



**PATIENT PRESENTING CLINICAL SIGNS**

Reba Rodriguez Adopted her ~ 2 weeks ago. Fell over when on a walk, seems weak. She has been intermittently vomiting and inappetent for 2 weeks.

**SPECIES** Low country Pet Wellness today - they did bloodwork - sent to ER for fluid in the abdomen (transudate) and low RBC and needs transfusion.

Canine Prominent submandibular lymph nodes

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Australian Shepherd *Urinary System*

**SEX** The urinary bladder is mildly to moderately distended with anechoic urine. The wall is mildly thickened (up to 0.37 cm) with a slightly irregular mucosal surface. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

Female, spayed

**AGE** The left kidney is normal size (6.55 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

7/20/2018

**WEIGHT** The right kidney is normal size (7.62 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

22.1 kg.

**INTERPRETED BY Adrenal Glands**

Andrea Nicastro, DVM, Diplomat ACVIM (Small Animal Internal Medicine) The left adrenal gland is normal size (0.44 cm at cranial pole) (0.55 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.

**IMAGING PERFORMED BY** The right adrenal gland is normal size (0.65 cm at cranial pole) (0.54 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.

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

**HOSPITAL NAME** The spleen is enlarged (2.66 cm in width at the level of the hilus) with irregular peripheral contours. The parenchyma is subjectively hypoechoic and diffusely mottled in appearance. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

Blue Pearl MP

**REFERRING VET Liver**

Dr. Shannon Graham The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is mildly distended. The wall is normal to slightly thickened and hyperechoic. A moderate amount of aggregated echogenic to mineralized debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**INVOICE** 13761

**DATE** 7/20/22 *Gastrointestinal*



**PATIENT**

Reba Rodriguez

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

Female, spayed

**AGE**

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**WEIGHT**

22.1 kg.

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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 fluid and chyme (mild). 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.

**Pancreas**

The base and limbs of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

**Free Abdomen**

A moderate amount of echogenic free fluid is observed. The mesentery throughout the abdomen is hyperechoic. The lymph nodes throughout the abdomen are enlarged (up to 4.35 cm), rounded and hypoechoic. Surrounding mesentery is hyperechoic.

**Other**

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

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Diplomate ACVIM  
(Small Animal Internal  
Medicine)

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- The diffuse abdominal lymphadenopathy is most concerning for infiltrative neoplasia (i.e., lymphoma) with a lower possibility of diffuse lymphadenitis (i.e., pyogranulomatous).
- The hepatosplenomegaly is also concerning for infiltrative neoplasia.
- Diffuse peritonitis is present, likely secondary to neoplasia.

**Secondary Findings:**

- Pancreatic remodeling is present. There is also some potential for mild pancreatitis. Correlation with the patient's clinical history is recommended.
- The urinary bladder wall changes could be consistent with cystitis or may be artifactual due to lack of full repletion. Correlation with the patient's urinalysis findings is recommended.
- Mineralized gallbladder debris/sludge - incidental.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Given the submandibular lymphadenopathy, consider fine needle aspiration of these peripheral nodes. If results are inconclusive, consider cytologic evaluation of abdominal lymph nodes and ascites.



**PATIENT**

Reba Rodriguez

- If further diagnostics are not to be pursued, empirical treatment for lymphoma with corticosteroids can be considered as long as the client understands the risks of treatment without a definitive diagnosis.

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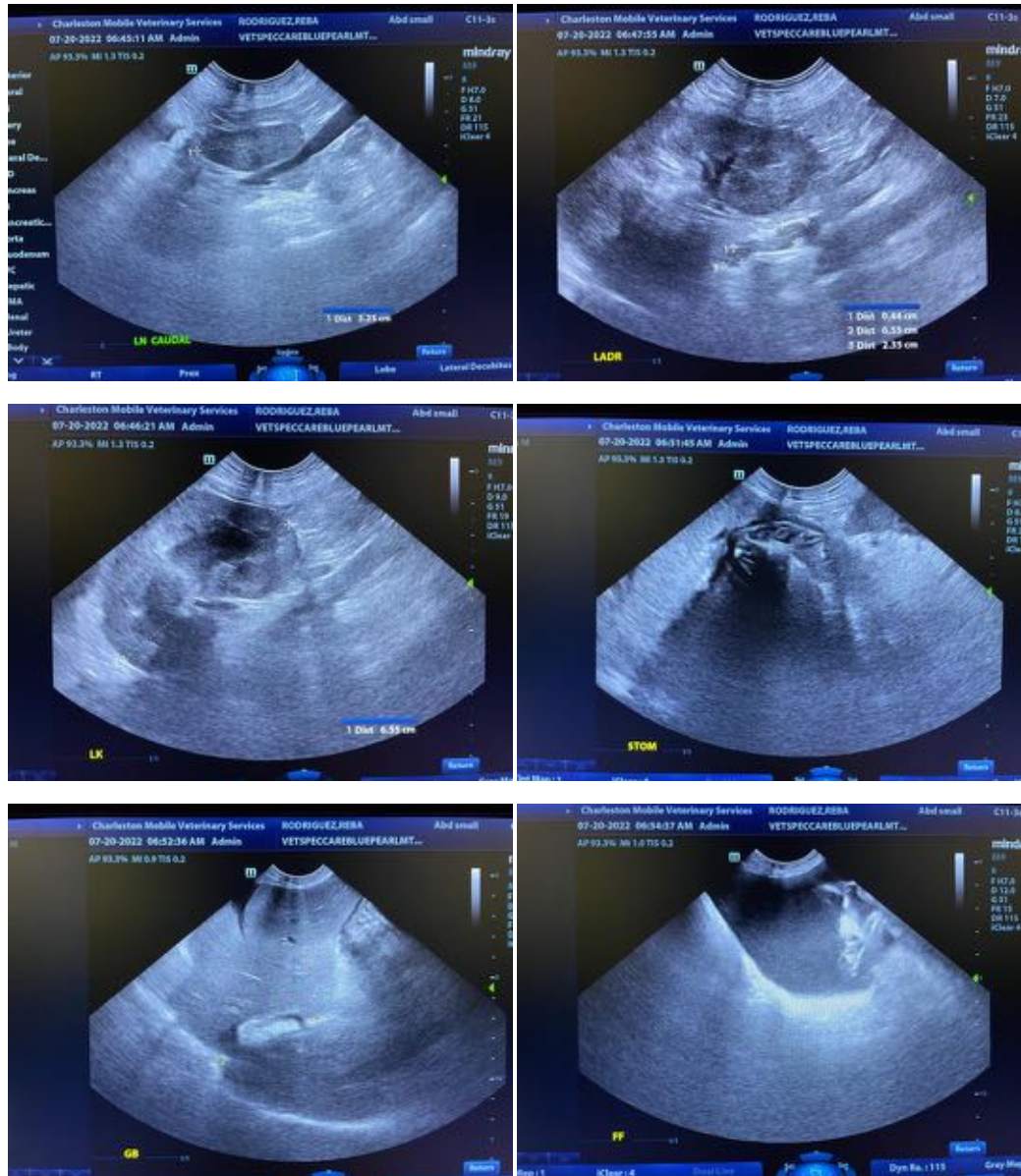
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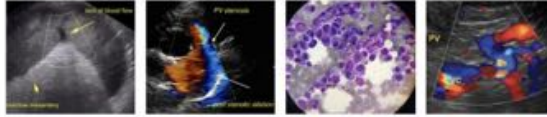
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**PATIENT**

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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.

**SPECIES**

Canine

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.

**BREED**

Australian Shepherd

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

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