



**PATIENT**

Chloe Spearman

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Spayed Female

**AGE**

7.16.2014

**WEIGHT**

16.32 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

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

**HOSPITAL NAME**

Flowerstown AH

**REFERRING VET**

Dr. Kline

**INVOICE**

11230

**DATE**

7.18.22

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: inappetence since Tuesday (7/12/22) \*\*after chemo treatment. Intermittent diarrhea. Suspected mass in rectum. History of B-cell lymphoma. Was treated with 6 mos of chemo. Three months after the last dose, the dog became ADR. Not eating. Has recently received another dose of chemo, a few days ago, but is still no better.

Abnormal lab-work values: HCT - 27.5. HGB - 9.7. EOS - 0.01. Retics - 9.1. RBC - 4.78. MCV - 57.5. MCH - 20.3. ALKP - 193. GLOB - 4.9. A/G Ratio - 0.6. PSL LIPA - 172  
Current Medications: Doxorubicin, Cerenia, Omeprazole and Metronidazole

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** wall is 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** is normal size (4.26 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Moderate pyelectasia is present (0.64 cm) in the transverse plane. There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The **right kidney** is normal in size (4.12 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild pyelectasia is present (0.31 cm) in the longitudinal plane. There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The **left adrenal gland** is mildly enlarged (1.22 cm at cranial pole) (0.66 cm at caudal pole) (1.82 cm in length); 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 mildly enlarged (0.54 cm at cranial pole) (0.71 cm at caudal pole) (2.26 cm in length); 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.

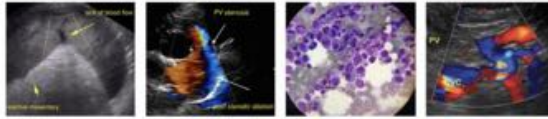
**Spleen**

The **spleen** is prominent in size (1.10 cm in width at the level of the hilus) with a slightly swollen medial contour. The parenchyma is mottled in appearance. No distinct 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** 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/not seen.



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**Gastrointestinal**

The **stomach and intestine** are free of stasis and exhibit normal peristaltic activity. 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 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 of the **pancreas** is prominent in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. The right limb is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance.

**Free Abdomen**

Trace free fluid is observed. Several enlarged, rounded, hypoechoic **lymph nodes** are observed throughout the abdomen, the largest measuring 3.93 cm in length.

**Other**

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

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The abdominal lymphadenopathy is concerning for relapse of lymphoma with a lower possibility of lymphadenitis or lymphoid hyperplasia.
- The splenic parenchymal changes could be consistent with lymphoma or a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis or similar).

**Secondary Findings**

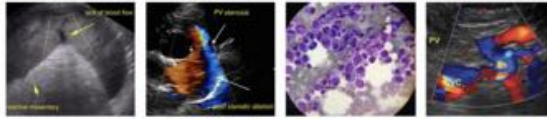
- The mild bilateral adrenomegaly may be a normal variant for this patient or may be secondary to early hyperplastic change.
- Bilateral, chronic, renal changes with pyelectasia, more severe in the left kidney
- The hepatic parenchymal changes are nonspecific and are most consistent with age-related remodeling. However, emerging lymphoma cannot be completely excluded.
- The pancreatic changes are consistent with age-related remodeling, +/- fibrosis. The changes in the left limb could be consistent with acute or chronic pancreatitis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Thoracic radiographs are recommended to assess for lymphadenopathy in the chest.

Consultation with the patient's oncologist is recommended to discuss treatment options. In the meantime, symptomatic care is recommended.

Also consider a cPLI to further assess for pancreatitis.



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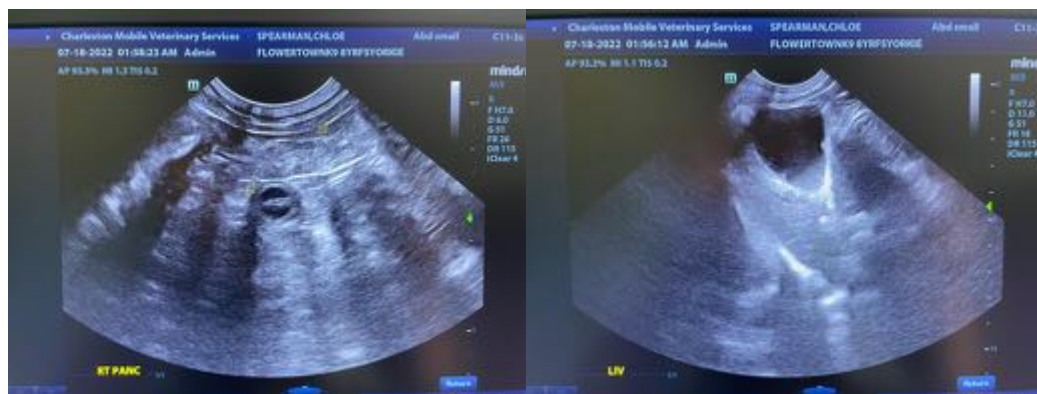
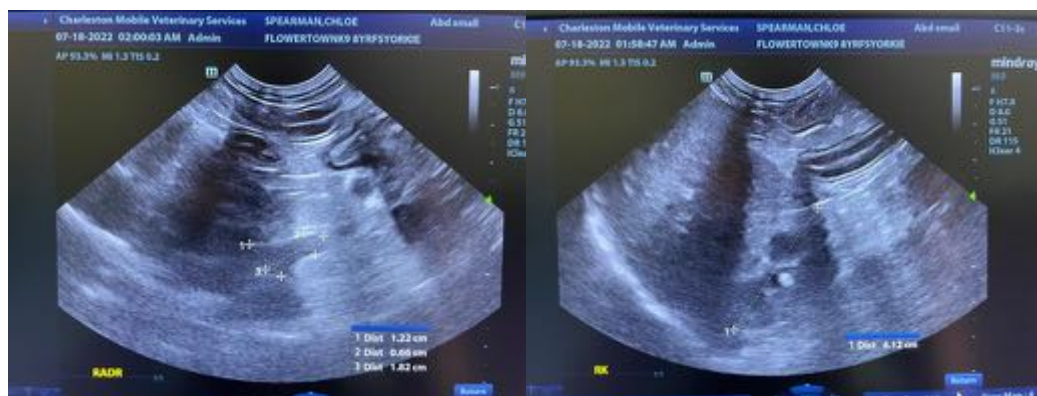
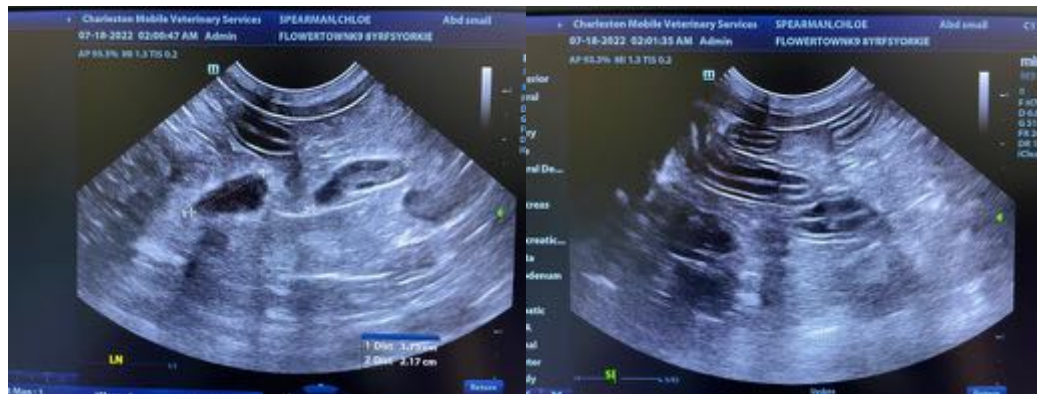
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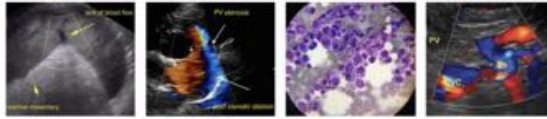
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Given the renal changes, a urinalysis +/- urine culture and sensitivity is recommended.





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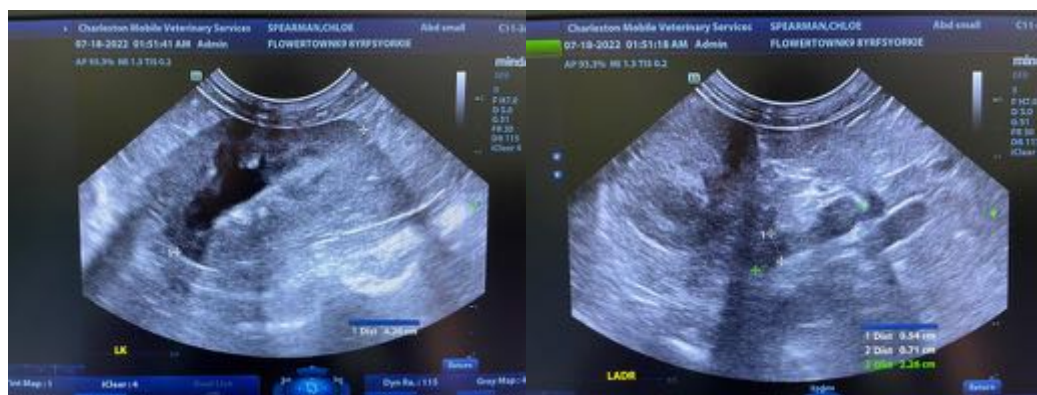
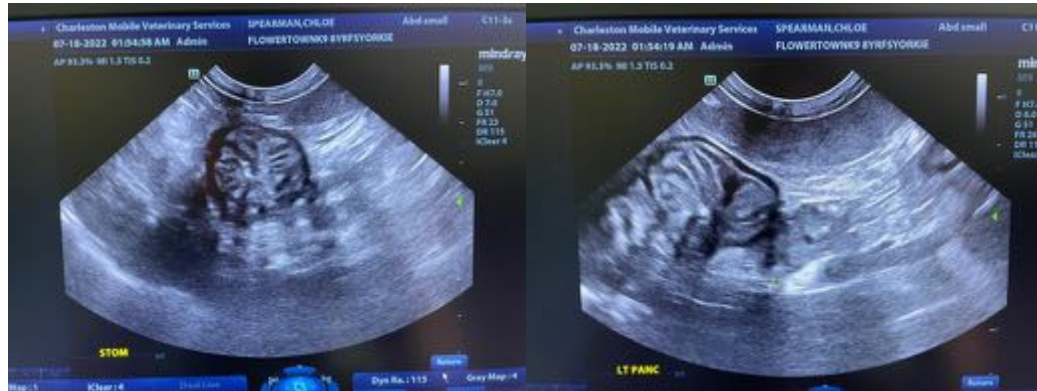
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
info@SonoPath.com