

PATIENT PRESENTING CLINICAL SIGNS

Freya McGee Mather

History: Right hind-limb swelling since March 2023. The inguinal and popliteal lymph nodes have also been prominent.

SPECIES

Canine

BREED

Golden Doodle

SEX

Spayed Female

AGE

4 years, 5 mos

WEIGHT

58.6 lb

Bloodwork from May showed and albumen of 2.1 and globulin of 4.1. Serum protein electrophoresis is consistent with a polyclonal gammopathy. Inguinal lymph node aspirate showed and expanded population of intermediate lymphocytes, but lymphoma could not be confirmed. Ehrlichia positive: was treated with doxycycline – no improvement. No improvement on cephalexin. Swelling does decrease with prednisone, but returns when he drug is tapered. Otherwise eating and drinking fine. No other symptoms. The patient is currently receiving 30mg of prednisone q 24 hr.

Chest x-rays unremarkable per rDVM.

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. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, appear normal.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

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HOSPITAL NAME

Salt Marsh AH

The left kidney is normal in size (7.77 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. 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 appears normal.

The right kidney is normal in size (7.59 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. 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 appears normal.

Adrenal Glands

The left adrenal gland is small in size (0.46 cm at cranial pole) (0.49 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 appear normal.

REFERRING VET

Dr. Thompson

The right adrenal gland is small in size (1.01 cm at cranial pole) (0.45 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 appear normal.

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Spleen

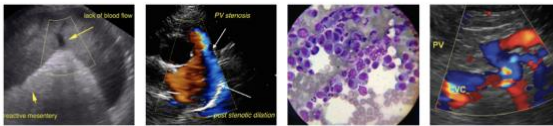
The spleen is normal in size (1.57 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature appears normal.

DATE

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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



PATIENT pathological hepatic lymphadenopathy observed. The portal vein to caudal vena cava ratio is approximately 1: 1.

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SPECIES 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 mildly-to-moderately distended with ingesta, consistent with a post-prandial presentation. 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 segmentally dilated with chyme. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are 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.

Free Abdomen

There is no obvious evidence of free fluid. One-to-two prominent medial iliac lymph nodes are visualized (the largest measuring 1.98 x 0.87 cm). The nodes are normal in shape and echogenicity.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass. A 0.81 x 0.38 cm lymph node is observed in the right inguinal region. Ultrasound of the right medial thigh is unremarkable. Blood flow was normal.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

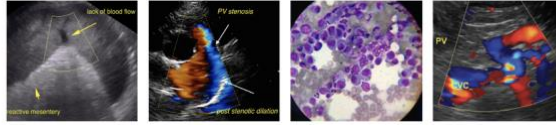
- The prominent medial iliac and right inguinal lymph nodes could be consistent with reactive change or emerging neoplasia. Lymph node pathology may be somewhat masked by chronic corticosteroid use.

Secondary Findings

- The bilaterally small adrenal glands may be secondary to atrophy (i.e., secondary to chronic corticosteroid use or early hypoadrenocorticism), or may be a normal variant for this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider referral to a board-certified surgeon (i.e., CT or MRI) or internist for advanced imaging of the pelvis and right hind limb. Corticosteroid tapering may be necessary to appreciate the full extent of disease.



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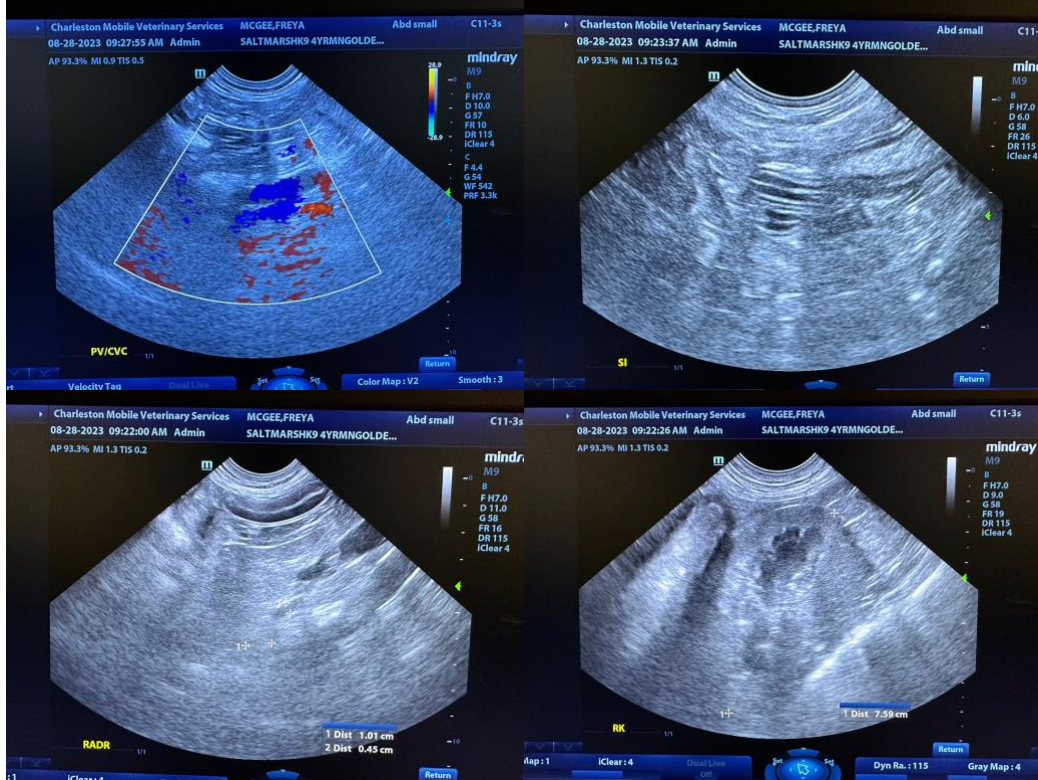
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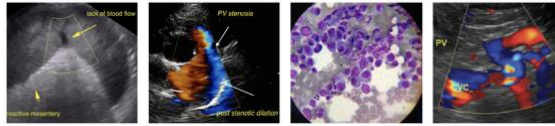
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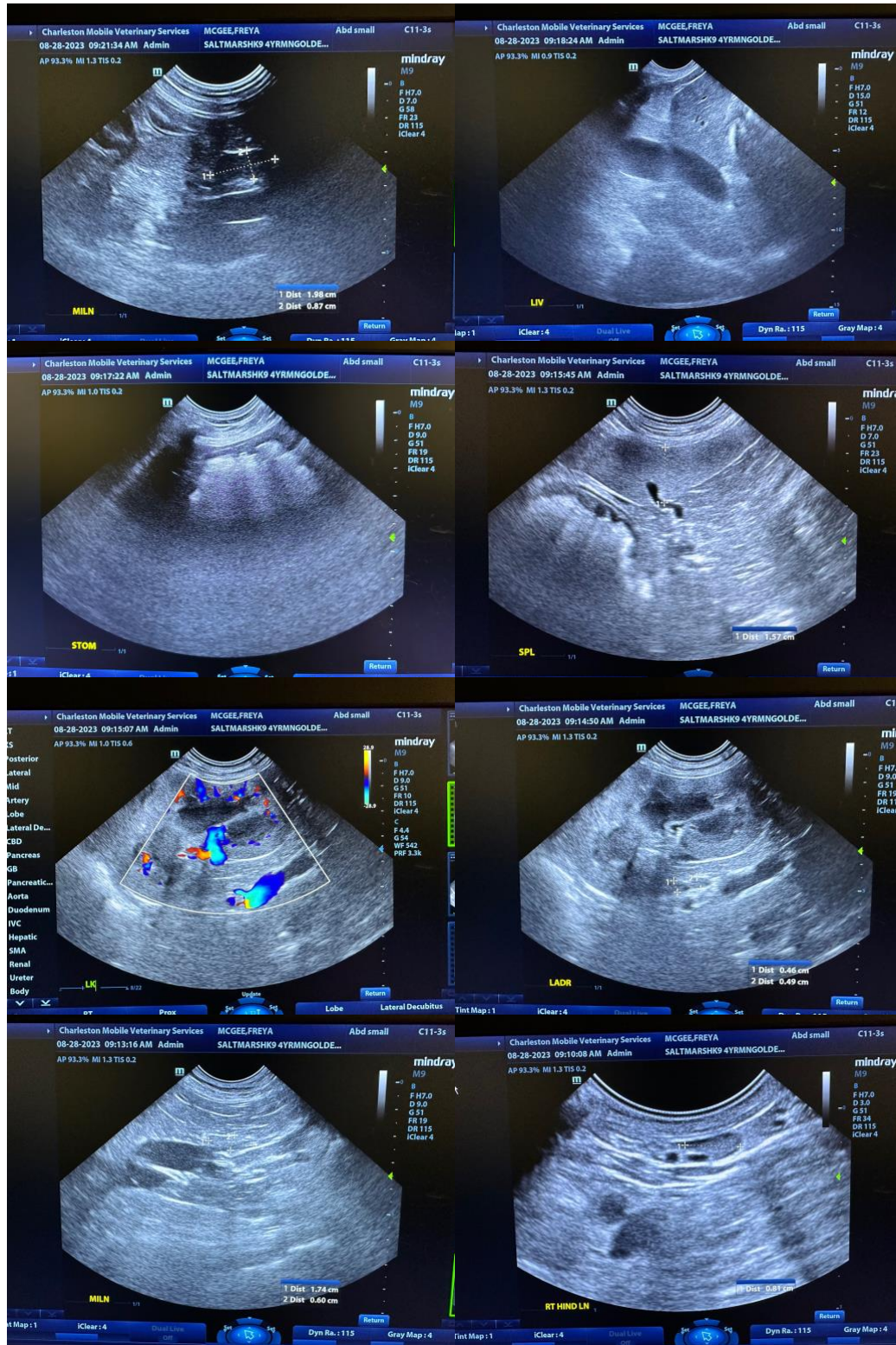
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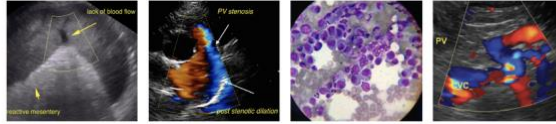
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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