

**DATE PRESENTING CLINICAL SIGNS**

1/27/2022 History: Idiopathic epilepsy diagnosed 1 year ago (after MRI/spinal tap neg), August 2021 p went in for abdominal hernia repair and ended up getting a few lumps removed off liver & splenectomy which came back as benign. During routine bw @ previous vet in December a new anemia was present. It was still present on recheck Cbc done here last week. AUS is to screen for neoplasia or causes for the anemia while we surgical plan for a new small mass on her nose that had round cell tumor like properties to it on cytology.

**PATIENT**

Nala Simmons

**SPECIES**

Canine

**BREED**

Goldendoodle

**SEX**

Female Spayed

**AGE**

9-15-2011

**WEIGHT**

74.5 Lbs.

**INTERPRETED BY**

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Animal  
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**HOSPITAL NAME**

Bayside Animal  
Medical Center

**REFERRING VET**

Dr. DeLozier

**INVOICE**

10220

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney presented normal size (6.49 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 hydroureter. Renal vasculature is normal.

The right kidney presented normal size (6.75 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 hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal size (0.64 cm at cranial pole) (0.62 cm at caudal pole) (2.48 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.

The right adrenal gland is upper limits of normal size (0.91 cm at cranial pole) (0.89 cm at caudal pole) (2.61 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**

Previously splenectomized. The region of the splenic fossa is unremarkable.

### ***Liver***

The liver is subjectively normal in size with normal curvilinear peripheral contours and structure. The parenchyma is diffusely mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic 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 anechoic. The cystic and common bile ducts are normal.

### ***Gastrointestinal***

The gastric lumen is not distended. A 2.82 x 1.57 cm echogenic structure is observed within the lumen. A linear hyperechoic area is observed within the structure. The remaining gastric wall appears normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally gas-distended. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. The colonic wall is normal. No obstructive or overt infiltrative 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. The abdominal lymph nodes are normal/not visible.

### ***Other***

A uterine stump is visible and is normal in size (0.62 cm in width). No obvious pathology is observed.

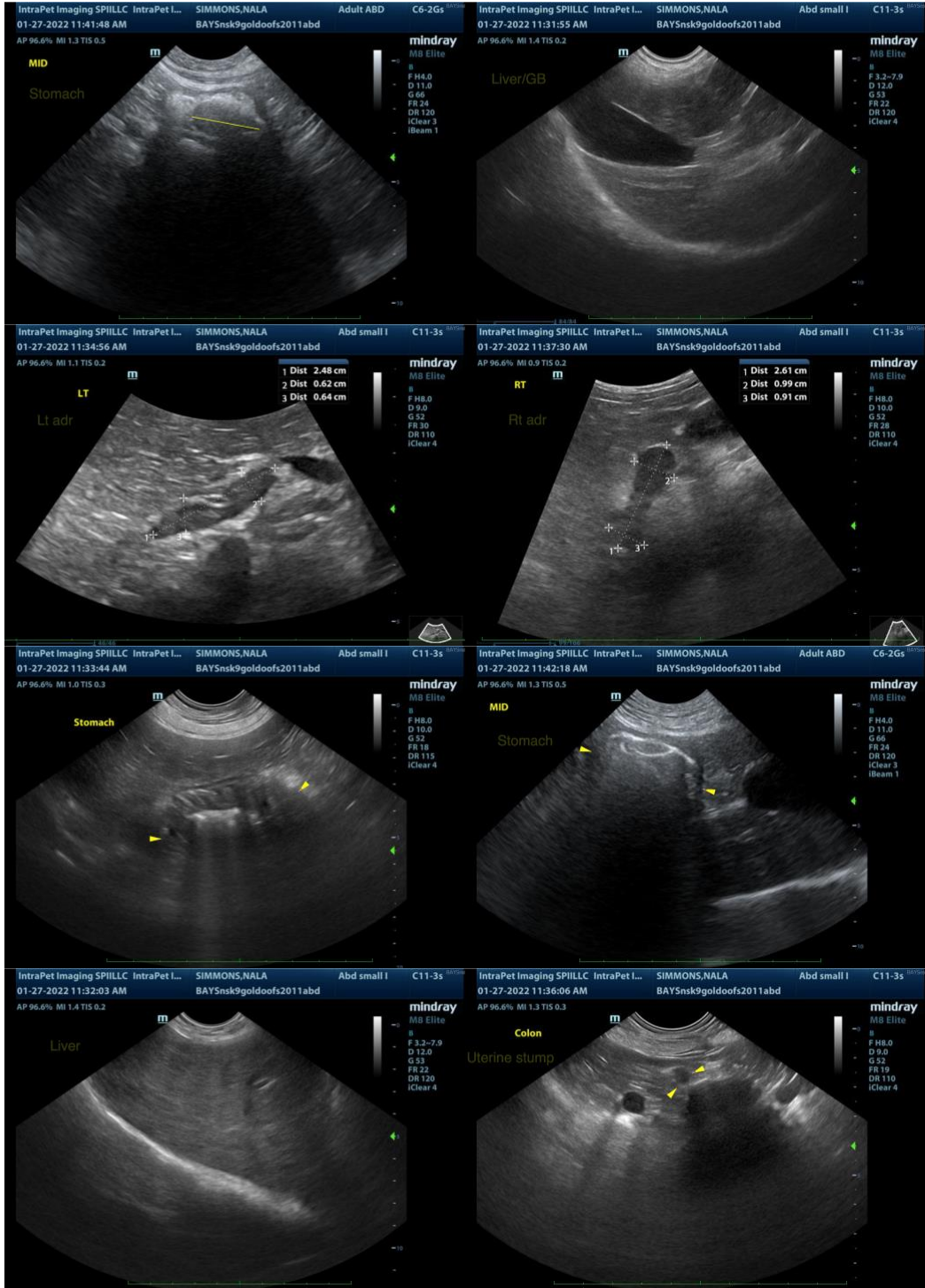
## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- The echogenic structure within the gastric lumen may represent a tumor, polyp, foreign body, inflammatory focus, artifact, adhered ingesta, other.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely. However, correlation with the patient's liver values is recommended.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- A repeat CBC with reticulocyte count (send to a diagnostic lab) is recommended along with a chemistry panel, urinalysis and T4, if not already performed.
- Regarding the potential gastric lesion, consider a repeat fasting ultrasound to determine if the area in question is still present. If it is, a barium study and/or an upper GI endoscopy may be warranted.
- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest as a possible cause for anemia.
- Visible uterine stump - incidental



**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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