



## PATIENT PRESENTING CLINICAL SIGNS

**Blue Middleton** History: Attending reports history of lymphoma and recently noted multiple peripheral lymphadenopathy. Cytology done in LN and consistent with lymphoma.

## SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: The samples from the right mandibular and left prescapular lymph nodes are cytologically most compatible with large-cell lymphoma, which unfortunately is indicative that the patient is out of remission.

## BREED

Pitbull Terrier

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

## SEX

Neutered Male

### Urinary System

The urinary bladder wall is normal in thickness. 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 proximal urethra, visible to a depth of 2 cm, are normal.

## AGE

10 years 3 mos

The prostate is enlarged (1.83 cm in width) with smooth peripheral contours. The parenchyma is subtly heterogenous in appearance. The prostatic urethra is not overtly dilated.

## WEIGHT

25 kg

The left kidney is normal in size (6.15 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 hydroureter.

The right kidney is normal in size (7.17 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 hydroureter.

## INTERPRETED BY

Andrea Nicastro, DVM,  
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### Adrenal Glands

The left adrenal gland is normal in size (0.56 cm at cranial pole) (0.68 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.

## IMAGING PERFORMED BY

Dr Caroline Tan

The right adrenal gland is normal in size (0.50 cm at cranial pole) (0.51 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.

## HOSPITAL NAME

Prairie Winds AC

### Spleen

The spleen is normal in size (1.73 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

## REFERRING VET

Dr. Gagan Singla

### Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

## INVOICE

23104

The gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic- mineralized, gravity-dependent, sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

## DATE

6-1-26



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## SEX

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### ***Gastrointestinal***

The gastric lumen is not distended. The gastric wall is 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 and appropriate mural detail. Discreet masses are not identified. The colonic wall is 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.

### ***Lymph Nodes***

A 2.9 x 1.2 cm hypoechoic medial iliac lymph node is visualized.

### ***Free Abdomen***

There is no obvious evidence of free fluid.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- The enlarged medial iliac lymph node, in conjunction with the patient's clinical history, is more most concerning for infiltrative neoplasia. However, a benign process (i.e., lymphadenitis or lymphoid hyperplasia) cannot be completely excluded.
- The prostatomegaly could be consistent with late-in-life neutering (if applicable). Infiltrative neoplasia (i.e., adenocarcinoma, transitional cell carcinoma, lymphoma, prostatitis other). Correlation with the patient's clinical history is recommended.

### **Secondary Findings**

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The hepatic parenchymal changes are most consistent with age-related remodeling. However, other hepatopathies (i.e., inflammatory disease, infiltrative neoplasia, fibrosis, regenerative nodular hyperplasia, vacuolar hepatopathy) cannot be excluded. Correlation with the patient's clinical history is recommended.
- Gallbladder sludge, non-mucocele
- Mild bilateral nonspecific age-related renal changes

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Consider fine-needle aspiration of the medial iliac lymph node if accessible and if clotting status is appropriate. A 25-gauge needle should be used. If further testing is not pursued, palliative care is recommended.
- Regarding the prostatomegaly, consider a urine BRAF test for further evaluation of lower urinary tract neoplasia, particularly if the clinical suspicion for disease is high.



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Blue Middleton

**SPECIES**

Canine

**BREED**

Pitbull Terrier

**SEX**

Neutered Male

**AGE**

10 years 3 mos

**WEIGHT**

25 kg

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**HOSPITAL NAME**

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**REFERRING VET**

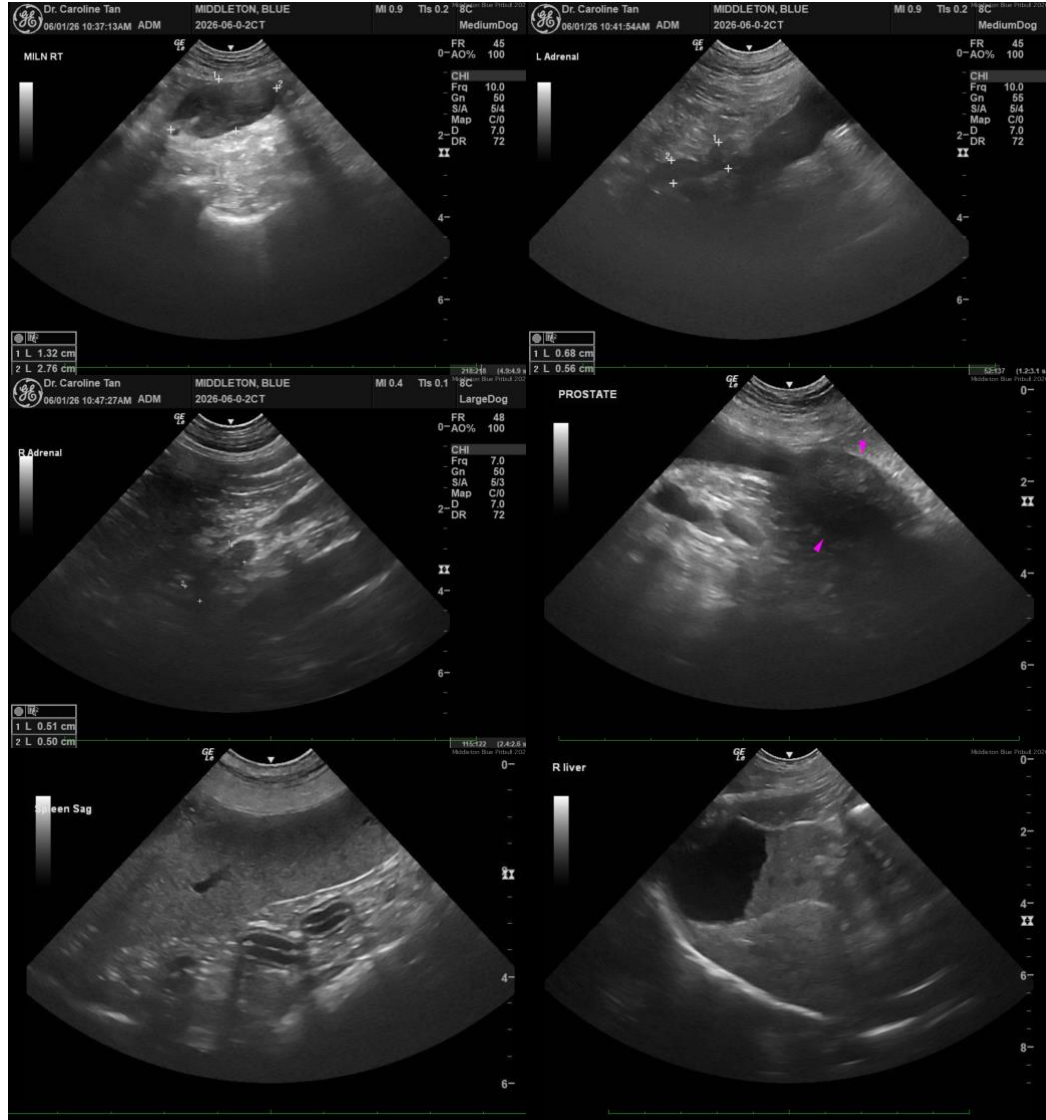
Dr. Gagan Singla

**INVOICE**

23104

**DATE**

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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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