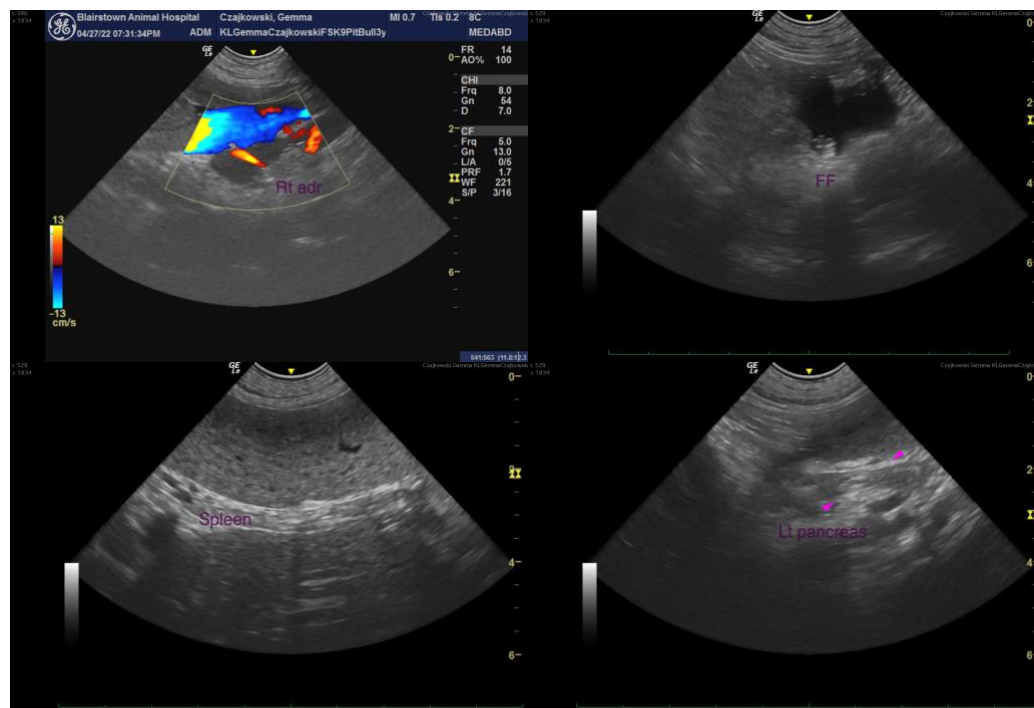
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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