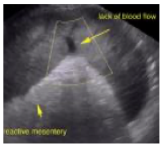
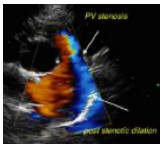
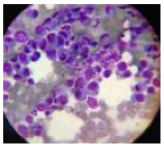
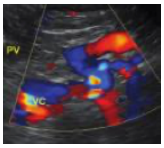
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Channel Paris

SPECIES
Canine

BREED
Boston Terrier

SEX
Intact Female

AGE
10 years

WEIGHT
19 lbs

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

IMAGING PERFORMED BY
Dr. Ferrer DVM

HOSPITAL NAME
Paseos Veterinary Center

REFERRING VET
Dra. Dineli Bras

INVOICE
12005

DATE
1.3.23

PRESENTING CLINICAL SIGNS

History: Presented as a referral for an abdominal ultrasound. Pt has ocular problems especially buphthalmos on the left eye and the ophthalmologist after evaluation referred Channel for an abdominal ultrasound. Unfortunately, no more information about what was found, and diagnostics tests done and results were provided. FNA of splenic nodules were done and submitted for pathology review.

Abnormal PE/Chem/CBC/UA Results: PE: Left eye is buphthalmos and no visual.

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.

The left kidney is normal size (5.49 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter

The right kidney is normal size (5.38 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.44 cm at cranial pole) (0.43 cm at caudal pole) (1.98 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.

The right adrenal gland is normal size (0.43 cm at cranial pole) (0.45 cm at caudal pole) (2.37 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.

Spleen

The spleen is subjectively enlarged (1.78 cm in width at the level of the hilus) with slightly swollen peripheral contours. Several ill-defined hypoechoic nodules/areas are observed throughout the organ (the largest measuring 0.75 cm in diameter). The remaining parenchyma is of appropriate echogenicity and echotexture. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is moderately distended. The wall is borderline thickened and hyperechoic to mineralized. A moderate amount of mostly gravity dependent, echogenic to mineralized debris is observed within the lumen. 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 mildly 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 ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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
There is no evidence of free fluid. The medial iliac lymph nodes are visible but not overtly enlarged, and normal in shape and echogenicity.

Other
The uterine body is visible/prominent (1.50 cm in width). A small amount of fluid is observed within the lumen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

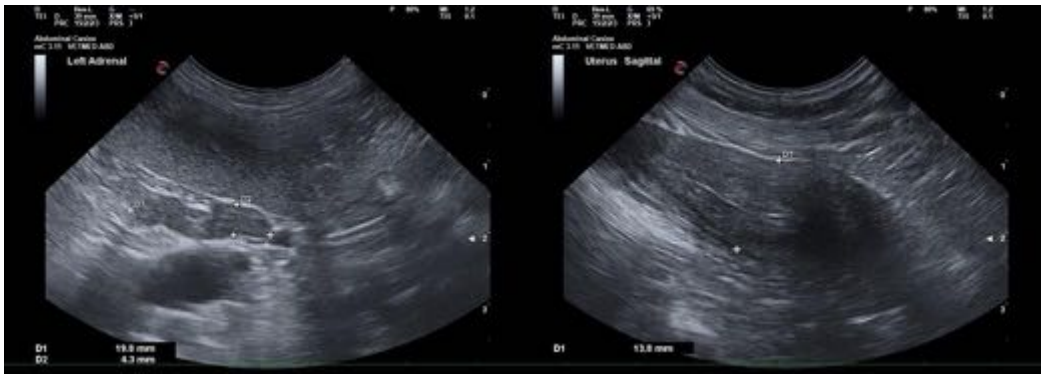
- The splenic changes could be consistent with emerging neoplasia (i.e., round cell tumor). Alternatively, a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation, or splenitis) may be present.

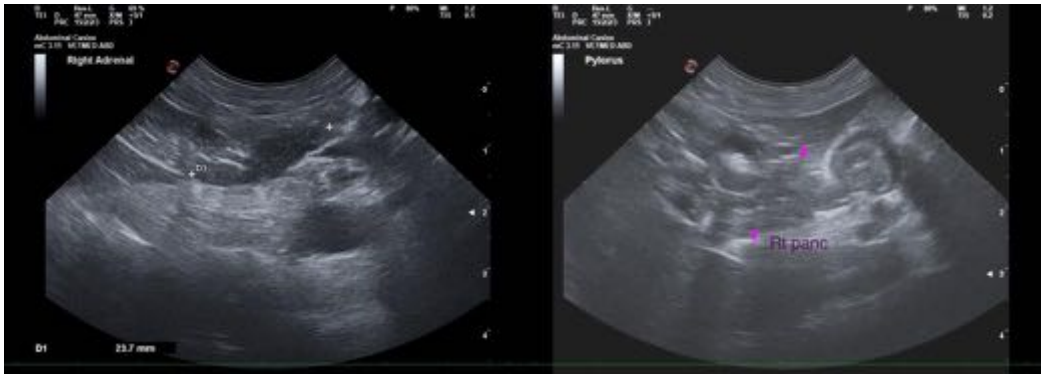
Secondary Findings

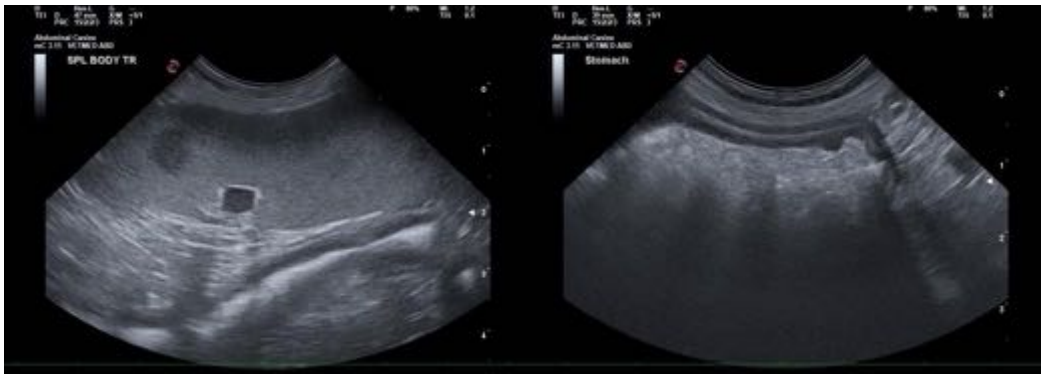
- Minor bilateral age-related renal changes
- Nonspecific diffuse hepatopathy. Vacuolar hepatopathy (i.e., endocrine, idiopathic) is considered likely. However, inflammatory disease or infiltrative neoplasia (i.e., lymphoma) cannot be completely excluded. Correlation with the patient's liver values is recommended.
- The hyperechoic to mineralized gall bladder wall (aka "porcelain gall bladder") is most consistent with cholecystitis.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The significance of the uterine changes should be correlated with the stage of the patient's estrous cycle.

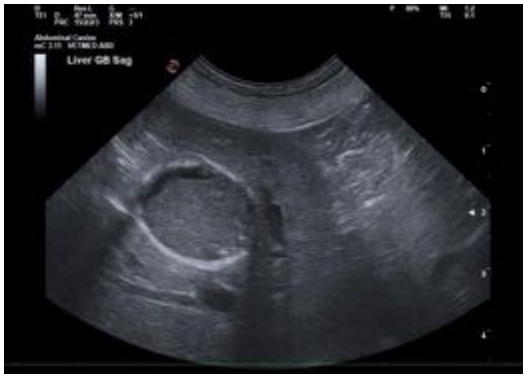
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the concern for possible neoplasia, three-view thoracic radiographs are recommended (if not already performed).
- Also baseline lab work, including a CBC, chemistry panel, urinalysis and T4 is recommended.
- Further diagnostic/treatment recommendations should be based on the splenic cytology results as well as results from bloodwork, chest x-rays and the patient's clinical history, once obtained.


Left Adrenal
D1 19.0 mm
D2 4.3 mm
Uterus Sagittal
D1 13.8 mm


Right Adrenal
D1 23.7 mm
Pylorus
Rt panc


SPL BODY TR
Stomach


Liver GB Sag

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)
info@SonoPath.com