



**PATIENT**

Koda Keene

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

Male, neutered

**AGE**

7.5 Yrs.

**WEIGHT**

65 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

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

**HOSPITAL NAME**

Saddleback Mobile VS

**REFERRING VET**

Dr. Russell Bauman

**INVOICE**

14005

**DATE**

9/21/22

**PRESENTING CLINICAL SIGNS**

The patient has a history of diarrhea since July. Has been minimally responsive to medical management.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (7.33 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (6.71 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 hydronephrosis. Renal vasculature is normal.

*Adrenal Glands*

The left adrenal gland is normal size (0.52 cm at cranial pole) (0.52 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 (1.22 cm at cranial pole) (0.66 cm at caudal pole) (2.28 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 prominent in size (3.38 cm in width at the level of the hilus) with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

*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*



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The gastric lumen is mildly fluid distended. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. In the region of the pyloric antrum, the wall is thickened (up to 1.03 cm) with questionable retention of the normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is segmentally fluid distended (mild). The small intestinal wall thickness is normal with retention of the normal layering pattern. The wall of the descending colon is mildly thickened (up to 0.48 cm) with a normal layering pattern. There is no obvious 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. Numerous enlarged rounded hypoechoic lymph nodes are observed throughout the abdomen, the largest measuring 5.14 cm in length. Surrounding mesentery is hyperechoic.

**Other**

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

\*A fine needle aspirate of the mesenteric lymph nodes was performed at the time of the study without incident.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- The abdominal lymphadenopathy is most concerning for infiltrative neoplasia (i.e., lymphoma), however, a severe inflammatory lymphadenitis (i.e. pyogranulomatous) cannot be completely excluded.
- The gastric and colonic wall changes could be consistent with inflammation, emerging neoplasia or hypertrophy.

**Secondary Findings:**

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation or infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- If the abdominal lymph node cytology is inconclusive, further testing (i.e., flow cytometry, PARR or surgical biopsies) may be necessary to get a definitive diagnosis.
- Consider a malabsorption panel including serum cobalamin, folate, TLI and PLI as well as three-view thoracic radiographs (to assess for lymphadenopathy in the chest).



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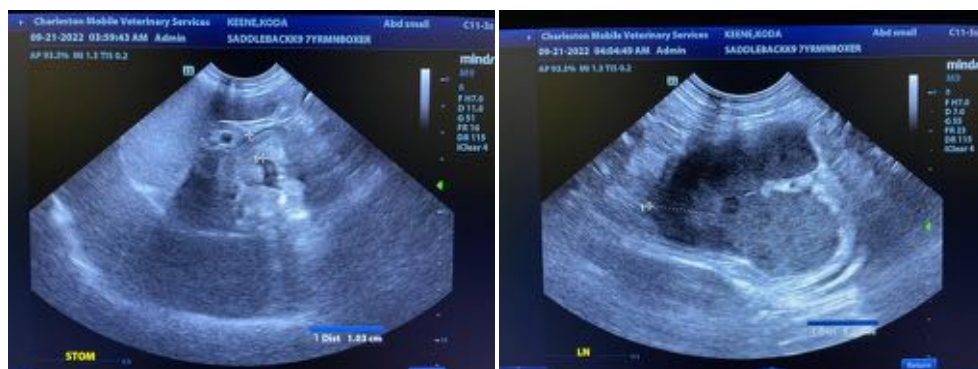
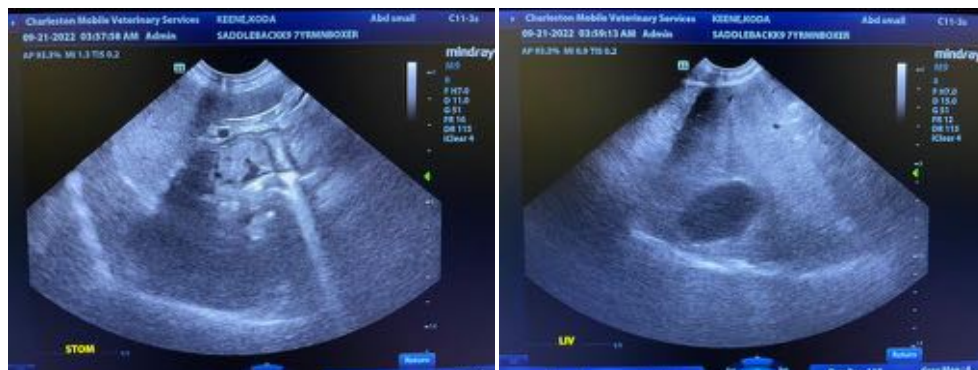
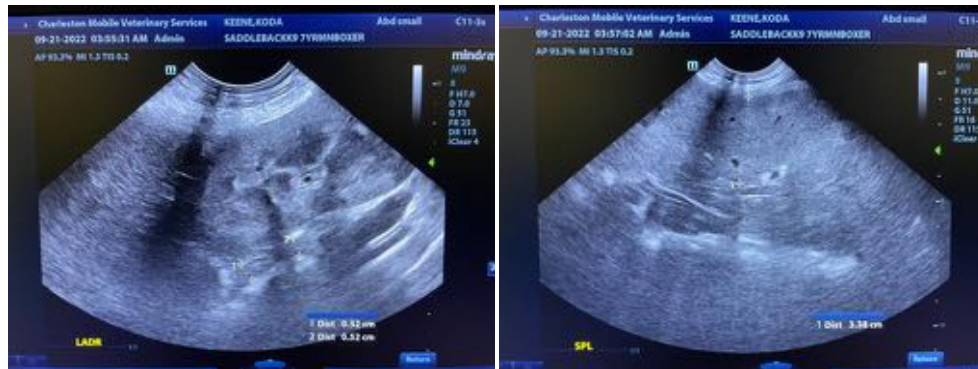
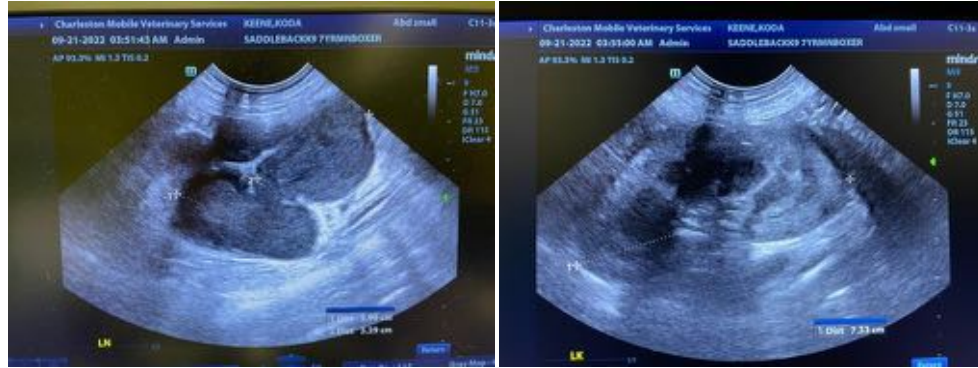
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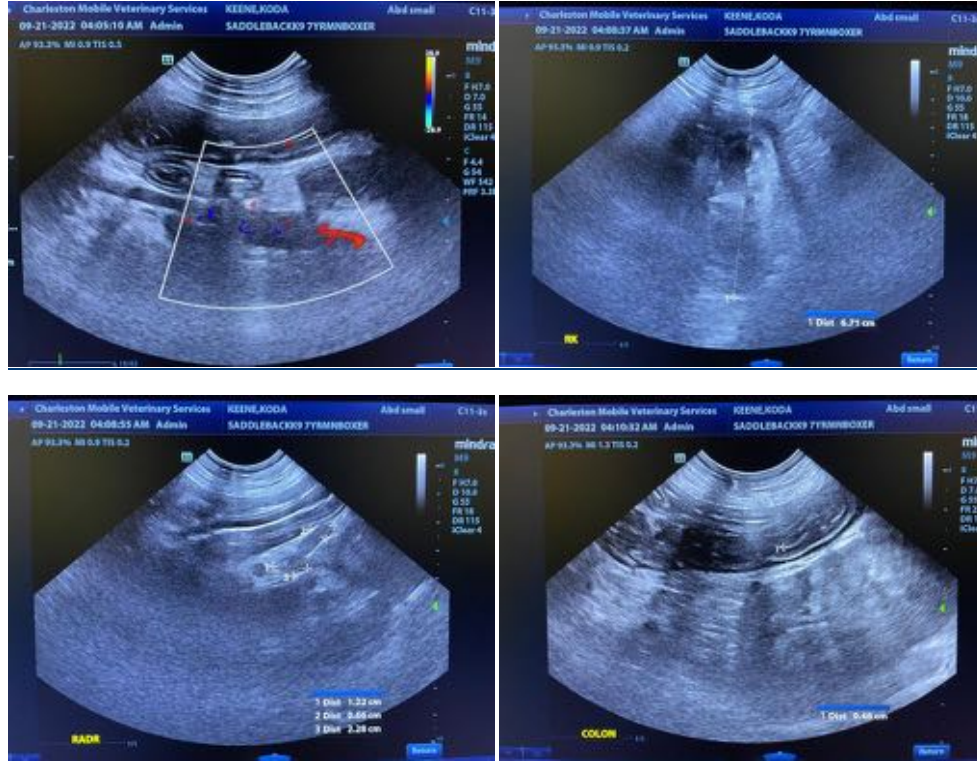
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
info@SonoPath.com