**PATIENT**

Petunia Galloway

**SPECIES**

Canine

**BREED**

Pitbull Terrier

**SEX**

Spayed

**AGE**

10 years

**WEIGHT**

40 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Potomac Mobile  
Veterinary Ultrasound

**HOSPITAL NAME**

Silver Spring AH

**REFERRING VET**

Dr. Cathy Jarrett

**INVOICE**

11090

**DATE**

6/16/22

**PRESENTING CLINICAL SIGNS**

Abnormal PE/Chem/CBC/UA Results: (06/03/2022) CHEM: SDMA 18, TP 5.1, ALB 2.1, GGT 21, Cholesterol 106. CBC: Hemoglobin 12.9, WBC 18.2, Lymphocytes 10920, Eosinophils 0, PLT decreased. T4: 0.7. U/A (Freecatch): USG 1.020 and pH 5.0.

**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 presented normal size (5.80 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney presented normal size (6.34 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal size (0.48 cm at cranial pole) (0.56 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 (0.63 cm at cranial pole) (0.51 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**

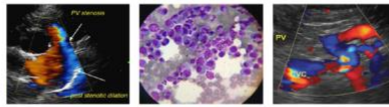
The spleen is normal in size (1.71 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**Liver**

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

**PATIENT**

Petunia Galloway

**SPECIES**

Canine

**BREED**

Pitbull Terrier

**SEX**

Spayed

**AGE**

10 years

**WEIGHT**

40 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Potomac Mobile  
Veterinary Ultrasound

**HOSPITAL NAME**

Silver Spring AH

**REFERRING VET**

Dr. Cathy Jarrett

**INVOICE**

11090

**DATE**

6/16/22

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 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. There is no evidence of an obstructive pattern.

***Pancreas***

The left limb is prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

***Free Abdomen***

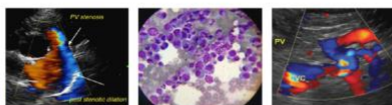
Trace free fluid is present. Several, prominent lymph nodes are observed throughout the abdomen, including at the mesenteric root and at the aortic trifurcation. The nodes are hyperechoic and slightly irregular. The largest node measures 3.01 cm in length.

**ULTRASONOGRAPHIC FINDINGS****Primary Findings**

- The diffuse abdominal lymphadenopathy could be consistent with infiltrative neoplasia (i.e., lymphoma), reactive lymphadenitis or lymphoid hyperplasia.
- Nonspecific, diffuse hepatopathy. Differentials include a benign process (i.e., vacuolar hepatopathy, regenerative nodular hyperplasia). Alternatively, infiltrative neoplasia (i.e., lymphoma) may be present.
- The pancreatic changes are consistent with mild, chronic, pancreatitis.
- The trace ascites may be secondary increased vascular permeability, low oncotic pressure, or increased hydrostatic pressure.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Thoracic radiographs are recommended to assess for lymphadenopathy in the chest.
- If the platelet count can be stabilized, ultrasound-guided aspirates of the enlarged abdominal lymph nodes can be considered. Twenty-five gauge-needles should be used. If results are inconclusive, an abdominal exploratory with GI and abdominal lymph node biopsy can be considered.
- A GI panel (send to Texas A&M) should also be considered, along with fecal evaluation for ova and Giardia.



**PATIENT**

Petunia Galloway

**SPECIES**

Canine

**BREED**

Pitbull Terrier

**SEX**

Spayed

**AGE**

10 years

**WEIGHT**

40 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Potomac Mobile  
Veterinary Ultrasound

**HOSPITAL NAME**

Silver Spring AH

**REFERRING VET**

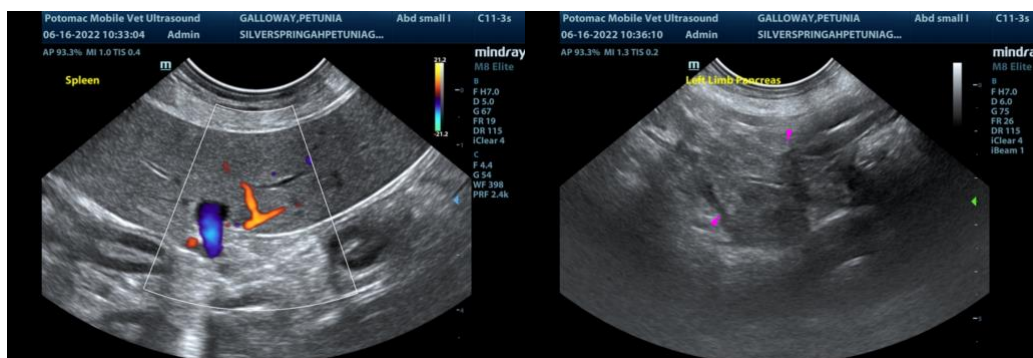
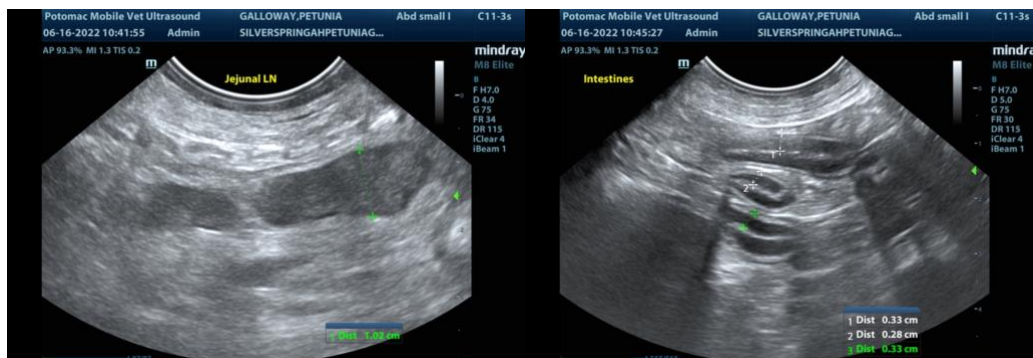
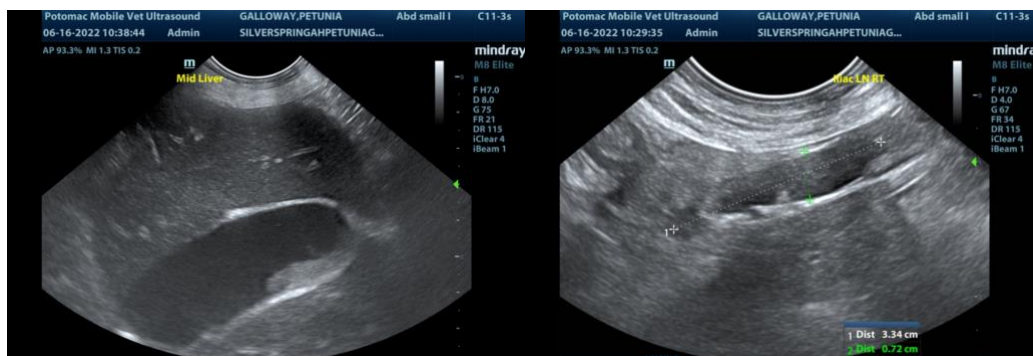
Dr. Cathy Jarrett

**INVOICE**

11090

**DATE**

6/16/22

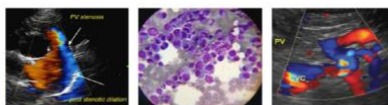


IMAGING PERFORMED BY

www.potomacmvu.com 571-207-7467



Potomac Mobile Veterinary Ultrasound



Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**

Petunia Galloway

**SPECIES**

Canine

**BREED**

Pitbull Terrier



**SEX**

Spayed

**AGE**

10 years

**WEIGHT**

40 lbs

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

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Potomac Mobile  
Veterinary Ultrasound

**HOSPITAL NAME**

Silver Spring AH

**REFERRING VET**

Dr. Cathy Jarrett

**INVOICE**

11090

**DATE**

6/16/22