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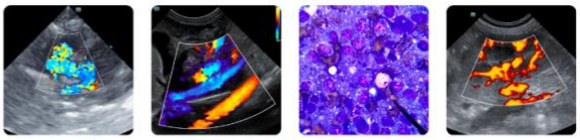

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Kiera Rogers

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Female Spayed

AGE

13

WEIGHT

25.8 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Willakenzie AC

REFERRING VET

Dr Brandt

INVOICE

22464

DATE

1-26-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Inappetent for 1.5 weeks. Enlarged spleen.
Abnormal lab-work values: Hematocrit 38%, nonregenerative. Mild leukocytosis with a degenerative neutrophilia. Monocytosis. SDMA 26. ALP 182. Spec cPL 743. USG 1.042, 3+ proteinuria – inactive sediment. 4dx negative (emailing bloodwork separately).
Current Medications: Gabapentin, Carprofen, Mirtazapine, Zenrelia, Maropitant, Entyce

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (5.84 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.65 cm in length) with a normal shape, architecture and 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 enlarged (0.98 cm at cranial pole) (0.92 cm at caudal pole) with swollen peripheral contours. The parenchyma is heterogenous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (1.30 cm at cranial pole) (0.77 cm at caudal pole) 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.

Spleen

The spleen is enlarged (2.66 cm in width at the level of the hilus) with scalloping of the medial contour. The parenchyma is diffusely and severely mottled in appearance, with a “moth-eaten” appearance. Splenic vasculature appears normal with no obvious evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Several polypoid-like lesions are arising from the mucosal surface. A moderate amount of aggregated, echogenic-to-mineralized, gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal to mildly-thickened (up to 0.56 cm) with questionable retention of the normal layering pattern in one region. 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

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pattern and appropriate mural detail. The colonic wall is normal. There is no obvious 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.

Lymph Nodes

A 1.88 x 0.68 cm medial iliac lymph node is visualized. A 2.1 x 1.4 cm irregular hypoechoic lymph node is observed just caudal to the stomach. A 1.69 x 0.94 cm hypoechoic gastric lymph node is also seen. A few prominent mesenteric lymph nodes are also seen (one measuring 3.39 x 1.91 cm).

Free Abdomen

There is no obvious evidence of free fluid.

Other

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic changes are more most concerning for infiltrative neoplasia (i.e., round cell tumor) with a lower possibility of lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, other.
- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia (i.e., round cell tumor), lymphadenitis or lymphoid hyperplasia.
- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.
- The gastric wall thickening could be consistent with gastritis, emerging neoplasia, or less likely, hypertrophy.

Secondary Findings

- Bilateral nonspecific age-related renal changes
- Bilateral adrenomegaly
- Gallbladder debris/sand, non-mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fine-needle aspiration of the spleen +/- liver and abdominal lymph nodes is recommended (assuming normal clotting status). Twenty-five gauge-needles should be used. Depending on the cytology results, consultation with a board-certified oncologist may be warranted.
- Three-view thoracic radiographs are also recommended to assess cardiopulmonary status.

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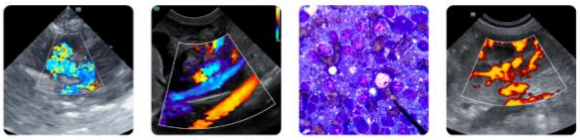

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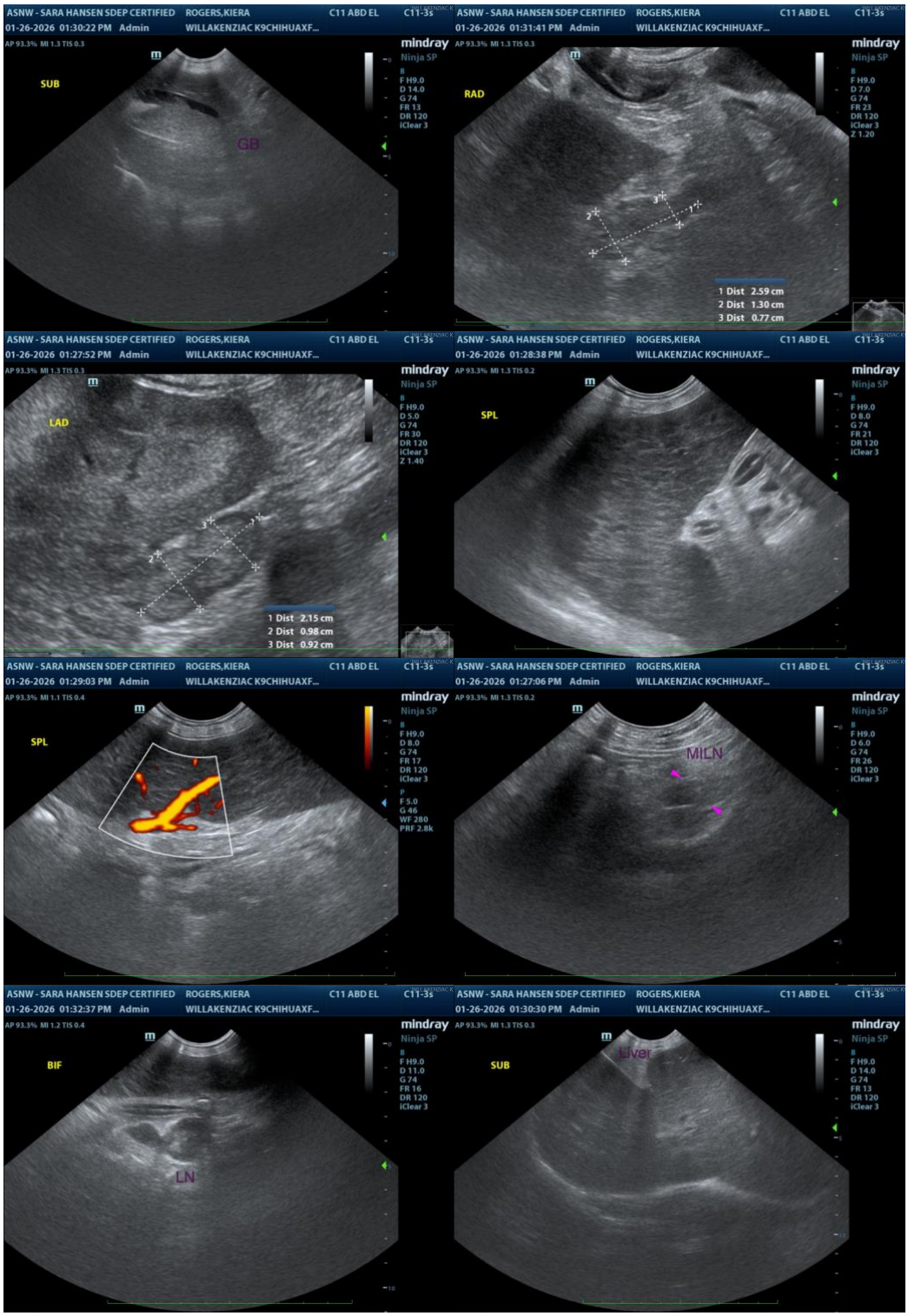

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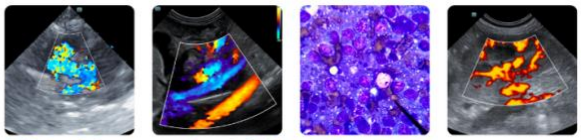

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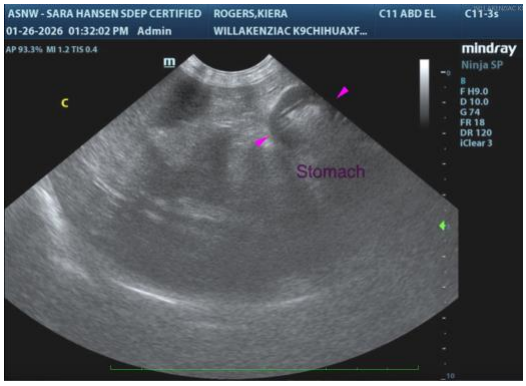

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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