

**PATIENT**

Luna Marin

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

Female

**AGE**

5 Yrs.

**WEIGHT**

8 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

All Creatures Great  
and Small Denville

**REFERRING VET**

Dr. Silas

**INVOICE**

13580

**DATE**

3/3/26

**PRESENTING CLINICAL SIGNS**

History:

- Recheck abd AUS
  - FNA spleen and possible enlarged LN
- Doxy and pred

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (3.92 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 hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.03 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 hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The caudal pole of the left adrenal gland is visualized and is normal in size (0.37 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

**Spleen**

The spleen is enlarged (2.35 cm in width at the level of the hilus) with swollen peripheral contours. The parenchyma is diffusely mottled with a "moth-eaten" appearance. No focal lesions are observed. Splenic vasculature is normal.

**Liver**

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic 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.

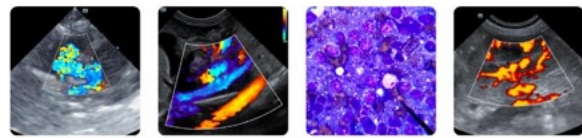
The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

**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.

**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**

A 1.61 x 0.59 cm hypoechoic lymph node is observed caudoventral to the urinary bladder. In addition, 1-2 prominent medial iliac lymph nodes are seen, one of the nodes measuring 0.74 x 0.45 cm. Numerous enlarged hypoechoic, rounded, mid-abdominal lymph nodes are also seen, one of the nodes measuring 1.6 x 1.0 cm. A cluster of enlarged rounded hypoechoic cranial abdominal lymph nodes are also seen, one of the nodes measuring 2.1 x 1.9 cm.

**Free Abdomen**

A small amount of free fluid is seen.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

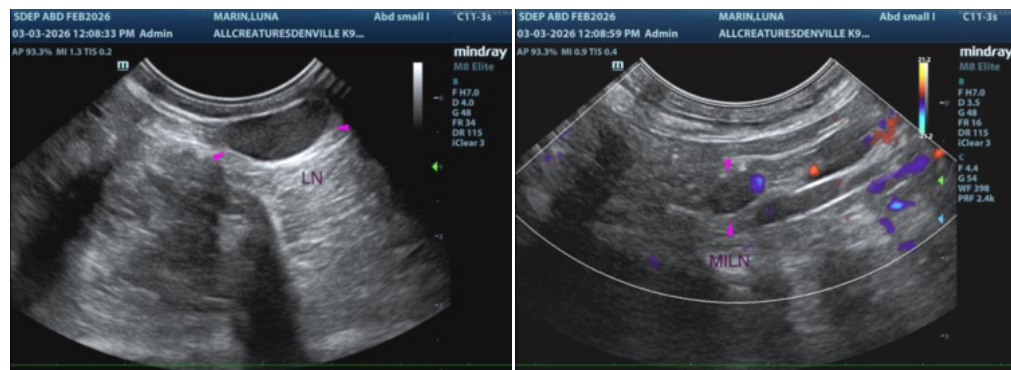
- Abdominal lymphadenopathy. Infiltrative neoplasia is of top concern with a lower possibility of lymphadenitis or lymphoid hyperplasia. Changes are similar to the previous sonogram.
- Splenomegaly with parenchymal changes that are most concerning for infiltrative neoplasia with a lower possibility of lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, other. Changes are similar to the previous sonogram.

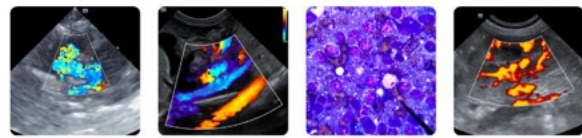
**Secondary Findings:**

- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy. Changes are similar to the previous sonogram.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Depending on cytology results from the splenic and lymph node aspirates, consultation with a board-certified oncologist may be indicated.





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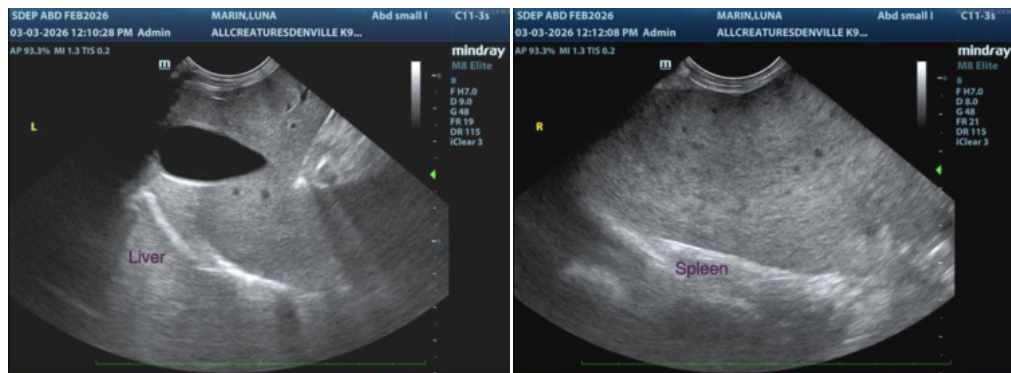
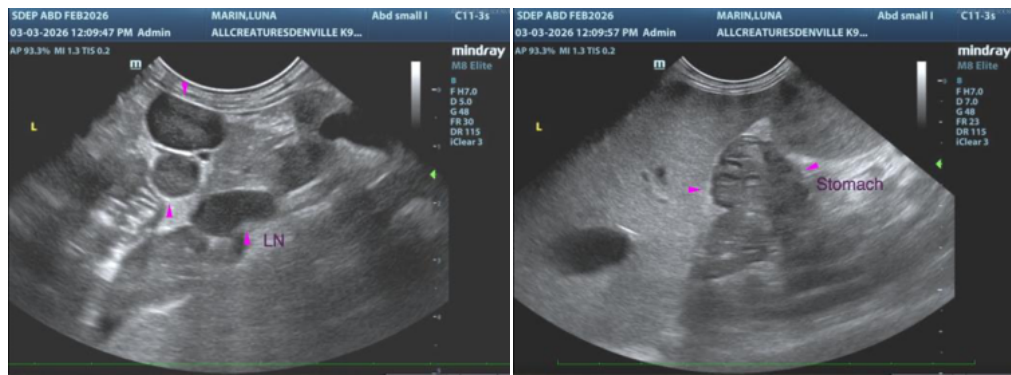
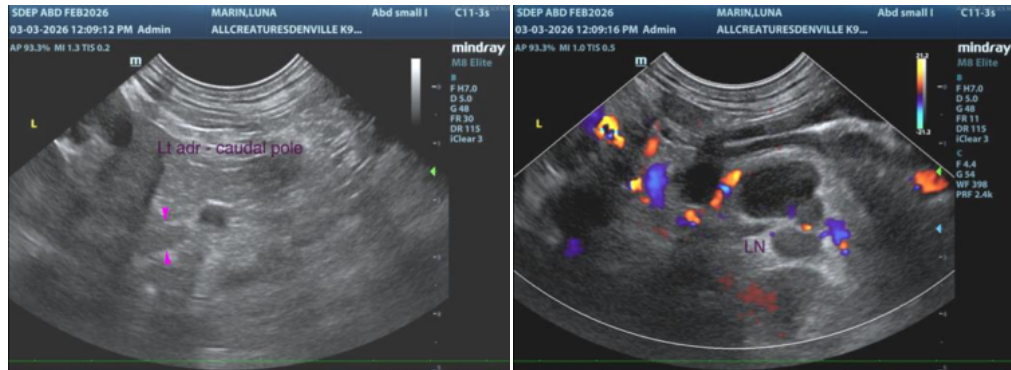
Dr. Silas

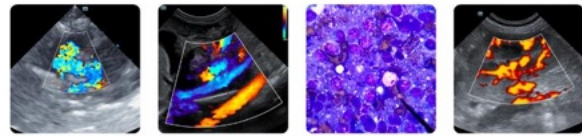
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**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.

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Yorkie

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)

[info@SonoPath.com](mailto:info@SonoPath.com)

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