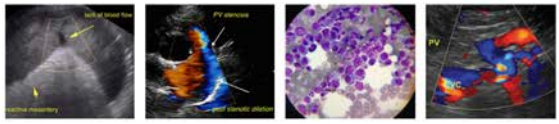


PATIENT

Bella Nelson

SPECIES

Canine

BREED

Lab X

SEX

Spayed Female

AGE

8/10/13

WEIGHT

90.5 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

Flowertown AH

REFERRING VET

Dr. Becky Hawk

INVOICE

34300

DATE

1/17/22

PRESENTING CLINICAL SIGNS

Acute onset of PU/PD and excessive panting.

Elevated ALT
ACTH Stim - baseline cortisol was elevated and post sample was just below the high end of normal.

1. Irregularly marginated caudal ventral spleen. This is consistent with possible small capsular bulging splenic nodules. This may be secondary to a benign or malignant process. An ultrasound for further evaluation is indicated.
2. Splenomegaly. This may be secondary to infiltrative disease. I cannot rule out splenic congestion, extra medullary hematopoiesis or lymphoid hyperplasia.

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 (6.57 cm in length); normal shape and architecture with 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 presented normal size (6.45 cm in length); normal shape and architecture with 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.

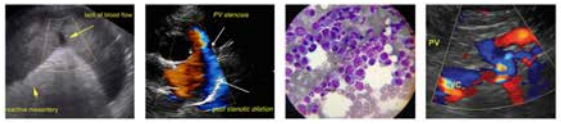
Adrenal Glands

The left adrenal gland is normal size (0.48 cm at cranial pole) (0.55 cm at caudal pole) (2.27 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 normal size (0.82 cm at cranial pole) (0.64 cm at caudal pole) (2.09 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 overall normal in size (2.08 cm at the level of the hilus) with irregular peripheral margins and folded contour at the cranial aspect. An approximately 2.0 cm heterogeneous mass is observed mid spleen. The remaining parenchyma is homogeneous. Splenic vasculature is normal with no evidence of thrombosis.



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Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

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 small intestinal lumen is not dilated. The small intestinal wall thickness is normal (xxx cm) with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. 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 brief echocardiogram reveals no evidence of pericardial effusion.

PRIMARY FINDINGS

- Splenic mass (2.0 cm) – Neoplasia (i.e., sarcoma, round cell tumor) is suspected with a lower possibility of benign pathology (i.e., focus of lymphoid hyperplasia).
- An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, Leptospirosis, chronic active hepatitis, copper-associated hepatotoxicity, infiltrative neoplasia (less likely)) should be considered.
- Gallbladder debris – incidental.

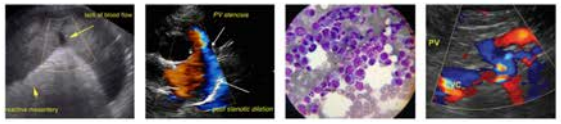
SECONDARY FINDINGS

- Minor non-specific age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

If an aggressive approach is desired, consider an abdominal exploratory with splenectomy and submission of the spleen for histopathology as well as a liver biopsy with aerobic and anaerobic bile culture and acquisition of additional hepatic tissue samples for potential copper quantitation.



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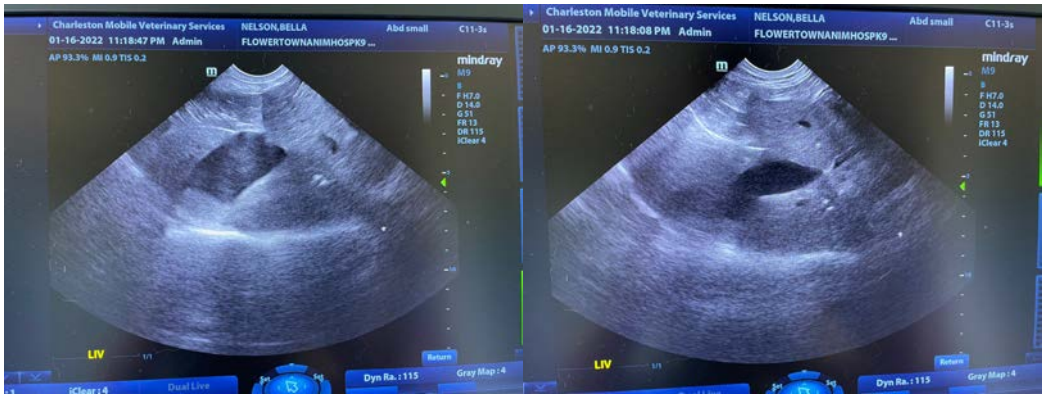
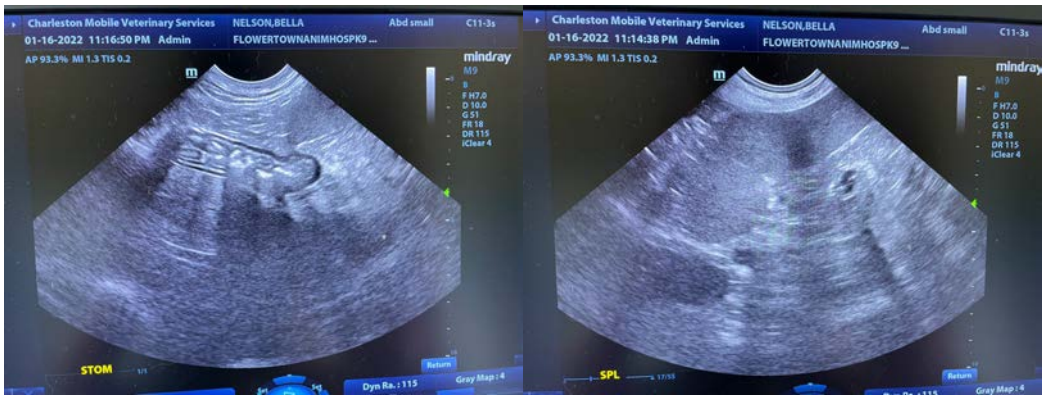
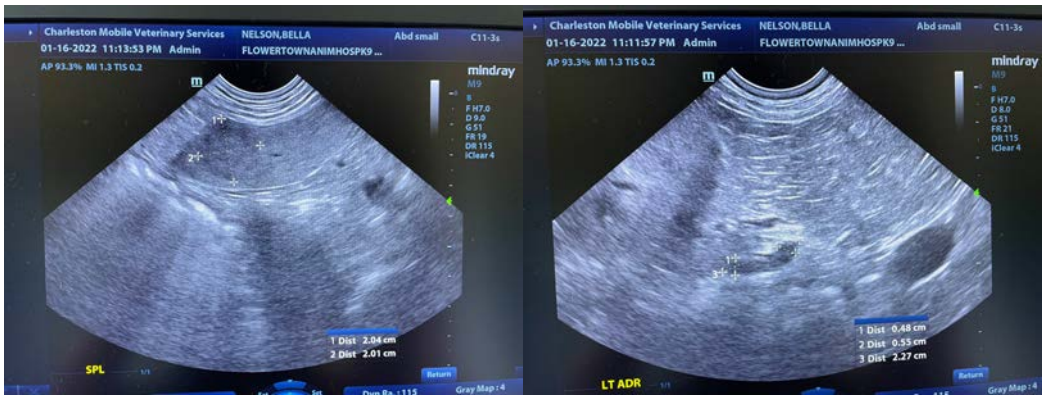
Other diagnostic considerations include the following:

- Urinalysis and urine culture and sensitivity (for the PU/PD)
- Leptospirosis testing (i.e., blood in urine PCR, serology)
- Pre- and post-prandial serum bile acids to assess hepatic function.
- A more conservative approach would be to perform a fine needle aspirate of the liver for cytologic evaluation. Unfortunately, the splenic nodule does not appear accessible for aspiration.







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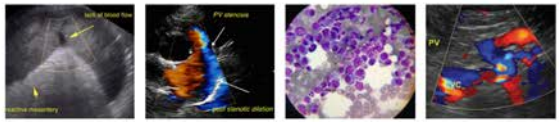

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CharlestonMobile.Net 800.403.5408

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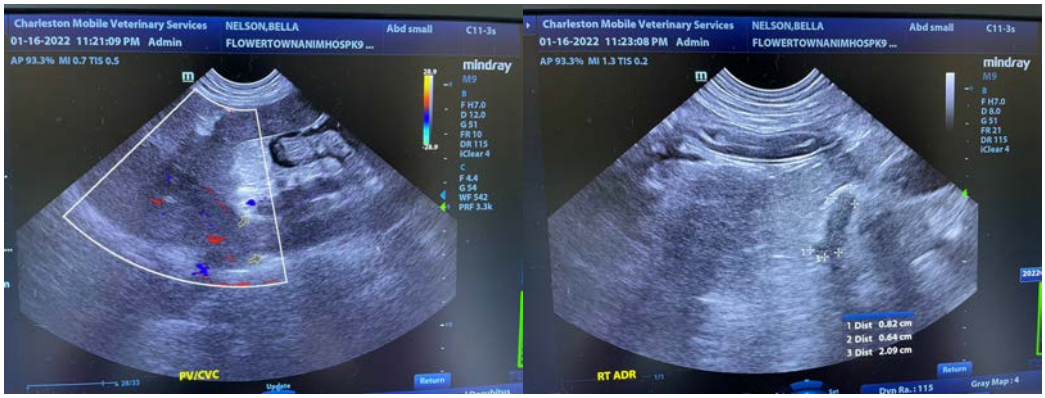

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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