



PATIENT

Abby Morris

SPECIES

Canine

BREED

Mixed Breed

SEX

Female spayed

AGE

11 Years

WEIGHT

52 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Tam Mengine, DVM,
DABVP

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Tam Mengine, DVM,
DABVP

INVOICE

11754kk

DATE

9/3/21

PRESENTING CLINICAL SIGNS

History: ~5-day history of diarrhea, tenesmus, and inappetence, with 2 episodes of vomiting as well. Five-pound weight loss since last exam 2 months ago. Mild dehydrated on exam, else unremarkable. CBC / Chem all within normal limits. The dog was sedated for the sonogram.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly 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 (5.54 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.

The right kidney is normal size (5.99 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 (0.46 cm at cranial pole) (0.66 cm at caudal pole) (1.76 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 normal size (0.45 cm at cranial pole) (0.59 cm at caudal pole) (2.03 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 subjectively normal in size (2.15 cm in width at the level of the hilus) with normal curvilinear peripheral contours. A 2.59 x 2.23 cm isoechoic swelling/mass is observed at the lateral aspect. The remaining parenchyma is homogeneous in appearance. Splenic vasculature is normal with no evidence of thrombosis.

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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is minimally fluid-distended. The gastric wall is normal to mildly thickened (up to 0.63 cm) with a prominent muscularis layer in the region of the pyloric antrum. The pyloric outflow tract is patent. The small intestinal lumen is segmentally fluid distended (mild). The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The wall of the descending colon is mildly to moderately thickened (up to 0.78 cm) with retention of the normal layering pattern. There is no evidence of obstruction.



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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

There is no evidence of free fluid. An enlarged (5.31 cm) irregular lymph node is observed just medial to the spleen. Surrounding mesentery is mildly hyperechoic.

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ULTRASONOGRAPHIC FINDINGS

- The enlarged mid-abdominal lymph node is concerning for infiltrative neoplasia (i.e., round cell tumor) with a lower possibility of reactive lymphadenitis or lymphoid hyperplasia.
- The splenic swelling/mass could be consistent with benign pathology (i.e., a region of extramedullary hematopoiesis or lymphoid hyperplasia). Alternatively, an emerging neoplastic process is possible.
- The gastric and colonic wall changes are most consistent with an inflammatory process with a lower possibility of emerging neoplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine needle aspirates of the spleen and enlarged abdominal lymph node (if accessible) are recommended (if clotting status is appropriate). A 25-gauge needle should be used. If cytologic evaluations are inconclusive or if the lesions are not accessible, consider an abdominal exploratory with gastrointestinal and abdominal lymph node biopsies.
- A malabsorption panel including serum cobalamin, folate, PLI and TLI as well as a fecal evaluation for ova/Giardia should also be considered.

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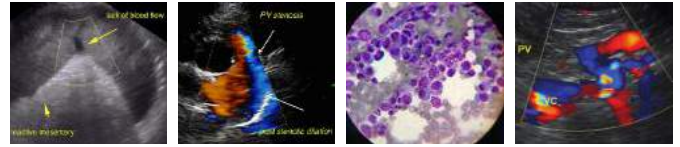
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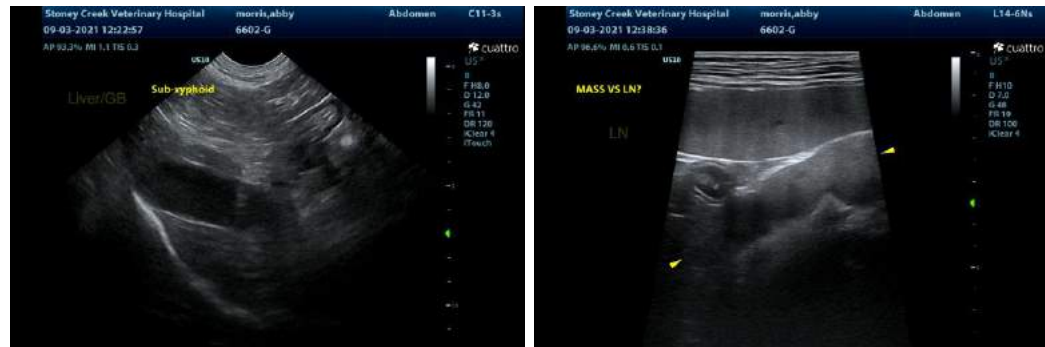
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.nicastro@sonopath.com