



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Luna Menendez	<b>History:</b> acute onset hives and vomiting
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	The <b>urinary bladder</b> 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. The region of the trigone anechoic the visible portion of the proximal urethra are normal.
Bulldog Mix	The <b>left kidney</b> is normal size (6.60 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 hydroureter. Renal vasculature is normal.
<b>SEX</b>	
Spayed Female	The <b>right kidney</b> is normal size (6.69 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 hydroureter. Renal vasculature is normal.
<b>AGE</b>	<b>Adrenal Glands</b>
1 year	The <b>left adrenal gland</b> is normal size (0.50 cm at cranial pole) (0.52 cm at caudal pole) (2.35 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.
<b>WEIGHT</b>	
102 lbs	The region of the <b>right adrenal gland</b> is evaluated. No obvious pathology is observed.
<b>INTERPRETED BY</b>	<b>Spleen</b>
Andrea Nicastro, DVM, Diplomate ACVIM ( <i>Small Animal Internal Medicine</i> )	The <b>spleen</b> is normal in size (2.13 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.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Jenn	The <b>liver</b> 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.
<b>HOSPITAL NAME</b>	The <b>gall bladder</b> lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.
Rockaway AH	<b>Gastrointestinal</b>
<b>REFERRING VET</b>	The <b>gastric lumen</b> is not distended. The gastric 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.
Dr. Maniar	<b>Pancreas</b>
<b>INVOICE</b>	The region of the <b>pancreas</b> is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.
11457	<b>Free Abdomen</b>
<b>DATE</b>	The <b>peritoneal cavity</b> is normal. There is no evidence of inflammation or effusion. The abdominal <b>lymph nodes</b> are normal/not visible.
8.19.22	

## ULTRASONOGRAPHIC FINDINGS

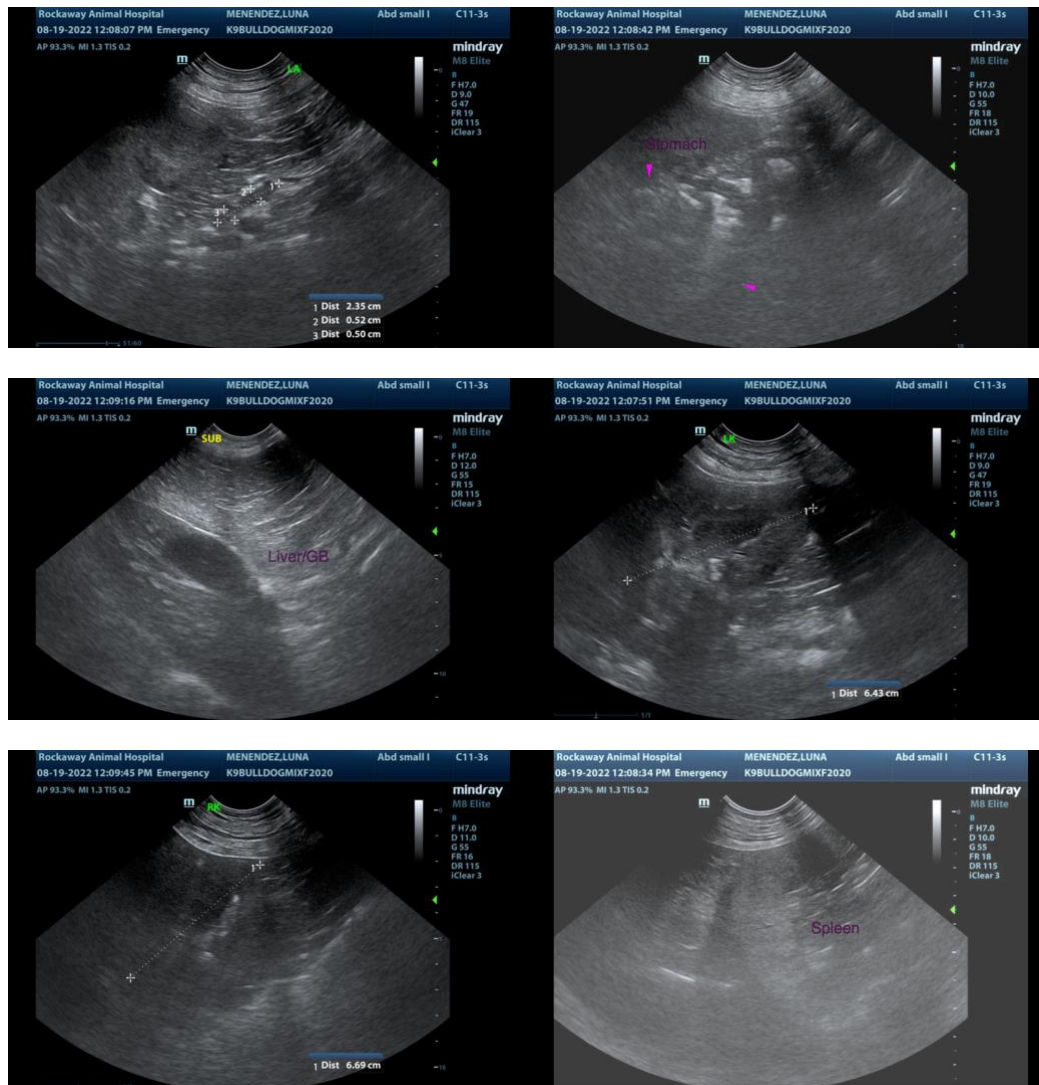
### Primary Findings

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

\*An obvious cause for the patient's clinical signs is not identified in this study. An anaphylactic reaction is suspected.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Treatment for anaphylaxis recommended. If the gastrointestinal signs persist, further GI work-up may be warranted.



**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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