

PATIENT

Blue Larregoi

SPECIES

Canine

BREED

Pitbull

SEX

Male, neutered

AGE

11 Yrs.

WEIGHT

65.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi

HOSPITAL NAME

Brodheads ville

REFERRING VET

Dr. Worton

INVOICE

13342

DATE

12/16/25

PRESENTING CLINICAL SIGNS

History: Anemia , febrile 103f, thrombocytopenia, ADR. No travel hx, no known toxin/FB ingestion. Painful cranial abd. No current meds. Abnormal PE/Chem/CBC/UA Results: ALP 223; Hct 32%; thrombocytopenia 98k

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 5 cm, are normal.

The prostate is normal in size (1.34 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (6.55 cm in length) with a normal shape, architecture and 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (5.77 cm in length) with a normal shape, architecture and 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.51 cm at cranial pole) (0.58 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

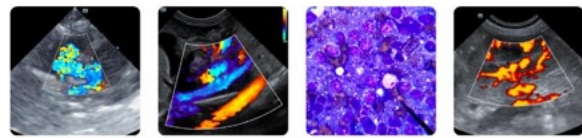
The right adrenal gland is normal in size (0.77 cm at cranial pole) (0.59 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is enlarged (3.92 cm in width at the level of the hilus) with swollen peripheral contour. The parenchyma is diffusely mottled. A 4.8 x 4.4 cm ill-defined hypoechoic to heterogeneous swelling/mass with hyperechoic areas is observed near the lateral aspect. 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.



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The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of mostly gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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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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Lymph nodes

At least 3 prominent hypoechoic lymph nodes are observed near the aortic trifurcation, one of the nodes measuring 2.2 x 1.3 cm. A few prominent hypoechoic lymph nodes are also observed in the cranial abdomen, one of the nodes measuring 2.86 x 0.6 cm. At least one enlarged hypoechoic to heterogeneous periportal lymph node is also seen measuring 5.0 x 2.1 cm.

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Free Abdomen

Trace free fluid is observed.

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Other

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

ULTRASONOGRAPHIC FINDINGS

- The diffuse splenic parenchymal changes are concerning for infiltrative neoplasia (i.e., round cell tumor) with a lower possibility of a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, other). The ill-defined heterogeneous swelling at the lateral aspect could be consistent with a meylolipoma, focal lymphoid hyperplasia or similar, emerging tumor, other.
- The abdominal lymphadenopathy is also concerning for infiltrative neoplasia (i.e., round cell tumor). However, lymphadenitis or lymphoid hyperplasia cannot be excluded.
- Trace ascites

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

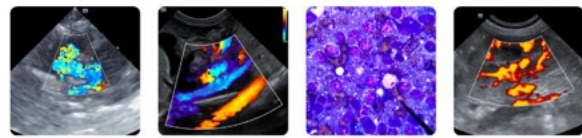
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1. Consider fine needle aspiration of the spleen +/- an accessible lymph node (if clotting status is appropriate). 25-gauge needles should be used.
2. Three-view thoracic radiographs are also recommended to assess for pathology in the chest.
3. A comprehensive tick panel may also be indicated depending on cytology results.
4. Depending on the results of the above diagnostics, consultation with a board-certified oncologist may be warranted.
5. In the meantime, symptomatic care is recommended.



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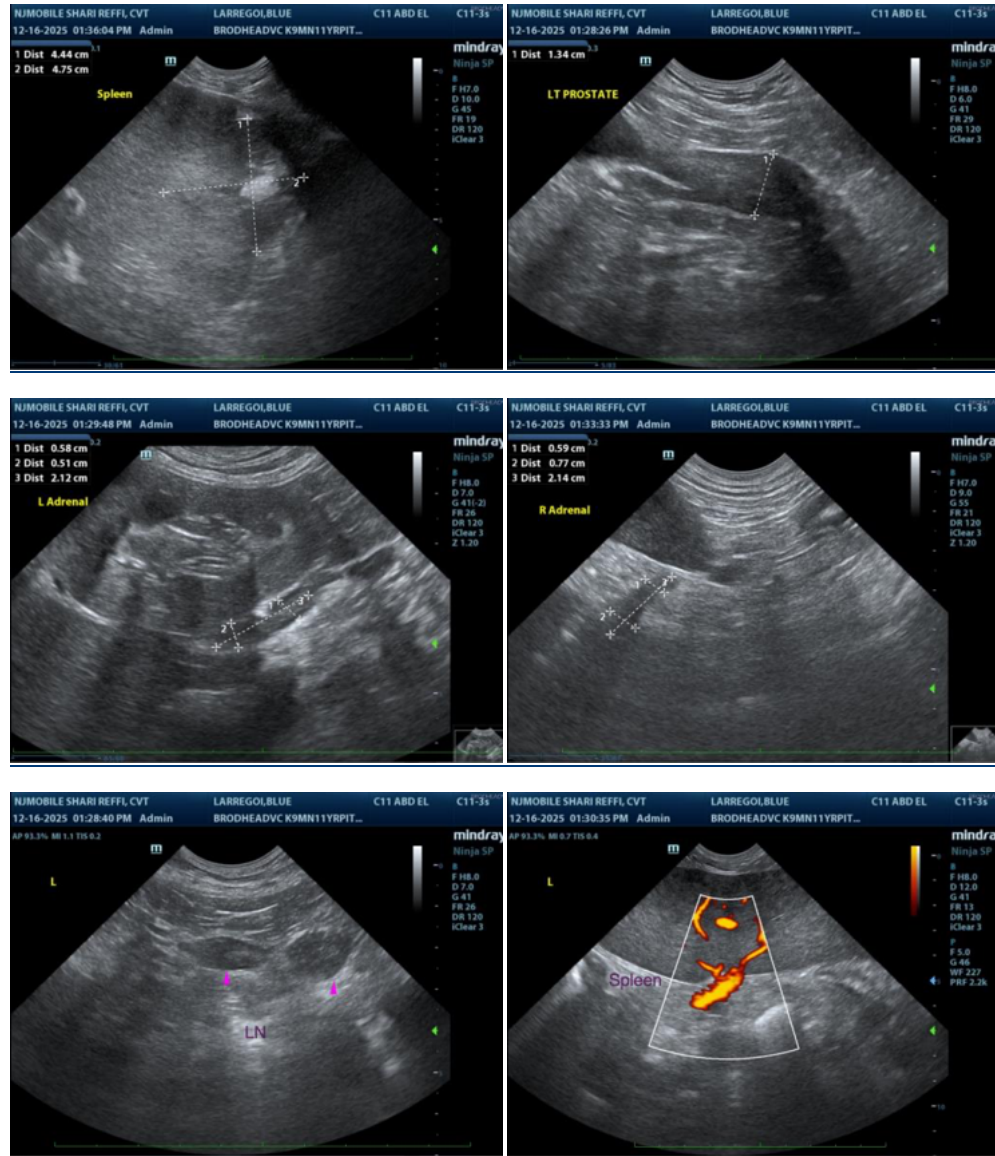
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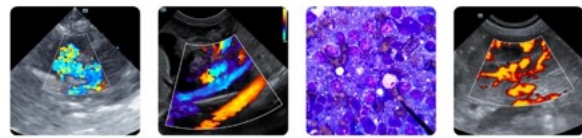
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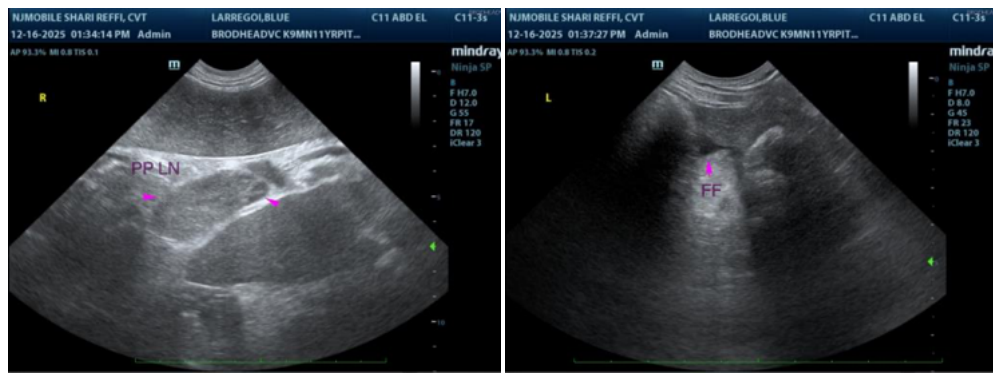
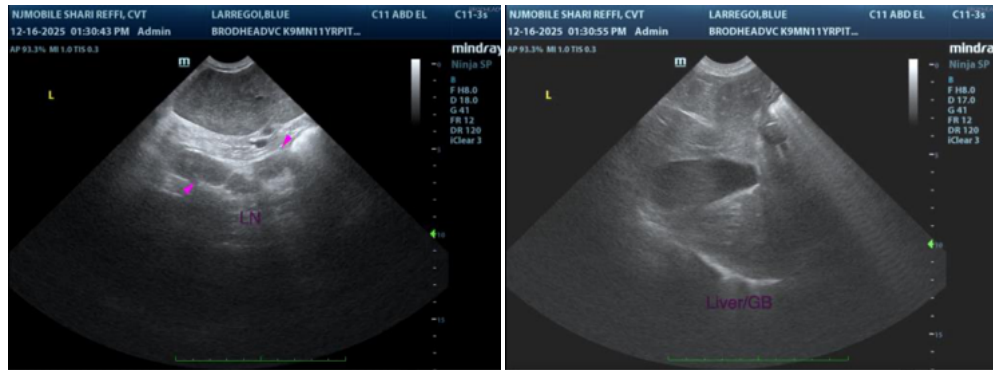
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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