



**PATIENT**

Sofia Penelope  
Gonzalez

**SPECIES**

Canine

**BREED**

Basset Hound mix

**SEX**

Female, spayed

**AGE**

14 Yrs.

**WEIGHT**

41.6 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Ferrer

**HOSPITAL NAME**

Paseos VC

**REFERRING VET**

Dr. Martes

**INVOICE**

13848

**DATE**

8/16/22

**PRESENTING CLINICAL SIGNS**

History: Presented for a recheck abdominal ultrasound after one month of chemotherapy ( COP) protocol after pt was diagnosed with large cell lymphoma. Pt has improved in clinical signs with the protocol.

Abnormal PE/Chem/CBC/UA Results: BW: Anemia, mild neutropenic from chemotherapy. Hematocrit 20.6 37.3 - 61.7 % WBC 0.91 5.05 - 16.76 K/ $\mu$ L Neutrophils 0.27 2.95 - 11.64 K/ $\mu$ L Lymphocytes 0.24 1.05 - 5.10 K/ $\mu$ L Eosinophils 0.05 0.06 - 1.23 K/ $\mu$ L

**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 1-2 cm, are normal.

The left kidney is normal size (5.71 cm in length) is normal in size with a slightly irregular shape. The cortex is variably thickened and there is moderate loss of corticomedullary distinction. A 0.53 cm cortical cyst is seen. There is no evidence of pyelectasia, nephroliths or hydroureter.

The right kidney is normal size (6.14 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Trace pyelectasia is present (0.18 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

*Adrenal Glands*

The left adrenal gland is normal size (0.54 cm at cranial pole) (0.67 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 region of the right adrenal gland evaluated. No obvious pathology is observed.

*Spleen*

The spleen is diffusely enlarged (2.42 cm in width at the level of the hilus) with irregular peripheral contours. The parenchyma is severely mottled with ill-defined hypoechoic nodules/areas throughout the organ. At the caudal pole, a well demarcated hypoechoic swelling/mass effect is visualized, measuring 4.10 x 2.46 cm.

*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. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

*Gastrointestinal*



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The gastric lumen is distended with ingesta and irregular, hypoechoic bodies. 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. No obstructive disease is noted.

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**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.

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**Free Abdomen**

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There is no obvious evidence of free fluid. A 2.30 x 0.85 cm left medial iliac lymph node and a 2.46 x 1.00 cm right medial iliac lymph node are visualized. A 2.17 x 1.65 cm rounded hypoechoic lymph node is observed ventral to the left adrenal gland. Several enlarged rounded hypoechoic mesenteric lymph nodes are also seen, the largest measuring 4.71 cm in length.

**AGE**

14 Yrs.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- The severe abdominal lymphadenopathy is consistent with the previous diagnosis of lymphoma. Changes are similar to the previous sonogram. The patient is not in remission.
- The severe splenomegaly is also consistent with lymphoma. The hypoechoic mass effect at the caudal aspect may represent neoplastic infiltration +/- concurrent infarction. The use of Doppler in this region would be useful in assessing for infarcted region.

**Secondary Findings:**

- Mild bilateral, age-related renal changes.
- The hypoechoic bodies within the gastric lumen may represent normal ingesta (i.e., kibble) or foreign material. Correlation with the patient's clinical history is recommended.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the lack of remission, consider consultation with a board-certified oncologist to discuss a change in treatment protocol.

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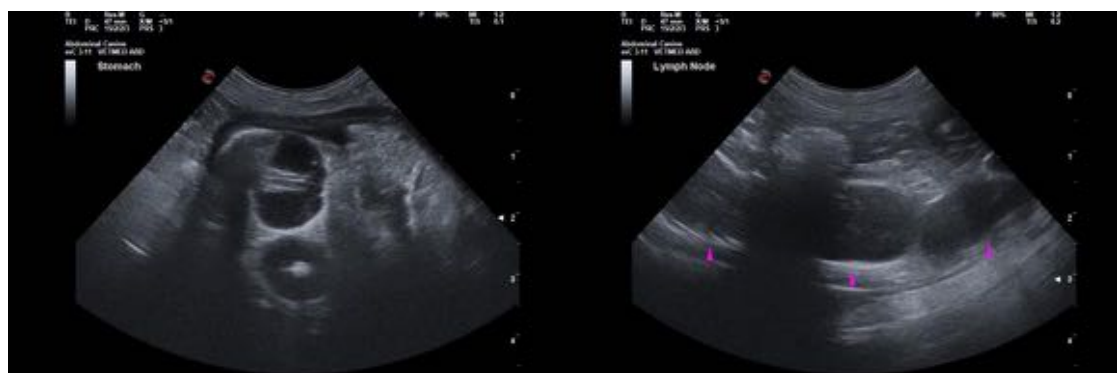
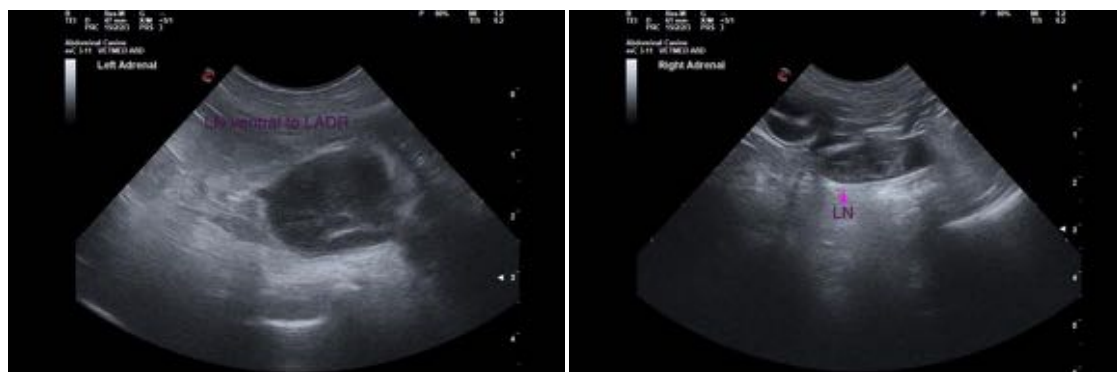
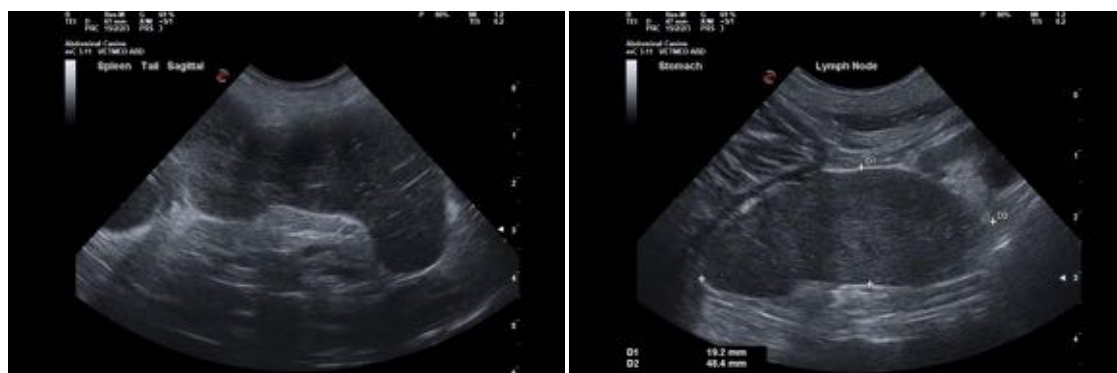
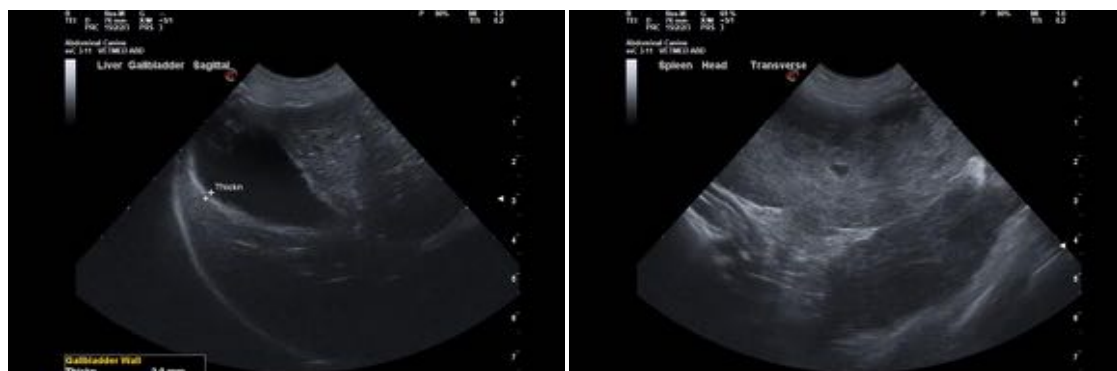
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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