



**PATIENT**

Georgia Kesling

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Female Spayed

**AGE**

67.2

**WEIGHT**

10/1/2014

**INTERPRETED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**IMAGING  
PERFORMED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**HOSPITAL NAME**

Sun Dog Cat Moon

**REFERRING VET**

Dr Pruitt

**INVOICE**

23115

**DATE**

6-4-26

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: Has elevated GGT, and her chronic high lymphocytes have almost doubled. Dr. AC has recommended chest x-ray and abdominal US to assess liver and chest rads for chronic high lymphocytes.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is mildly- to moderately distended. The wall is variably thickened (up to 0.87 cm) and irregular, with finger-like projections arising from the mucosal surface in some regions. Mineralized foci are also observed within the wall. A small amount of echogenic debris is observed within the lumen. No distinct cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (6.69 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 (6.69 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.

**Adrenal Glands**

The left adrenal gland is mildly enlarged (1.47 cm at cranial pole) (0.98 cm at caudal pole) with a slightly irregular shape. A 1.47 x 1.97 cm hyperechoic nodule is observed at the cranial pole. Glandular echogenicity and detail at the caudal pole are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.60 cm at cranial pole) (0.52 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.

**Spleen**

The spleen is normal in size (1.92 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. A 1.48 x 1.04 cm ill-defined hypoechoic nodule is seen at the lateral aspect. Splenic vasculature is normal.

**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.

The gallbladder is moderately distended. The wall is normal- to borderline thickened, and hyperechoic- to mineralized. A small amount of gravity-dependent, echogenic- to mineralized debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The majority of the small intestinal segments are empty. One jejunal segment contains chyme and small, fragmented shadowing material. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet



**PATIENT**

Georgia Kesling

masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

**SPECIES**

Canine

**Pancreas**

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

**BREED**

Golden Retriever

**Lymph Nodes**

A few prominent hypoechoic mesenteric lymph nodes are visualized (one measuring 3.83 x 0.80 cm). A 3.2 x 0.4 cm medial iliac lymph node is also seen. In addition a 3.3 x 2.2 cm rounded, hypoechoic lymph node is observed in the right cranial quadrant.

**SEX**

Female Spayed

**Free Abdomen**

There is no obvious evidence of free fluid.

**AGE**

67.2

**Other**

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

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

10/1/2014

**Primary Findings**

- The abdominal lymphadenopathy, in conjunction with the patient's clinical history, is concerning for emerging lymphoma. However, a benign process (i.e., lymphoid hyperplasia or lymphadenitis) cannot be excluded.

**INTERPRETED BY**

Andrea Nicastrò DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**Secondary Findings**

- The urinary bladder wall changes could be consistent with polypoid cystitis. Alternatively, neoplasia (i.e., transitional cell carcinoma) is possible. Correlation with the patient's clinical history is recommended (i.e., is there a history of urinary tract infections?) is recommended.
- Left adrenal nodule. This lesion could be consistent with focal nodular hyperplasia, adenoma, emerging adenocarcinoma, pheochromocytoma, other.
- The diffuse splenic parenchymal changes, as well as the splenic nodule could be 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 mineralized of the gallbladder wall (aka "porcelain" gall bladder) is most consistent with cholecystitis. However, this finding has been associated with biliary carcinoma in rare instances.

**IMAGING PERFORMED BY**

Andrea Nicastrò DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**HOSPITAL NAME**

Sun Dog Cat Moon

**REFERRING VET**

Dr Pruitt

Ultrasound-guided fine-needle aspiration of a mesenteric lymph node was performed at the end of this study without incident.

**INVOICE**

23115

**DATE**

6-4-26



**PATIENT**

Georgia Kesling

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Female Spayed

**AGE**

67.2

**WEIGHT**

10/1/2014

**INTERPRETED BY**

Andrea Nicastro DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

**IMAGING PERFORMED BY**

Andrea Nicastro DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

**HOSPITAL NAME**

Sun Dog Cat Moon

**REFERRING VET**

Dr Pruitt

**INVOICE**

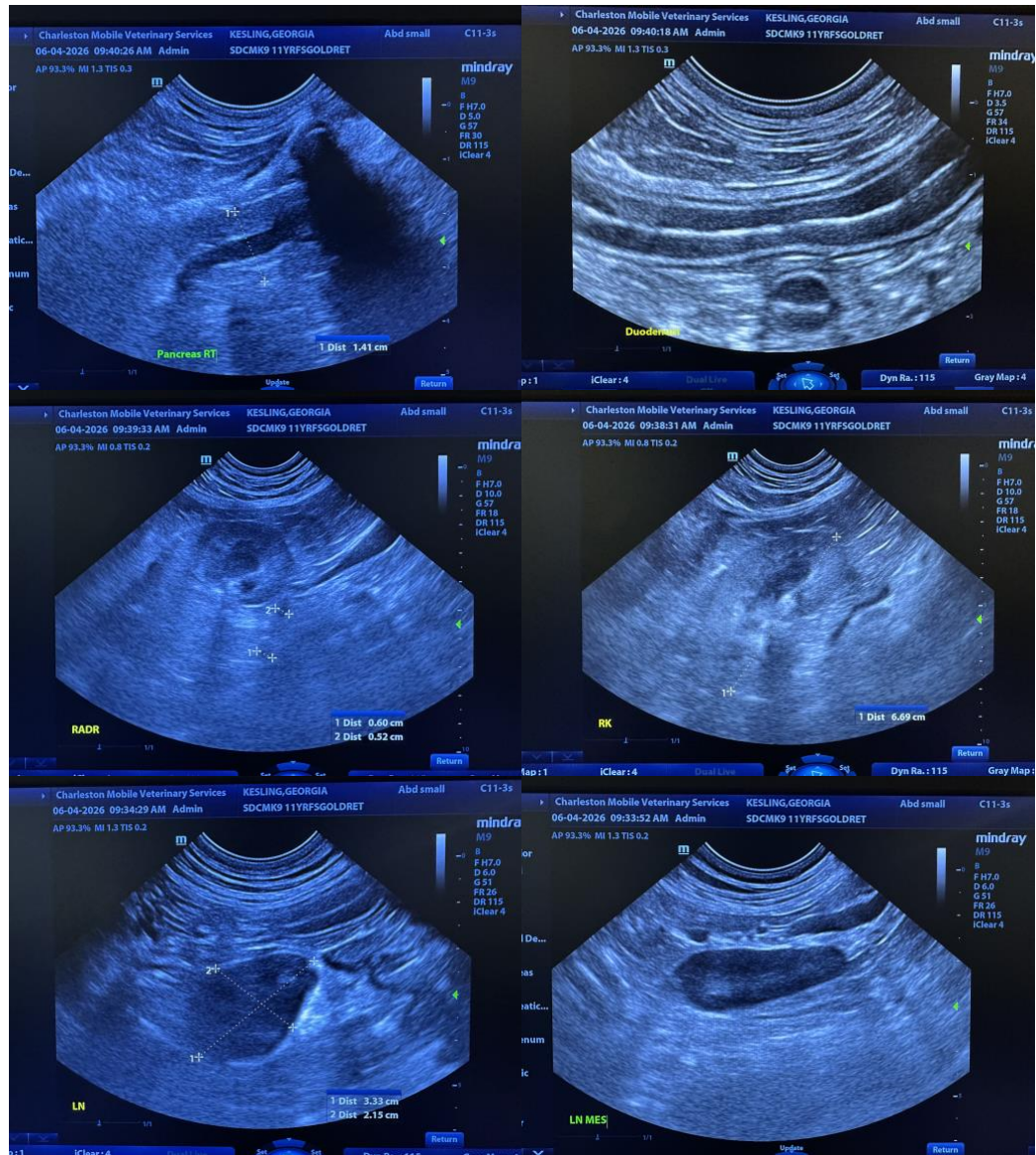
23115

**DATE**

6-4-26

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Depending on lymph node cytology results, consultation with a board-certified oncologist may be indicated.
- Also consider three-view thoracic radiographs to assess for occult pathology in the chest.





**PATIENT**

Georgia Kesling

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Female Spayed

**AGE**

67.2

**WEIGHT**

10/1/2014

**INTERPRETED BY**

Andrea Nicastrò DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

**IMAGING PERFORMED BY**

Andrea Nicastrò DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

**HOSPITAL NAME**

Sun Dog Cat Moon

**REFERRING VET**

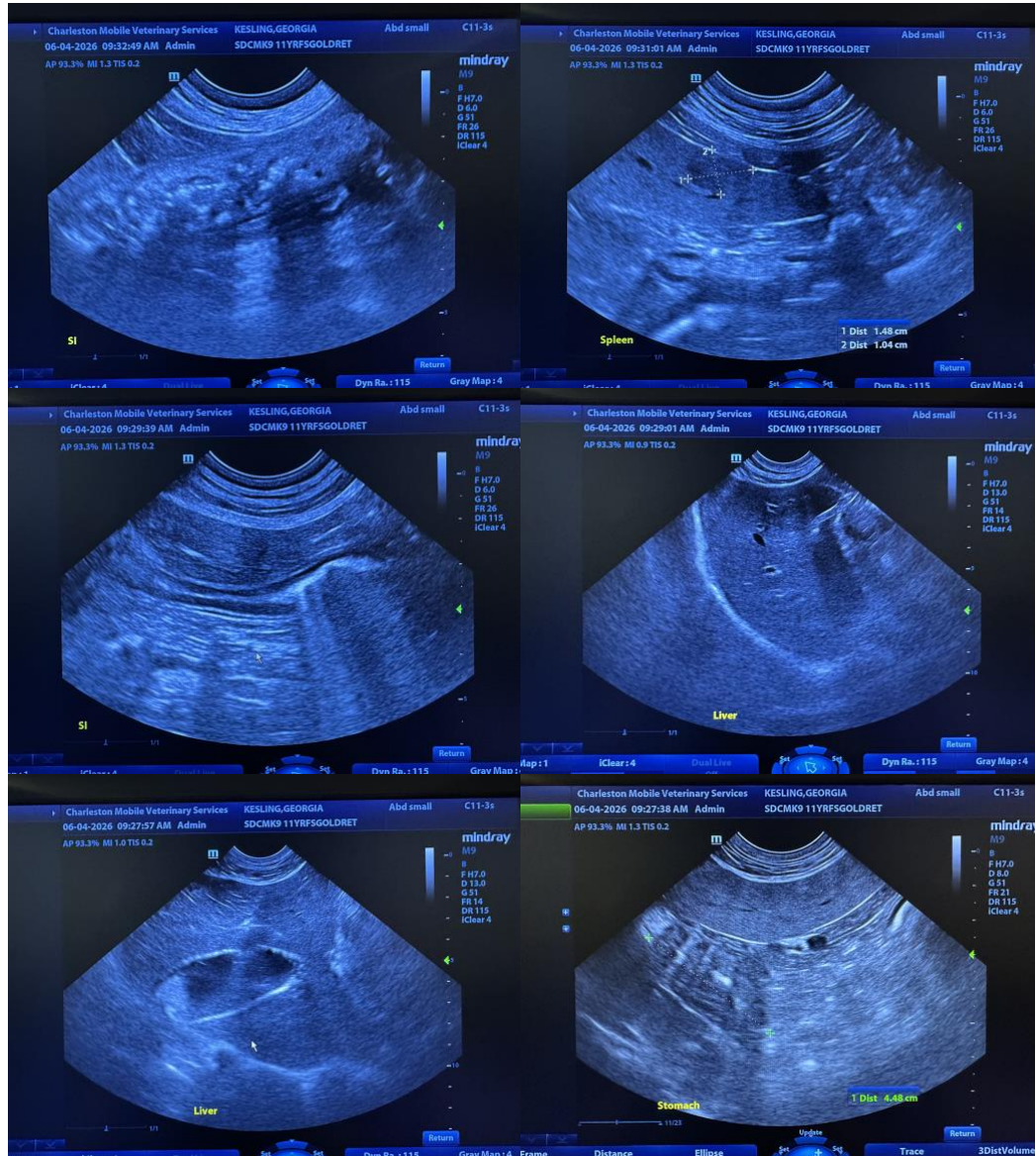
Dr Pruitt

**INVOICE**

23115

**DATE**

6-4-26





**PATIENT**

Georgia Kesling

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Female Spayed

**AGE**

67.2

**WEIGHT**

10/1/2014

**INTERPRETED BY**

Andrea Nicastrò DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

**IMAGING PERFORMED BY**

Andrea Nicastrò DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

**HOSPITAL NAME**

Sun Dog Cat Moon

**REFERRING VET**

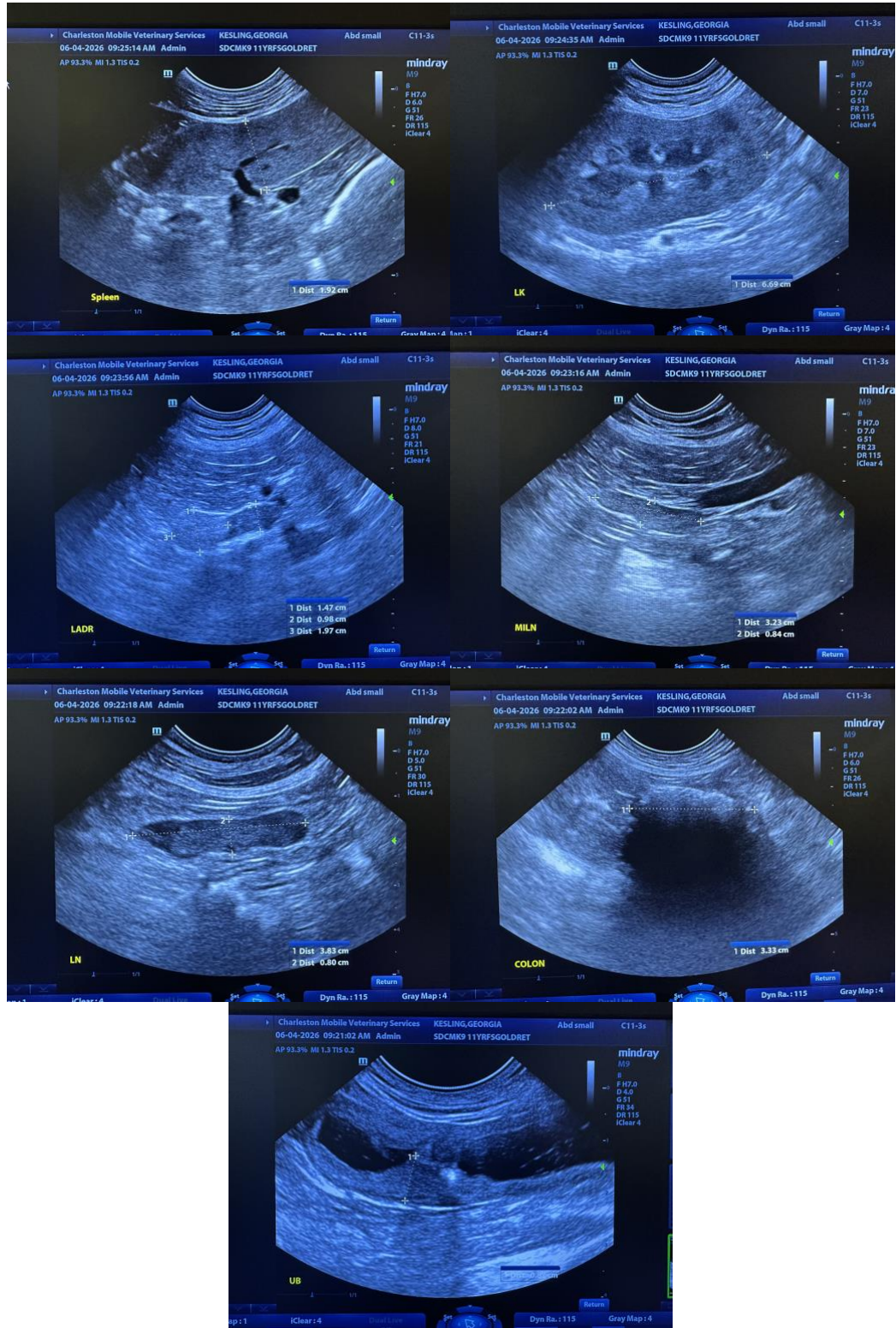
Dr Pruitt

**INVOICE**

23115

**DATE**

6-4-26





**PATIENT**

Georgia Kesling

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.

**SPECIES**

Canine

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.

**BREED**

Golden Retriever

**Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
[info@SonoPath.com](mailto:info@SonoPath.com)

**SEX**

Female Spayed

**AGE**

67.2

**WEIGHT**

10/1/2014

**INTERPRETED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**IMAGING  
PERFORMED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**HOSPITAL NAME**

Sun Dog Cat Moon

**REFERRING VET**

Dr Pruitt

**INVOICE**

23115

**DATE**

6-4-26