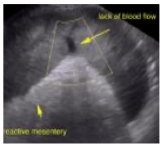
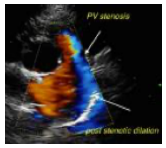
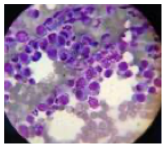
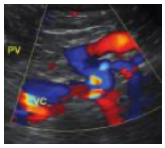
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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PATIENT
Snoopy Perez

SPECIES
Canine

BREED
Mixed

SEX
Neutered Male

AGE
11 years

WEIGHT
21.6 lbs

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

IMAGING PERFORMED BY
Dr. G. Ferrer, DVM

HOSPITAL NAME
Paseos VC

REFERRING VET
Dr. Franco Ortiz

INVOICE
11865

DATE
10.20.22

PRESENTING CLINICAL SIGNS

History: The patient presented for an ultrasound today. Yesterday apparently ADR trembling and anorexic. Radiographs show a possible mass effect next to the stomach silhouette on the VD (the patient had a FB removed years ago) with gastrotomy.

Abnormal PE/Chem/CBC/UA Results: BW: CBC: WNL CHEM: BUN 5 mg/dL (7-27) ALKP 292 U/L (22-212) LIPA 1834 U/L (200-1800)

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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The **prostate** is normal in size (1.09 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The **left kidney** is normal size (4.81 cm in length); with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The **right kidney** is normal size (4.92 cm in length);); with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

The **left adrenal gland** is upper limits of normal size (0.50 cm at cranial pole) (0.61 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.

The **right adrenal gland** is normal size (0.93 cm at cranial pole) (0.54 cm at caudal pole) (2.13 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 normal in size (1.23 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. A 0.69 cm isoechoic to slightly heterogenous nodule is observed at the medial aspect. The lesion does not appear to cause capsular expansion. Splenic vasculature is normal.

Liver

The **liver** is prominent in size with normal curvilinear 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** lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic, partially dependent debris/sludge 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 not distended. 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 colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The base and limbs of the **pancreas** are normal in size 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

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

Other

In the midabdominal region, a 0.97 cm ill-defined cystic area is visualized.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic nodule trends toward the benign (i.e., focus of lymphoid hyperplasia, extramedullary hematopoiesis, or similar). However, an emerging tumor cannot be completely excluded. The diffuse splenic parenchymal changes also trend toward the benign with a lower possibility of infiltrative neoplasia

Secondary Findings

- Suspected benign diffuse hepatopathy. Vacuolar hepatopathy is the top differential, with a low possibility of emerging neoplasia.
- Bilateral degenerative renal changes with minor dystrophic mineralization
- The ill-defined cystic lesion in the midabdominal region may be an imaging artifact, as it is not visualized in the other video clips. Alternatively, it may represent a cyst within the pancreas, other.

  *An obvious cause for the patient's clinica signs is not identified in this study. There is no obvious evidence of a mass effect adjacent to the stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

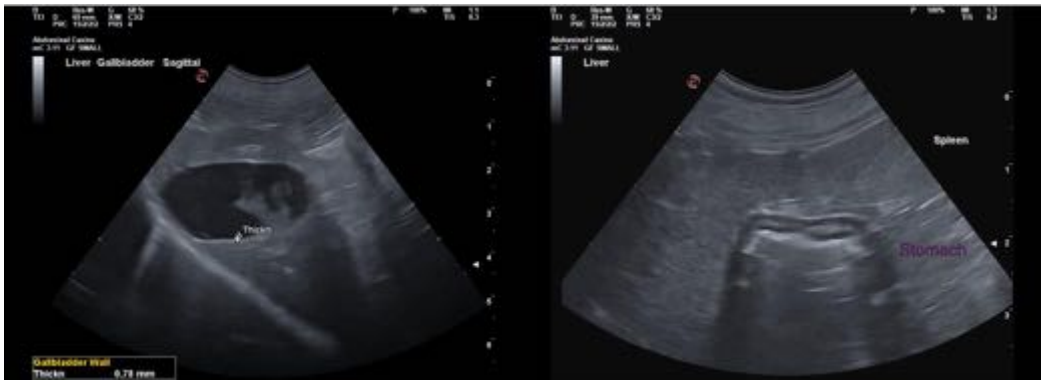
Regarding the patient's clinical signs, consider the following:

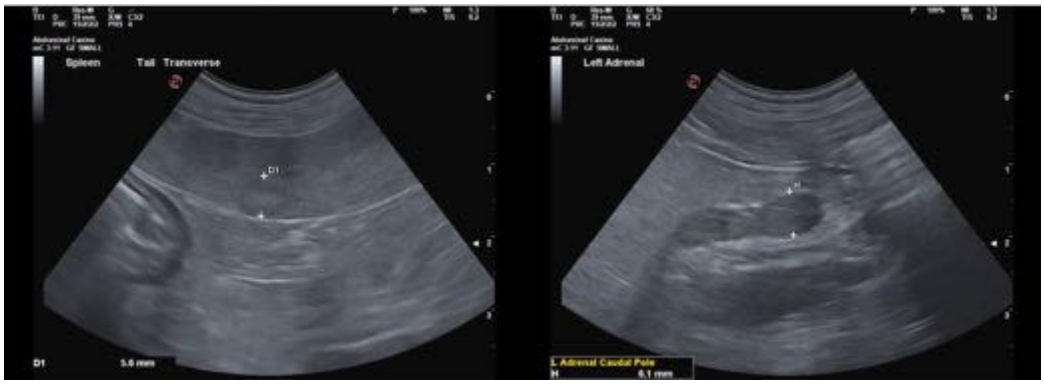
1. Thorough orthopedic and neurologic examination to assess for nonmetabolic causes of the clinical signs.
2. Also consider three-view whole body radiographs to assess for thoracic and bony abnormalities.

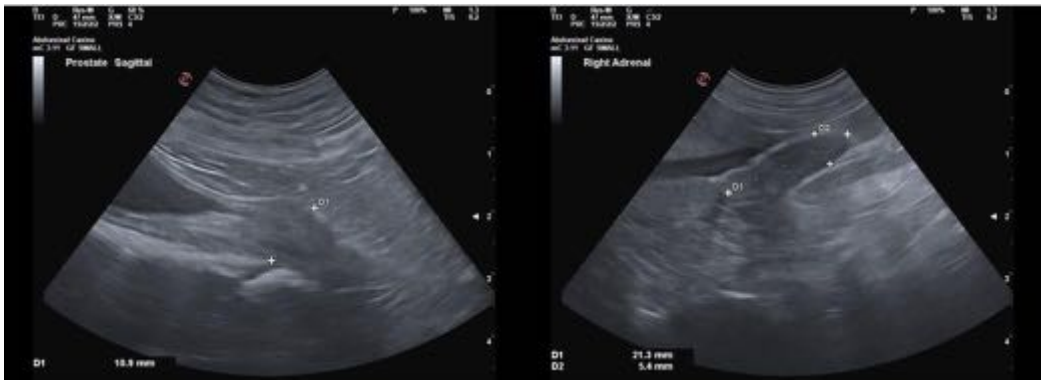
Other considerations include the following:

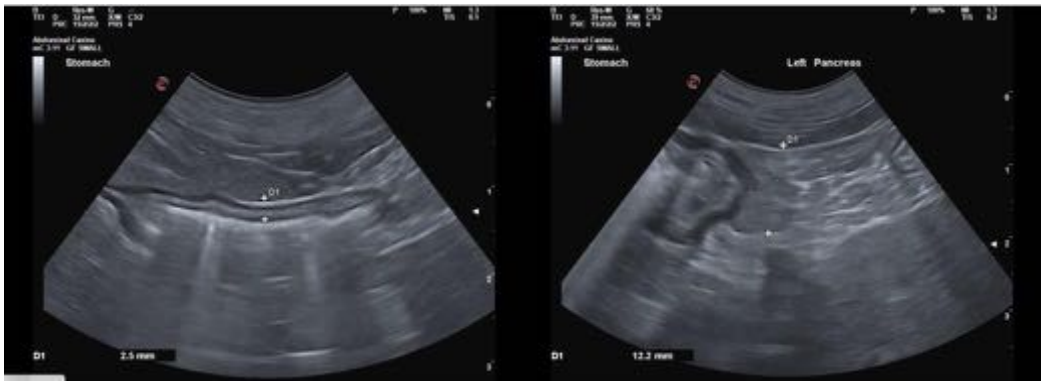
1. Urine culture and sensitivity to assess for an occult urinary tract infection
2. cPLI to assess for low-grade pancreatitis

Regarding the cystic area in the midabdominal region, consider additional sonographic images of this region for better characterization.









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.

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