



PATIENT PRESENTING CLINICAL SIGNS

Denver Dorsey
- hind end weakness
- Hyperthermia for 2+ weeks; Today 104.0

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine
Urinary System

BREED
Hound mix
The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed.

SEX
Male, neutered
The prostate is normal in size (0.77 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE
6 Yrs.
The left kidney is normal size (6.96 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.

WEIGHT
50 lbs.
The right kidney is normal size (7.25 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.

Adrenal Glands

INTERPRETED BY
Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)
The left adrenal gland is normal size (0.45 cm at cranial pole) (0.47 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.

The right adrenal gland is normal size (1.24 cm at cranial pole) (0.47 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.

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Spleen

The spleen is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is diffusely mottled, bordering on “moth-eaten” appearance. Splenic vasculature is normal with no evidence of thrombosis.

HOSPITAL NAME

Flowerton AH

Liver

REFERRING VET

Dr. Kline

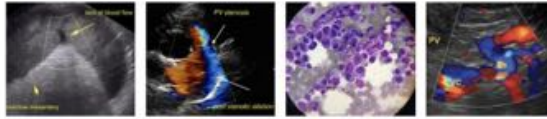
The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. 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.

INVOICE

13490

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7/5/22

Gastrointestinal



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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. 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 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. No obstructive disease is noted.

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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. At least 2 medial iliac lymph nodes are visualized, the largest measuring 3.47 cm in length. The nodes are slightly irregular in appearance.

Other

A brief echocardiogram reveals no evidence of pericardial or pleural effusion, right atrial/auricular masses or vegetative lesions on any of the heart valves. Chamber sizes are subjectively normal.

ULTRASONOGRAPHIC FINDINGS

- The splenic parenchymal changes are concerning for infiltrative neoplasia (i.e., lymphoma). However, a benign process (i.e., antigenic stimulation, extramedullary hematopoiesis, lymphoid hyperplasia or similar) cannot be excluded.
- The medial iliac lymphadenopathy could be consistent with reactive lymphadenitis, lymphoid hyperplasia or infiltrative neoplasia (i.e., lymphoma).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A fine needle aspirate of the spleen is recommended, if clotting status is appropriate. If results do not reveal evidence of neoplasia, further workup for fever of unknown origin should be considered and could include the following:

1. Urinalysis with a culture and sensitivity.
2. Arthrocentesis with submission of joint fluid for cytology and cultures.
3. A comprehensive tick panel, including PCR and serology (submission to North Carolina State University's Vector Borne Disease Diagnostic Lab).
<https://cvm.ncsu.edu/research/labs/clinical-sciences/vector-borne-disease/>
4. +/- full echocardiogram to assess for valvular endocarditis/myocarditis.
5. +/- CSF tap.



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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.

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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