



PATIENT

Bodhi Ward

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Female, spayed

AGE

12 Yrs.

WEIGHT

10.5 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Barthelemy

HOSPITAL NAME

Healing Traditions Vet

REFERRING VET

Dr. Vockeroth

INVOICE

14880

DATE

5/2/23

PRESENTING CLINICAL SIGNS

History: Labs show elevated ionized calcium and low PTH with elevated parathyroid related protein. Abnormal PE/Chem/CBC/UA Results: Ionized calcium elevated 1.69 and parathyroid related protein elevated at 5.

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 the visible portion of the proximal urethra are normal.

The left kidney is normal size (4.99 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.

The right kidney is normal size (4.65 cm in length); normal shape and architecture with 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.

Adrenal Glands

The left adrenal gland is normal size (0.32 cm at cranial pole) (0.33 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 (0.84 cm at cranial pole) (0.36 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.

Spleen

The spleen is normal in size (1.01 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly heterogeneous in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gallbladder 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.

Gastrointestinal

The gastric lumen is not distended. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. The pyloric antral wall appears thickened (up to 0.91 cm) with questionable retention of the normal layering pattern. The small intestinal lumen is not dilated. The duodenal wall is normal in thickness with some mucosal speckling. The remaining small intestinal wall



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thickness is normal with a normal layering pattern and appropriate mural detail. The colonic wall is normal. The colonic lumen contains shadowing fecal material.

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Pancreas

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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

Cocker Spaniel

There is no obvious evidence of free fluid. At least 2-3 severely enlarged (up to 4.28 cm) rounded heterogeneous lymph nodes are observed at the level of the aortic trifurcation. Surrounding mesentery is hyperechoic.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings:

- The caudal abdominal lymphadenopathy, in conjunction with the patient's clinical history is most concerning for infiltrative neoplasia (i.e., lymphoma). However, severe lymphadenitis (i.e., pyogranulomatous) cannot be completely excluded, particularly given that systemic fungal disease can cause hypercalcemia and lymphadenopathy.
- The pyloric antral wall changes could be consistent with hypertrophy, emerging neoplasia, inflammation, normal variation, other.

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Secondary Findings:

- The splenic parenchymal changes could be consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or similar. Alternatively, emerging neoplasia cannot be excluded.
- 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. Correlation with the patient's liver values is recommended.
- Minor bilateral chronic renal changes.
- The mucosal speckling in the duodenum may be a normal variant for this patient or may represent mild enteritis. Correlation with the patient's clinical history is recommended.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fine needle aspirates of the enlarged caudal abdominal lymph nodes is recommended, if clotting status is appropriate. 25-gauge needles should be used. If cytology results are inconclusive, more advanced testing (i.e., PARR, biopsies) may be necessary to get a definitive diagnosis.
- Three-view thoracic radiographs are also recommended to assess for lymphadenopathy in the chest.



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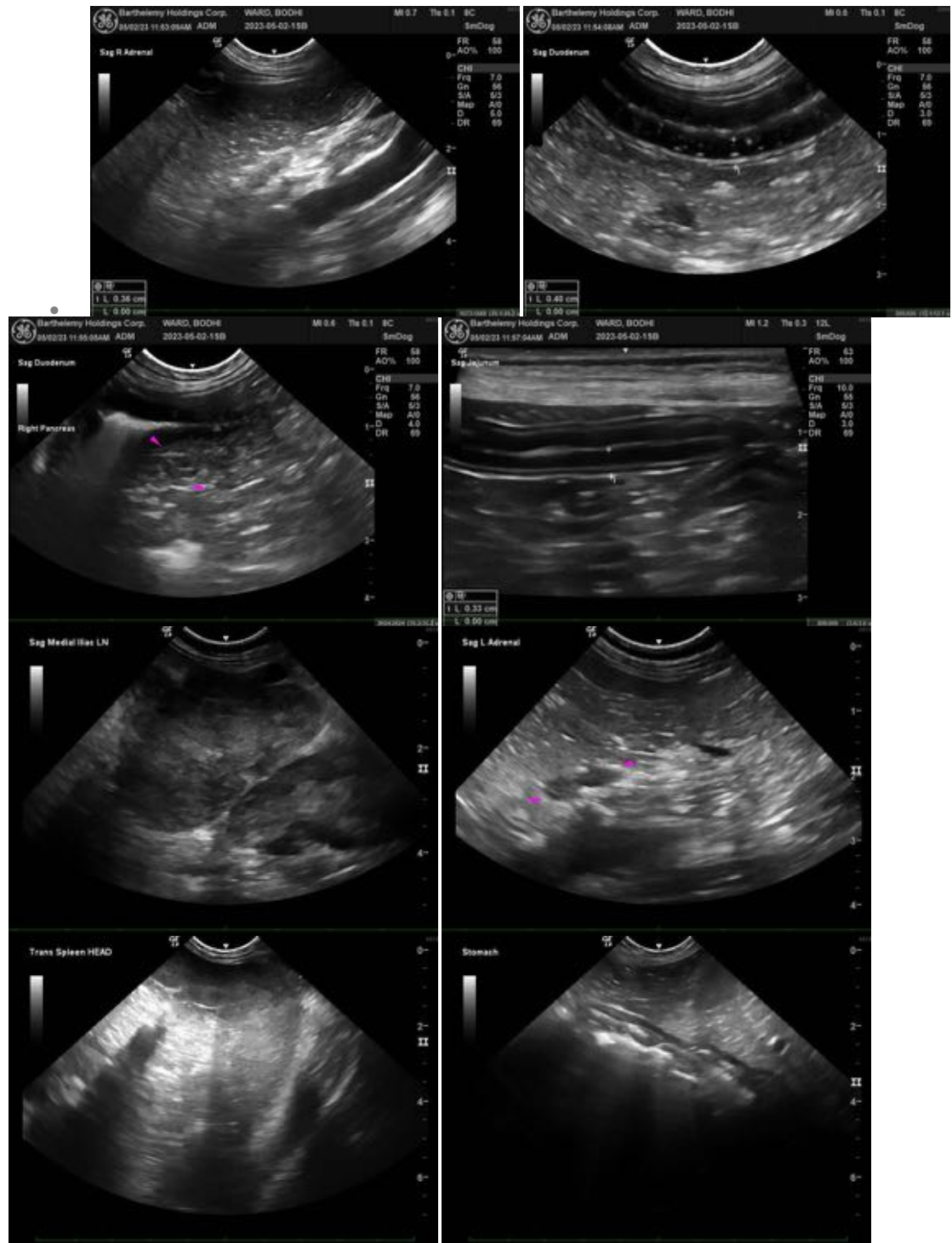
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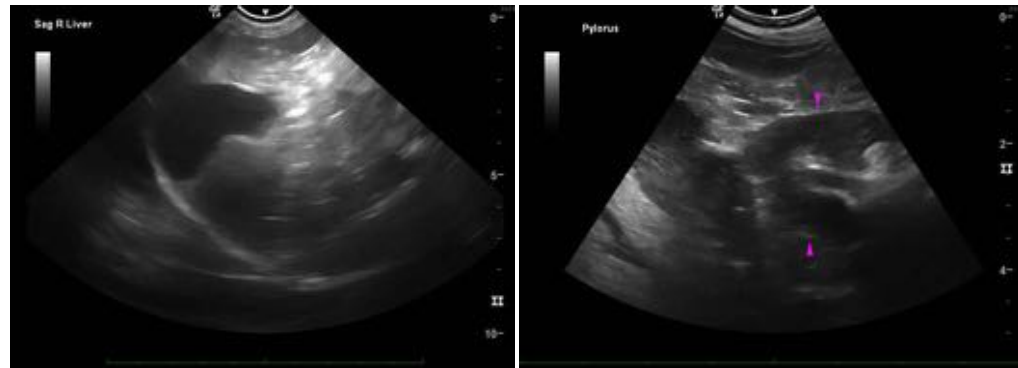
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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