

**DATE PRESENTING CLINICAL SIGNS**

1.12.23

ADR decreased appetite; seen regularly for acupuncture. History of renal insufficiency but owner has continued Deramax palliatively and has never caused renal status to change; has stopped deramax for several days since has been a bit adr. pe abdomen palpates normally chest clear memembs pale no petechia, rectal small amount of brown stool depressed mentation; weight loss

PATIENT

Zazu Ciaverelli

USG: 1.018. No proteinuria. Inactive sediment.

SPECIES

Canine

Current Medications: tramadol, Cerenia, will be starting omeprazole 5 mg and sucralfate 1 gm TID later today, antibiotics pending ua results

will make sure no meds given in the am before US

Date of Previous IntraPet Ultrasound: No previous.

BREED

Mixed

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Requested/Approved.

Imaging Performed By: Stephanie Warga RDCS, RVT.

SEX

Spayed Female

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 moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

AGE

1/1/2008

The left kidney is small in size (2.57 cm in length) with an irregular shape. The cortex is heterogenous in appearance. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. Moderate pyelectasia is present (0.36 cm in the transverse plane). Hyperechoic shadowing diverticular foci are visualized. There is no evidence of hydroureter. Renal vasculature is normal.

WEIGHT

25 lbs

INTERPRETED BY

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(Small Animal
Internal Medicine)

The right kidney is borderline small in size (4.25 cm in length) with an irregular shape. The cortex is variably thickened. There is poor corticomedullary distinction. A 1.34 cm hypoechoic nodule is observed at the caudal pole. Hyperechoic shadowing diverticular foci are visualized. Mild pyelectasia is present (0.23 cm in the longitudinal plane). Cortical infarcts are suspected. There is no obvious evidence of hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Belvedere

Adrenal Glands

The left adrenal gland is enlarged (1.13 cm at cranial pole) (0.81 cm at caudal pole) (2.41 cm in length) with a slightly irregular shape. The parenchyma is mildly heterogenous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. Molinelli

The right adrenal gland is in normal size (0.50 cm at cranial pole) (0.45 cm at caudal pole) (2.06 cm in length) 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.

INVOICE

12023

Spleen

A >10.00 cm heterogenous cavitated mass is arising from the caudal aspect. The mesentery surrounding the mass is hyperechoic. In the remainder of the spleen, the margins are curvilinear, and the parenchyma is homogenous. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is moderately distended. The wall is normal in thickness. A few polypoid-like lesions are arising from the luminal surface. A moderate amount of adhered debris is also present. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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 ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The pancreas is diffusely enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large splenic mass. Neoplasia (i.e., hemangiosarcoma, hemangioma, round cell tumor, other) is considered likely with a lower possibility of a benign process. Adjacent peritonitis is present.
- The right renal nodule is concerning for a metastatic lesion, with a lower possibility of an inflammatory focus, granuloma or abscess. Bilateral degenerative renal changes with pyelectasia, dystrophic mineralization and suspected right cortical infarcts.

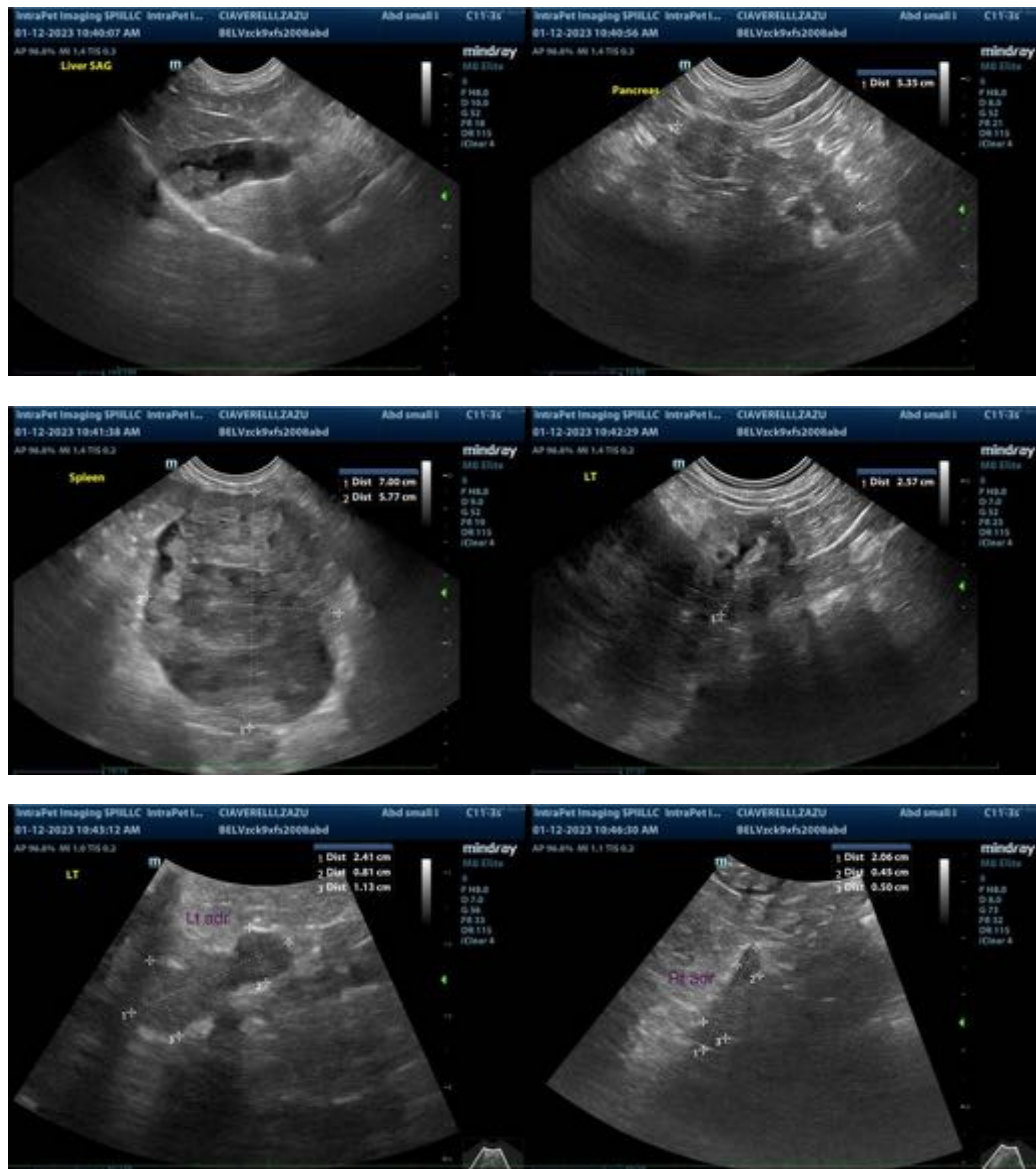
Secondary Findings

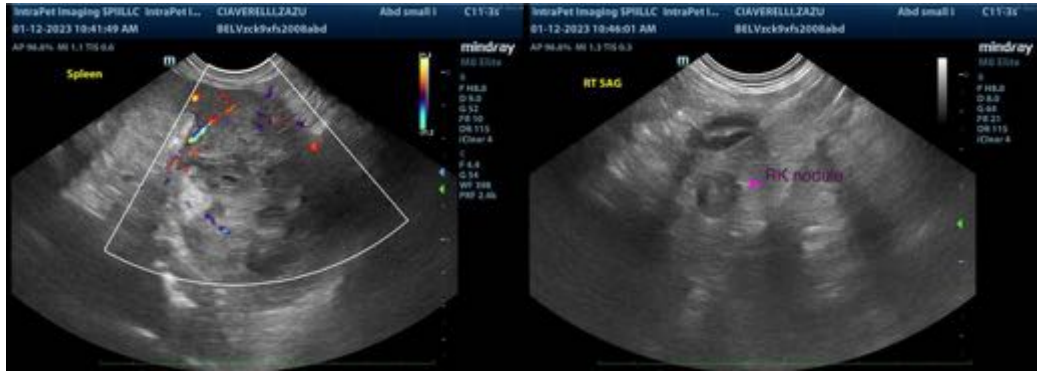
- The left adrenomegaly could be consistent with benign hyperplastic change or, less likely, an emerging tumor.
- The hepatic parenchymal changes are nonspecific and could be consistent with a benign age-related process, inflammatory disease, or infiltrative neoplasia.
- The pancreatic changes are consistent with chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

- A splenectomy with submission of the spleen for histopathology can be considered, if there is no evidence of pulmonary metastatic disease. If surgery is pursued, the right renal nodule and the liver should also be biopsied. However, the client should be warned of the concern for metastatic disease in the right kidney and the guarded the prognosis.





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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