SonoPath
Clinical Sonography & Telecytology
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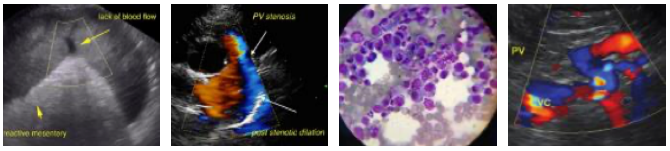


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Ginger Hoffman

SPECIES

Canine

BREED

Beagle

SEX

Female, spayed

AGE

16 Yrs.

WEIGHT

16 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez , CVT

HOSPITAL NAME

Westwood Regional VH

REFERRING VET

Dr. Giammanco

INVOICE

12873

DATE

PRESENTING CLINICAL SIGNS

History: Chronic pancreatitis; history of liver shunt (has ameroid ring), elevated renal values.
Current meds: ondansetron, IVFs, famotidine, Unasyn, metronidazole.
Abnormal PE/Chem/CBC/UA Results: Mildly elevated BUN and creat. , elevated ALT.

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 is normal size (4.42 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Mild to moderate pyelectasia is present (0.34 cm in the longitudinal plane). A 1.10 cm area of complex cortical cysts are observed at the caudolateral aspect. Several smaller individual cortical cysts are also seen. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.51 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Several small cortical cysts are observed. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.37 cm at cranial pole) (0.41 cm at caudal pole) (1.54 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.

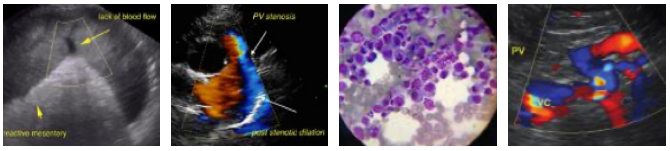
The right adrenal gland is mildly enlarged (0.70 cm at cranial pole) (0.58 cm at caudal pole) (1.51 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively enlarged (2.39 cm in width at the level of the hilus) with a swollen, undulating medial contour. The parenchyma is mottled in appearance. A few ill-defined hyperechoic nodules are observed at the medial aspect, the largest measuring 0.81 cm. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely heterogeneous in appearance. A 2.51 x 2.18 cm



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isoechoic to slightly heterogeneous mass effect is observed on deep left to mid-liver. A 0.79 cm irregular hyperechoic nodule is observed on the right side. 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. A small to moderate amount of aggregated echogenic gravity-dependent debris as well as a few irregular choleliths (vs aggregated mineralized sand) are observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is moderately distended with ingesta. 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 ileocecal colic junction is normal. The wall of the descending colon is moderately thickened (up to 0.53 cm) and corrugated with apparent retention of the normal layering pattern. The colonic lumen contains liquid appearing fecal material. No obstructive disease is noted.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

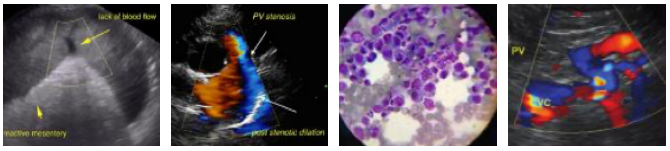
Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Hepatic mass effect, deep left to mid-liver. Neoplasia (i.e., adenoma, adenocarcinoma) is suspected with a lower possibility of benign pathology (i.e., regenerative nodule). The diffuse hepatic parenchymal changes are non-specific and could be secondary to a benign age-related process. Alternatively, metastatic or inflammatory disease or other hepatopathy may be present.
- The colonic wall changes are most consistent with an inflammatory process. However, emerging neoplasia cannot be excluded.
- Bilateral nephropathy with cortical cysts and left pyelectasia.
- The diffuse splenic parenchymal changes could be consistent with infiltrative neoplasia or a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis.



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- The trace ascites may be secondary to increased vascular permeability, low oncotic pressure or increased hydrostatic pressure. Correlation with clinical findings is recommended.

Secondary Findings:

- Choleliths vs mineralized gallbladder sand- incidental/non-obstructive.
- Age-related pancreatic remodeling/fibrosis. Concurrent low-grade pancreatitis is also possible, particularly if the patient is painful on cranial abdominal palpation.
- Mild right adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the splenic changes, a fine needle aspirate is recommended, if clotting status is normal.
- Regarding the liver changes, consider the following:
  1. Three-view thoracic radiographs to assess for metastatic disease.
  2. Fine needle aspirate, if clotting status is appropriate. Alternatively, an abdominal exploratory with hepatic mass removal and submission for histopathology can be considered along with aerobic and anaerobic bile cultures. If surgery is pursued, gastrointestinal biopsies, including colon, are recommended. A splenectomy should also be considered, depending on its appearance and on cytology results (if FNA is performed).
- Regarding the azotemia, consider the following:
  1. Urine culture and sensitivity
  2. UPC (if proteinuria is present)
  3. Baseline blood pressure measurement

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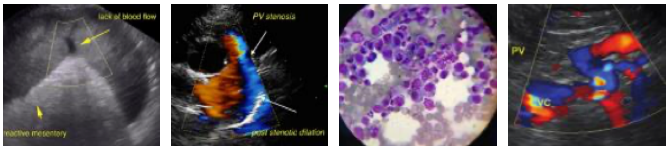

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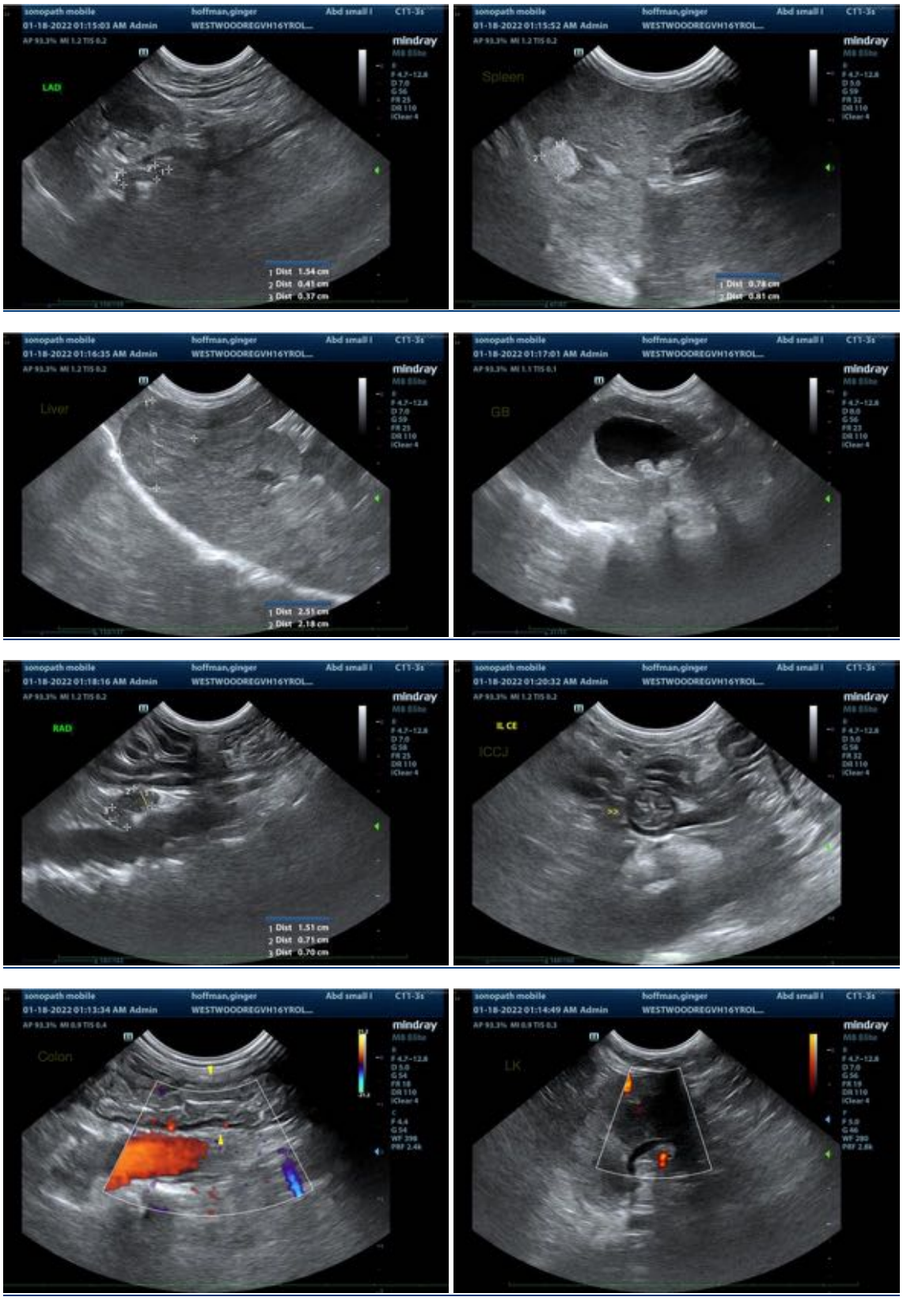

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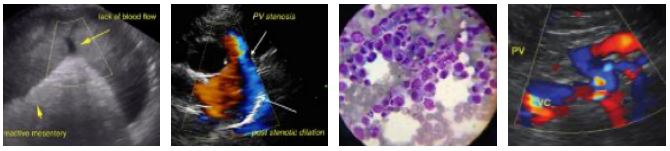

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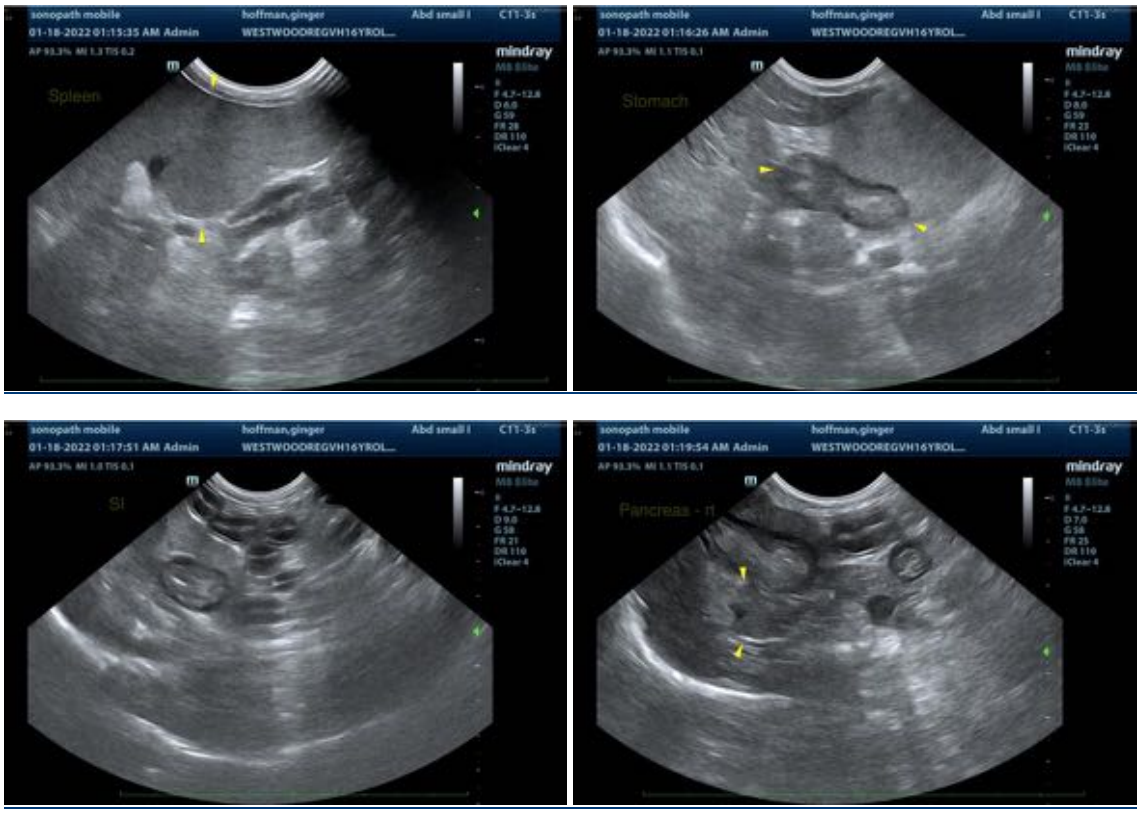

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

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