



PATIENT

Kush Carlson

SPECIES

Canine

BREED

Pit bull mix

SEX

Female, spayed

AGE

7 Yrs.

WEIGHT

51.6 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Diane McFadden,
RVT

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Wyman/Verhalen

INVOICE

12101

DATE

9/16/21

PRESENTING CLINICAL SIGNS

History: chronic changes/plaques on skin; jaundiced; elevated liver values; inappetence. On pred, cephalixin. R/O cutaneous lymphoma vs other
Abnormal PE/Chem/CBC/UA Results: WBC 22,000 with neuts 15; phos 5.9, alb 2.4, glob 3.6, ALT 141, ALKP 189, K 3.5, cl 94

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is slightly thickened (up to 0.36 cm) with a subtly irregular mucosal surface. A small to moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are seen. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal size (6.03 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.

The right kidney 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.

Adrenal Glands

The left adrenal gland is normal size (0.37 cm at cranial pole) (0.48 cm at caudal pole) (1.72 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 not definitively visualized due to the severe lymphadenopathy in the right cranial quadrant.

Spleen

The spleen is subjectively enlarged (3.38 cm in width at the level of the hilus) with an irregular medial contour. The parenchyma is of appropriate echogenicity and echotexture and is diffusely homogeneous. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with swollen, irregular peripheral contours. The parenchyma is isoechoic relative to the spleen. A 9.95 x 6.24 hypoechoic to heterogeneous mass is observed deep on the right side. The remaining parenchyma is slightly mottled in appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is mildly distended. The wall is normal in thickness. A small amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric wall in the region of the fundus is severely thickened (up to 1.80 cm) with a loss of the normal layering pattern. The wall tapers to a normal thickness as it extends toward the pyloric antrum. The gastric lumen is not dilated. The small intestinal lumen is not dilated. The small intestinal wall is normal



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to moderately thickened (up to 0.55 cm) with apparent retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio and mild thickening of the submucosal layer in some segments. The colonic wall is thickened (up to 0.67 cm) with a normal layering pattern. No obstructive disease is noted.

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Pancreas

A portion of the pancreas is obscured by the cranial abdominal pathology. In the visualized portions, no obvious lesions are seen.

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Pit bull mix

Free Abdomen

The mesentery throughout the abdomen is hyperechoic, particularly at the cranial aspect adjacent to the hepatic mass. A moderate amount of anechoic free fluid is present. The lymph nodes in the cranial abdomen are severely enlarged, hypoechoic and rounded, the largest measuring 3.81 cm in length.

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Other

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

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings:

- The hepatic changes, including the mass effect, are most consistent with infiltrative neoplasia (i.e., round cell tumor) with a lower possibility of benign pathology (i.e., inflammatory disease). Similarly, the severe lymphadenopathy and splenomegaly are concerning for infiltrative neoplasia (i.e., round cell tumor). Benign change is possible but considered less likely.
- Diffuse peritonitis is present likely secondary to hepatic, splenic and lymph node pathology.
- The gastric wall changes are most consistent with infiltrative neoplasia with a lower possibility of an inflammatory process. The intestinal and colonic wall changes could be consistent with inflammatory bowel disease or emerging neoplasia.

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Secondary Findings:

- The bladder wall changes are suggestive of cystitis. However, correlation with clinical findings is recommended.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for neoplasia in the chest.
- Fine needle aspirates of the liver, spleen and enlarged abdominal lymph nodes is recommended (if clotting status is appropriate). 25-gauge needles should be used. If cytologic evaluations are inconclusive, surgical biopsies of the abnormal abdominal organs as well as skin biopsies can be considered. However, given the plethora of abdominal lesions, the prognosis for this patient is considered guarded.

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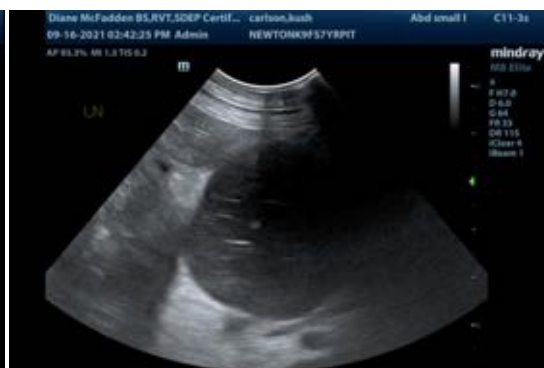
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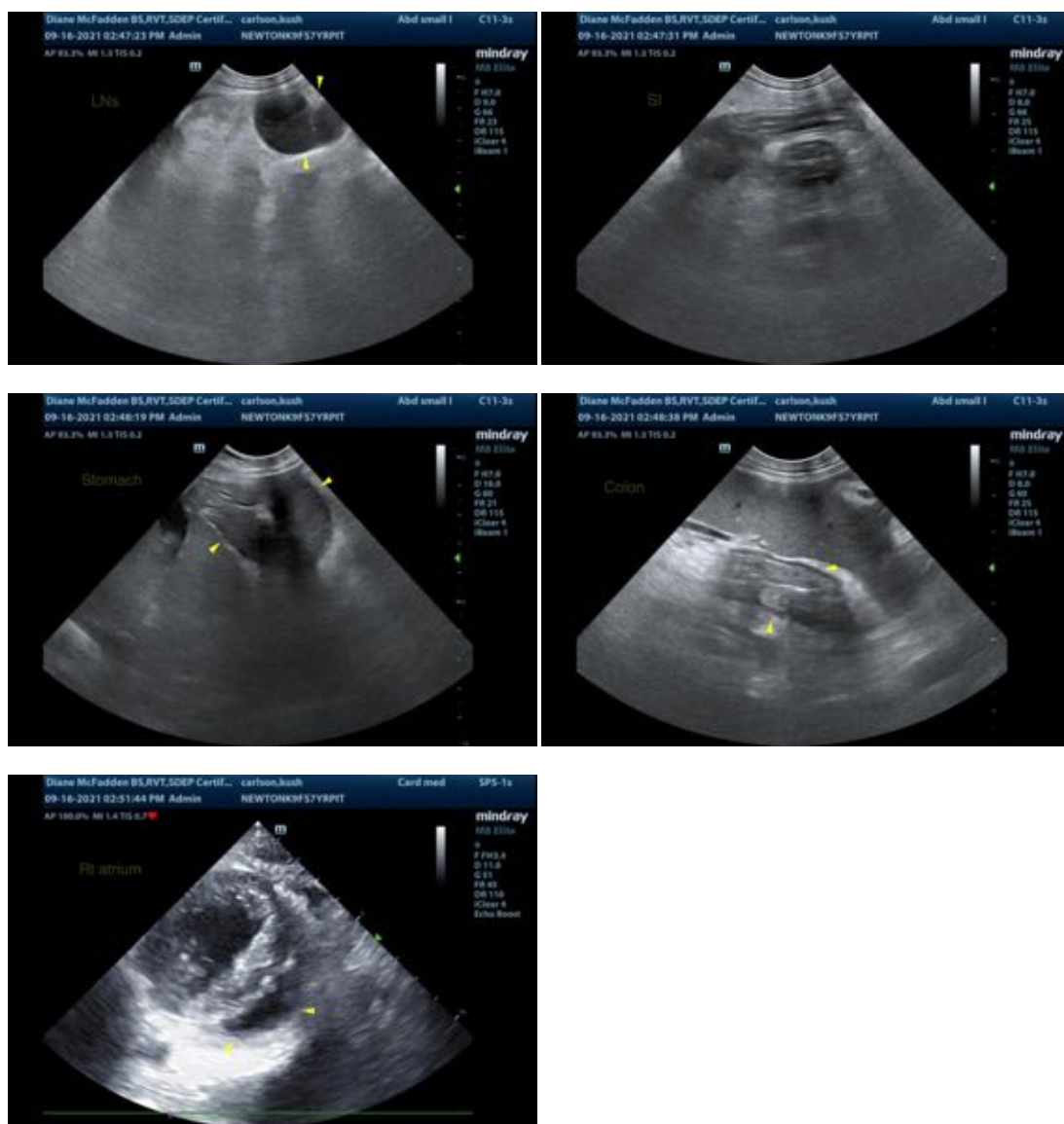
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (Small Animal Internal Medicine)

andrea_nicastro2@hotmail.com