



**PATIENT**

Bella Campagna

**SPECIES**

Canine

**BREED**

Border Collie

**SEX**

Spayed Female

**AGE**

09/08/2009

**WEIGHT**

20.9 kg

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: 04-02-2022 12:42:37pm

Bella is a 12.5 yo FS Border Collie Mix presenting for lethargy and restlessness.

Bella was fine yesterday, but this morning has been restless, lethargic and inappetent. She had previously been diagnosed with lymphoma ~1 year ago, but was treated by our oncology department and has been in remission since Nov. 2021. Has been coughing a little yesterday night and this morning. No S/V/D.

Not UTD on Vx or HW/flea prevention. No meds currently, no other major medical Hx.

04-03-2022 10:14:13am

Bella is still centriole but appears a little more energetic. She is wagging her tai. A bit today and is walking with her head up.

She is coughing today,

MMB PInk <2

CV/R no murmur/arrhythmia lungs clear

Abd palp sl reactive on palpation

MS/N slight muscle wasting across dorsal spine

Integ nsf

PLNS wnl

12.5 yo FS Border collie with Hx lymphoma. Aspiration pneumonia. Ileus. Persistently febrile.

**INTERPRETED BY**

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

04-03-2022 10:16:05am

Repeat rads

IVF. Cerenia 1mg/kg IV Sid. Famotidine 1mg/kg IV BID/ Unasyn 30mg/kg IV Q8h. Enroflox 5mg/kg

ATH. IVC. Chem 17/ CBC. 3 view AXR. 3 view CXR

Phylte 400ml over 1 hour then 75ml/hr IV. Cerenia 1mg/kg IV SID/ Cysto UA

Abnormal labwork values WBC 18.40 K/ $\mu$ L. NEU 15.71 K/ $\mu$ L

Andrea Nicastro,  
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ACVIM (Small Animal  
Internal Medicine)

Current Medications: IVF Cerenia 1mg/kg IV Sld Famotidine 1mg/kg IV BID Unasyn 30mg/kg IV Q8h Enroflox 5mg/kg

**HOSPITAL NAME**

Blue Pearl Vet Emerg  
Intact Male/Onco

**REFERRING VET**

Dr. Wall

**INVOICE**

10653

**DATE**

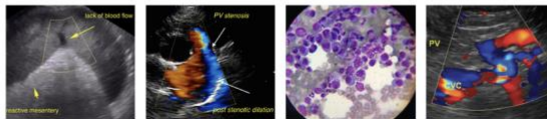
4/4/22

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with 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 size (5.64 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of



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Bella Campagna

corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

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The right kidney is normal size (6.10 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**BREED**

Border Collie

**Adrenal Glands**

The left adrenal gland is normal size (0.53 cm at cranial pole) (0.62 cm at caudal pole) (2.60 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.

**SEX**

Spayed Female

The right adrenal gland is normal size (0.65 cm at cranial pole) (0.48 cm at caudal pole) (1.78 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.

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**Spleen**

The spleen is normal in size (1.57 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is sub mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

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**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.

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Internal Medicine)

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.

**IMAGING PERFORMED BY**

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**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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

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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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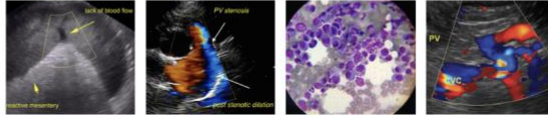
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**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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**PATIENT**

Bella Campagna **Other**

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A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

Canine

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

**Primary Findings**

Border Collie

- Minor bilateral chronic age-related renal changes
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

**SEX**

\*\*There is no obvious evidence recurrence of lymphoma in this patient.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

- A urine culture and sensitivity is recommended, preferably on a pre-antibiotic sample, to assess for occult pyelonephritis.
- If the patient does not respond to supportive care and broad-spectrum antibiotics, consider further testing for infectious diseases (i.e., tick-borne) along with a more advanced workup for a fever of unknown origin (i.e., echocardiogram, +/- joint/CSF taps)..

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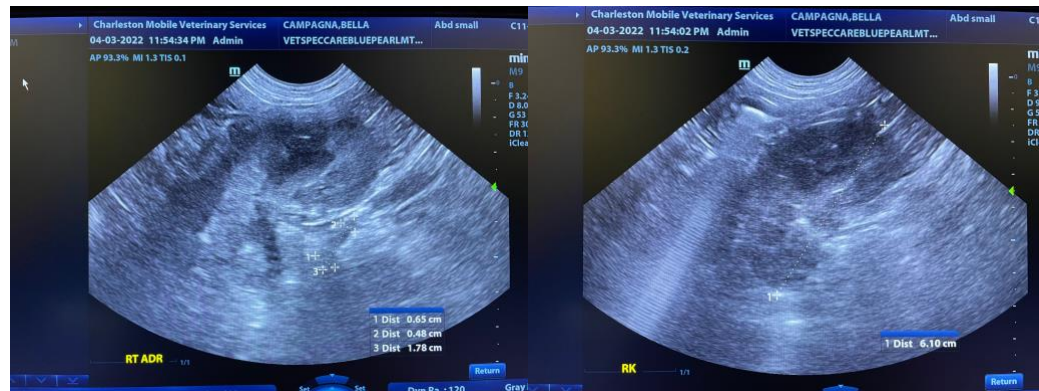
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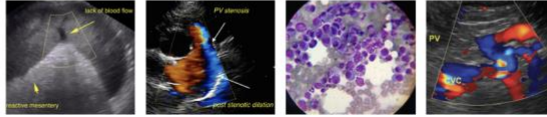
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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**Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
info@SonoPath.com

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