



PATIENT

Daisy Vandeventer

SPECIES

Canine

BREED

Lab

SEX

Female, spayed

AGE

9 Yrs.

WEIGHT

25.3 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Laura Bennett

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Laura Bennett

INVOICE

13610

DATE

6/9/26

PRESENTING CLINICAL SIGNS

History: Presented 6/7 for 4 days of V and D. Exposure to fish 2 weeks ago. Treating for suspect Salmon Poisoning based on thrombocytopenia, history of exposure, and lymphadenopathy. Discontinued treatment for salmon disease 6/9 AM and pursuing workup for generalized lymphadenopathy and hyperproteinemia. Abnormal PE/Chem/CBC/UA Results: Diagnostics 6/7: CBC - Hct 63%, WBC 11k (N), lym 0.7k (L), eos 0k (L), plt 11k (L) MPV 18.4 (H), pct 0.02% (L) Chem10 - Glucose 153 (H), BUN 32 (h), TP 10.3 (H), Glob 6.5 (H) Fecal direct - no flukes seen Diagnostics 6/8: EPOC: K+ 2.9 (L) CBC: Lymphocytes 0.64 (L), Monocytes 1.18 (H), Platelets 7 (L) Diagnostics 6/9: FAST scan - enlarged homogenous liver, severely enlarged mesenteric lymph nodes. Spleen normal in appearance. Fluid filled stomach. No FAF. No pericardial effusion. ALT lab values did not read at intake labs- re ran 6/9 in AM: 35 (WNL) QAR, sweet girl, lethargic. Moderate dental tartar, MM pink. H/L auscultate WNL, no murmur, eupneic. Abdomen tense on palpation. L Submandibular and L superficial cervical ln palpable. no other appreciable lymphadenopathy.

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 mostly anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is subjectively normal in size 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. Renal vasculature is normal.

The right kidney is normal in size (7.43 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.83 cm at cranial pole) (0.72 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.

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is subjectively normal in size (2.15 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.

Liver

The liver is prominent in size with smooth peripheral contours. Vascular 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



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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 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 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

At least 2 prominent medial iliac lymph nodes are visualized, one of the nodes measuring 1.41 x 0.90 cm. In addition, a 3.20 x 0.77 cm lymph node is observed adjacent to the left renal artery.

Free Abdomen

Trace free fluid is observed.

Other

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Suspected mild hepatomegaly
- 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).

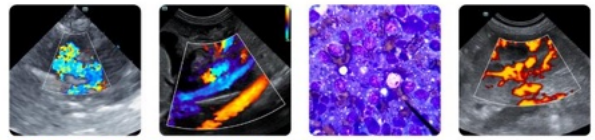
Secondary Findings:

- Mild bilateral nonspecific, age-related renal changes
- Trace ascites

*An obvious cause for the patient's thrombocytopenia is not identified in this study. Considerations include immune mediated disease, infectious (i.e., tick borne, salmon poisoning), occult neoplasia, bone marrow disease, blood loss (less likely), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. A comprehensive tick panel, including PCR and serology (submission to North Carolina State University's Vector Borne Disease Diagnostic Lab) is recommended. <https://cvm.ncsu.edu/research/labs/clinical-sciences/vector-borne-disease/>.
2. Three-view thoracic radiographs are recommended to assess for occult pathology in the chest if not already performed.
3. Regarding the hyperglobulinemia, consider serum protein electrophoresis for further reevaluation.



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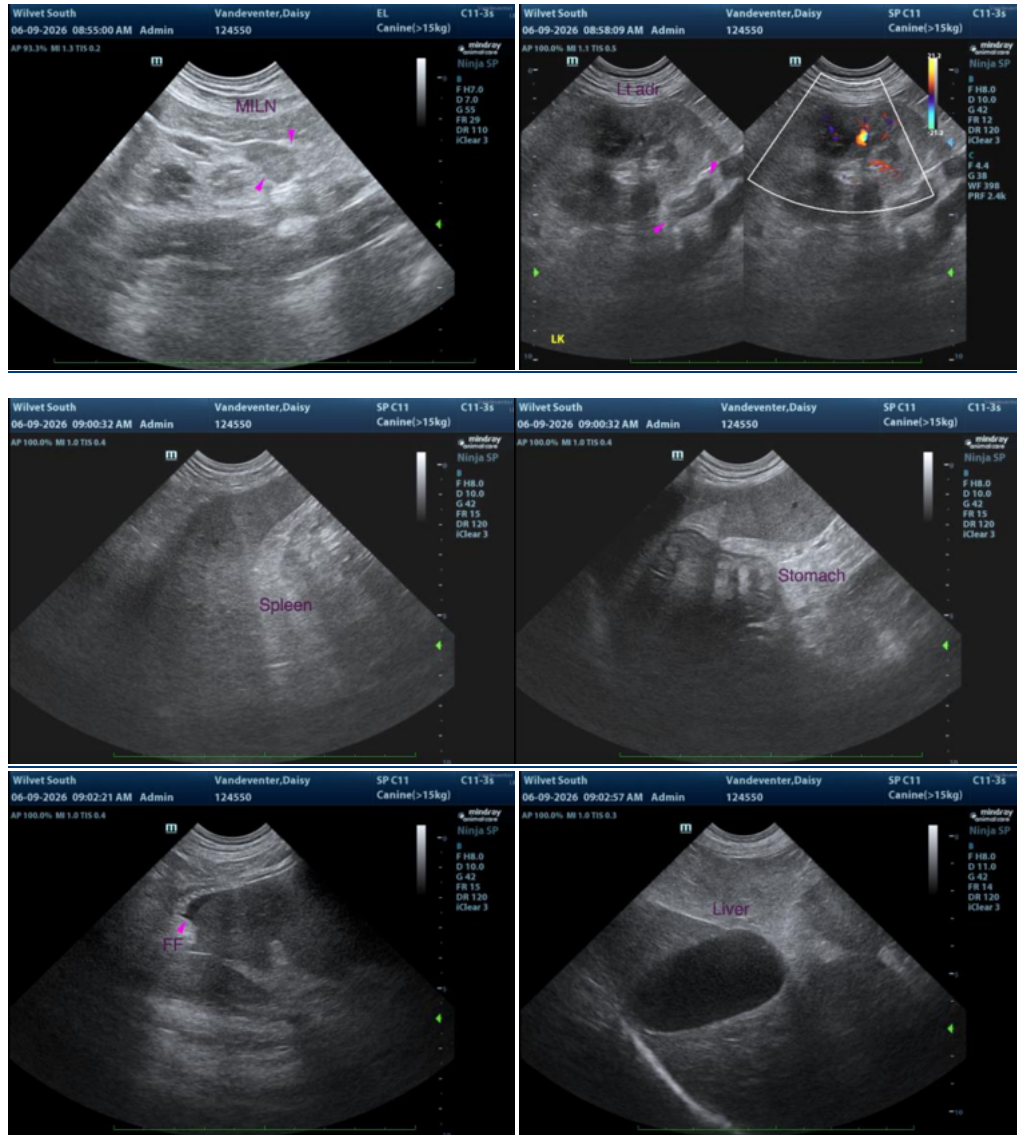
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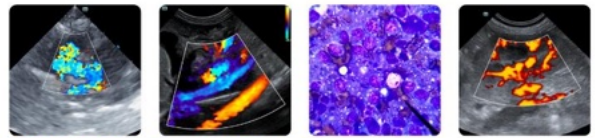
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4. While awaiting test results, symptomatic care is recommended.





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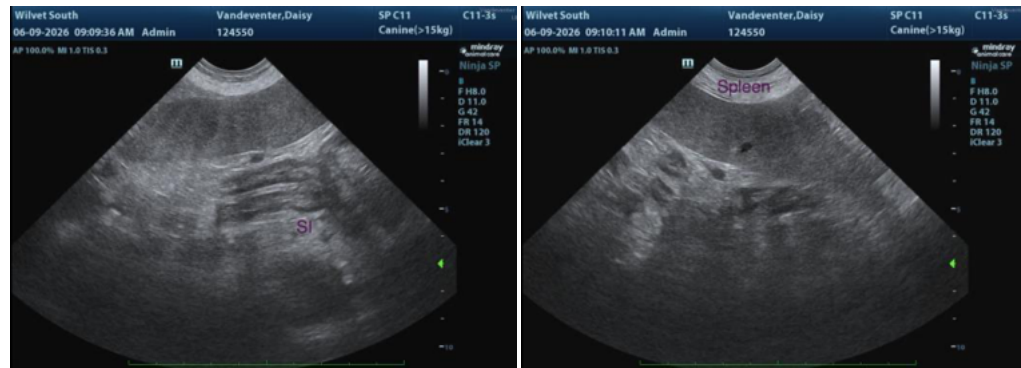
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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