

**DATE PRESENTING CLINICAL SIGNS**

10/7/21 Chronic vomiting, intermittent diarrhea.

PATIENT

Lester Rich

Lab Results: CBC/Chem/UA from March 2021 NSF. CBC/Chem/UA with Spec CPL submitted 10/6/21 – mild thrombocytosis. Chemistry panel is unremarkable. Specific gravity is 1.033 with trace proteinuria, and inactive sediment. Normal T4

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Sedation not necessary.

BREED

Poodle Mix

Stat Report: Stat report not requested by DVM.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Male Neutered

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly 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.

AGE

2007

The prostate is normal in size (0.72 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

WEIGHT

14.6 lbs.

The left kidney is normal size (4.30 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

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The right kidney is normal size (4.11 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

HOSPITAL NAME

Bay Country
Veterinary Hospital

Adrenal Glands

The left adrenal gland is normal size (0.58 cm at cranial pole) (0.58 cm at caudal pole) (1.88 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.

REFERRING VET

Dr. McLean

The right adrenal gland is normal size (0.59 cm at cranial pole) (0.52 cm at caudal pole) (1.82 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.

INVOICE

11971kk

Spleen

The spleen is enlarged with irregular peripheral contours. A 3.53 cm heterogenous mass is observed approximately mid-spleen. The lesion causes capsular expansion. A 1.69 cm hypoechoic nodule is also observed just distal to the larger mass. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with irregular peripheral contours. A 3.43 cm hypoechoic to slightly heterogeneous, vascular mass is observed deep in the left liver. In addition, at least two smaller,

hypoechoic nodules are observed. Some of the lesions are causing capsular expansion. The remaining parenchyma is mottled/ bordering on a “moth-eaten” appearance. Hepatic vasculature and intrahepatic 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 partially dependent to suspended echogenic 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 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. No obstructive disease is noted.

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.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

Several ring down lesions are observed within the thorax.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Hepatic and splenic masses. Neoplasia (i.e., round cell tumor, carcinoma, sarcoma) is considered likely with a low possibility of a multi-focal inflammatory process.
- The ring down lesions are suggestive of pulmonary parenchymal disease.

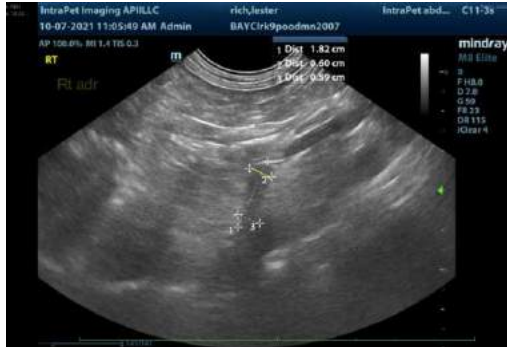
Secondary Findings:

- Bilateral chronic, age-related nephropathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Fine needle aspirates of the hepatic and splenic masses can be considered (if clotting status is appropriate). A 25-gauge needles should be used. Unfortunately, however, given the diffuse pathology, the prognosis for this patient is considered guarded.





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.

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