

**PATIENT**

Beans Tierney

**SPECIES**

Canine

**BREED**

Boxer Mix

**SEX**

Female Spayed

**AGE**

10 years

**WEIGHT**

63.4 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Animal General on  
Hudson

**REFERRING VET**

Dr. Daniel Tierney

**INVOICE**

13000

**DATE**

5.10.23

**PRESENTING CLINICAL SIGNS**

History: Patient presents for decreased appetite 1 week and vomiting. Had chest and abdominal radiographs (gas and ingesta in stomach, possible abnormal shape to spleen?).

Current meds: Heartgard and Nexgard.

Abnormal PE/Chem/CBC/UA Results: ALP 184. Coag panel WNL.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (6.43 cm in length) 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (5.61 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 hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size (0.73 cm at cranial pole) (0.52 cm at caudal pole) (3.20 cm in length) 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 right adrenal gland is mildly enlarged (1.03 cm at cranial pole) (1.06 cm at caudal pole) (2.31 cm in length) 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.

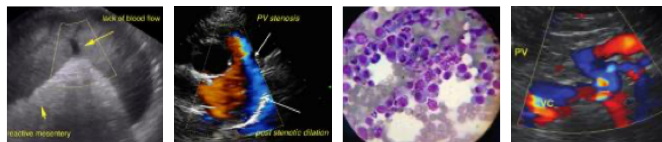
**Spleen**

The spleen is subjectively normal in size (1.75 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is diffusely mottled, bordering on a "moth-eaten" appearance. A 2.60 cm hypoechoic to heterogenous nodule/mass is observed at the craniolateral aspect. Several smaller, ill-defined hypoechoic nodules are also seen. 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 hypoechoic relative to the spleen. A few, small, ill-defined hyperechoic nodules/areas are observed. The parenchyma is otherwise slightly mottled in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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 stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. 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 ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

**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.

**Free Abdomen**

There is no obvious evidence of free fluid. In one still image, a 1.36 x 0.62 cm midabdominal lymph node is visualized.

**Other**

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

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

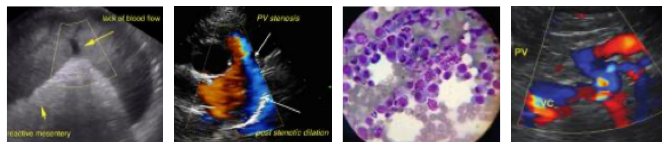
- The splenic parenchymal changes, including the nodule/mass, are concerning for infiltrative neoplasia (i.e., lymphoma, mast cell disease). However, a benign process (i.e., extramedullary hematopoiesis, lymphoid hyperplasia, or similar) cannot be completely excluded.

**Secondary Findings**

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Mild right adrenomegaly
- The prominent abdominal lymph node could be consistent with reactive change or emerging neoplasia.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- If splenic cytology results are inconclusive, a more comprehensive GI work-up may be warranted, and could include the following:
  - Fecal evaluation for ova and Giardia
  - GI panel including serum cobalamin and folate, TLI, PLI, and resting cortisol level
  - +/- endoscopic or surgical GI biopsies
- While awaiting test results, symptomatic care is recommended.



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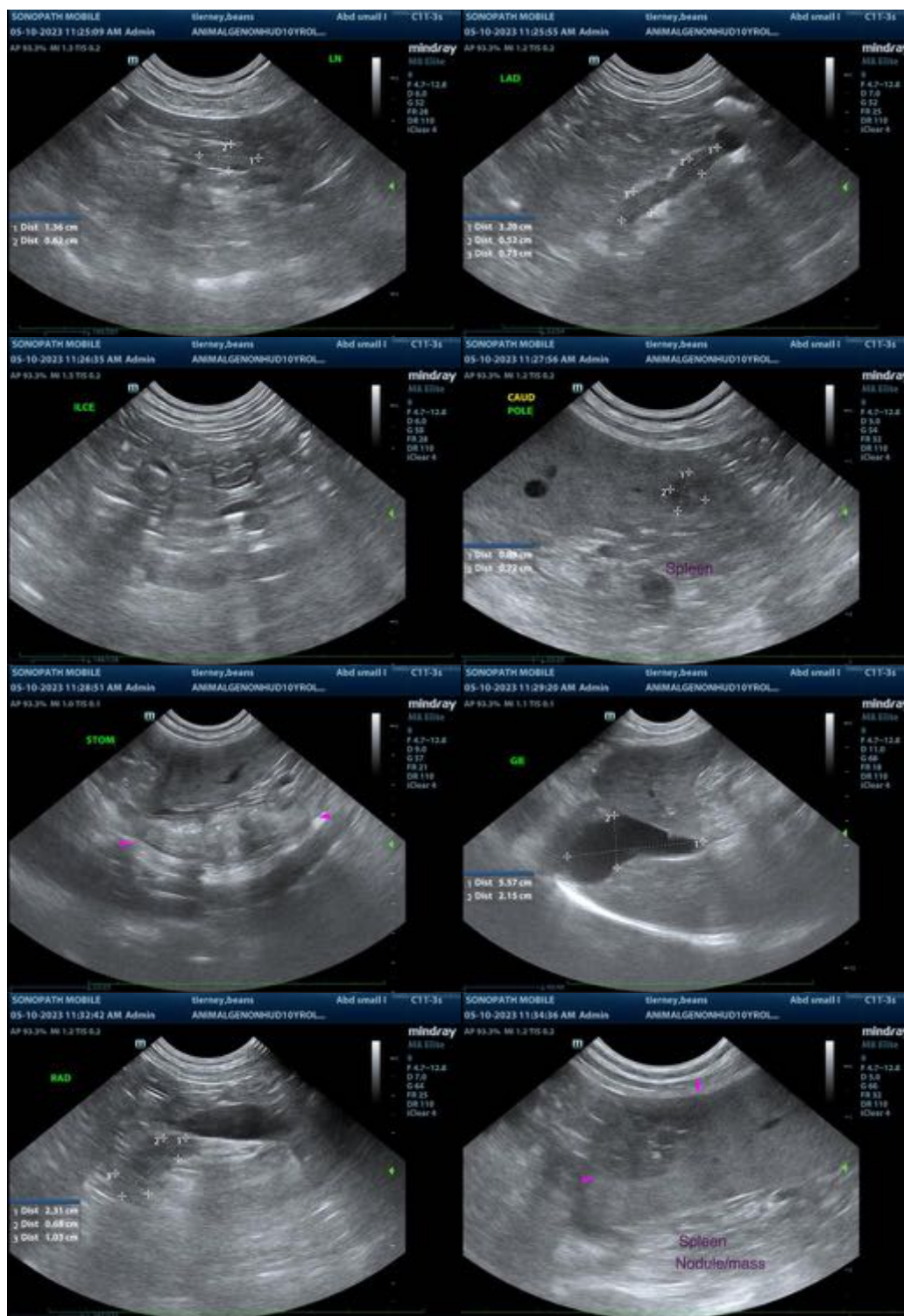
Dr. Daniel Tierney

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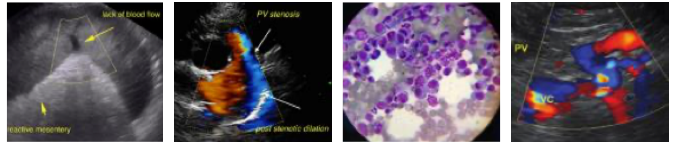
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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](mailto:info@SonoPath.com)

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