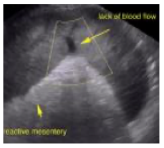
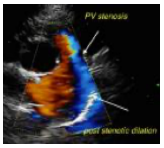
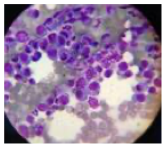
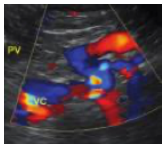
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Kensey Hughes

SPECIES
Canine

BREED
Border Collie Mix

SEX
Spayed Female

AGE
12 years

WEIGHT
41 lbs

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

IMAGING PERFORMED BY
Amy Priest

HOSPITAL NAME
Long Valley AH

REFERRING VET
Dr. Stephanie Welch

INVOICE
11807

DATE
10.10.22

PRESENTING CLINICAL SIGNS

History: arthritis - hips/stifles. Presented for recent episodes of whining/appearing uncomfortable per O within last few days/week. Appetite is also down slightly but pet has not lost weight. Suspected splenic nodules or lesions noted briefly on cursory ultrasound last week so full scan scheduled for further evaluation.

Abnormal PE/Chem/CBC/UA Results: Lab-work pending

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 the visible portion of the proximal urethra are normal.

The **left kidney** is normal size (5.66 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (5.55 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild 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 mildly enlarged at the cranial pole and normal in size at the caudal pole (0.96 cm at cranial pole) (0.71 cm at caudal pole) with a normal shape and smooth peripheral contours. A 0.60 x 0.52 hyperechoic nodule is observed at the cranial aspect. Glandular echogenicity and detail at the caudal aspect are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (1.01 cm at cranial pole) (0.62 cm at caudal pole); 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 normal in size (2.27 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few, small, hypoechoic nodules are visualized, the largest measuring 0.99 cm in diameter. Splenic vasculature is normal.

Liver

The **liver** is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic to slightly hypoechoic 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** lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is minimally fluid-distended. The gastric wall is normal in thickness with a normal layering pattern. 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 colonic wall is normal. There is no 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.

Free Abdomen

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hypoechoic splenic nodules could be consistent with a benign process (i.e., focus of lymphoid hyperplasia, extramedullary hematopoiesis, or similar). Alternatively, emerging neoplasia is possible. A benign process is slightly favored.

Secondary Findings

- Bilateral chronic age-related renal changes
- The left adrenal nodule trends toward the benign (i.e., benign nodular hyperplasia) with a lower possibility of an emerging tumor.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

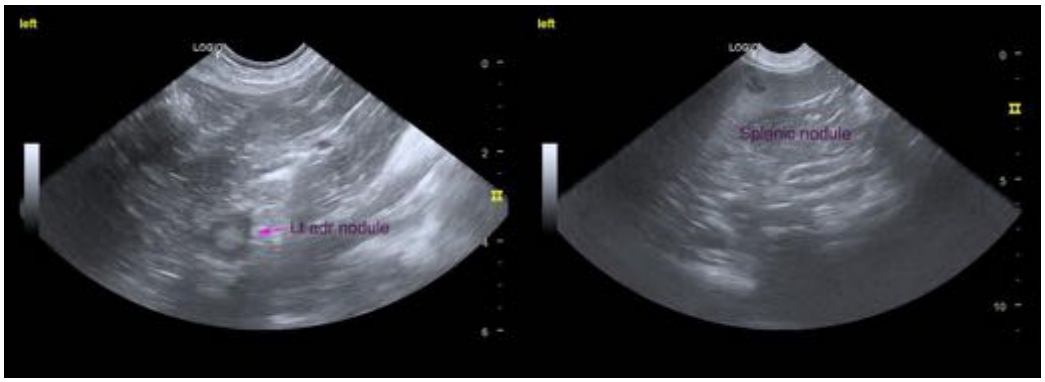
Fine-needle aspirates of the splenic nodules can be considered if clotting status is appropriate. Twenty-five gauge-needles should be used, and the patient should be sonographically monitored for 5-10 minutes post-aspiration to assess for iatrogenic hemorrhage.

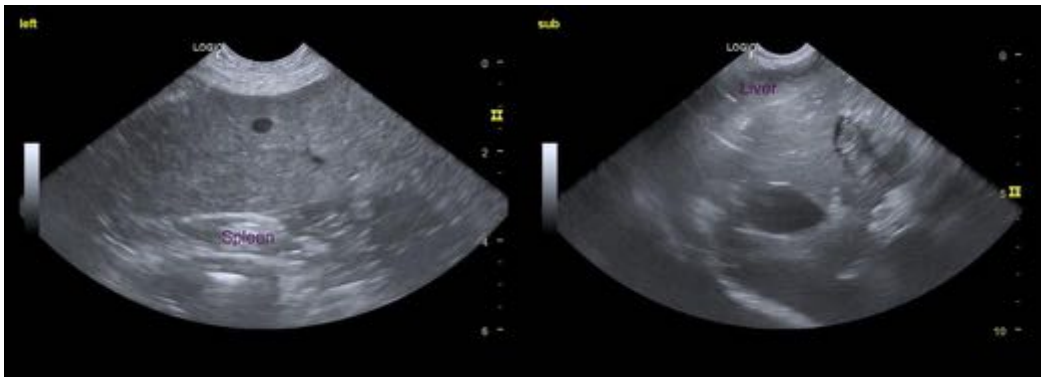
If a more conservative approach is desired, consider a repeat ultrasound in 4 weeks to assess for growth of the nodules.

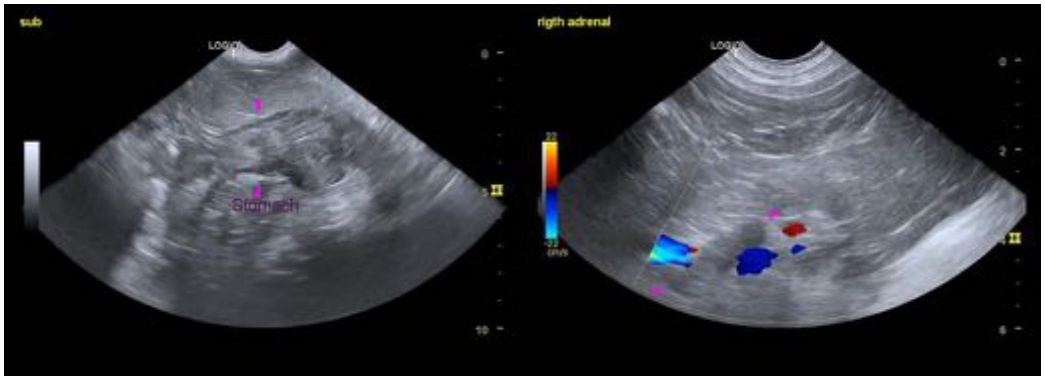
To further evaluate for causes of discomfort, thorough orthopedic and neurologic examinations are recommended +/- radiographs of any painful areas.

Three-view thoracic radiographs can also be considered to assess for bony and/or thoracic lesions.

Further recommendations should be based on the patient's lab work results.







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