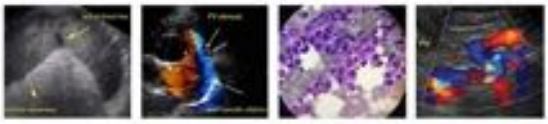




**PATIENT**

George Okashima

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

16 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

Roundhill AH

**REFERRING VET**

Dr. Carl Kelly

**INVOICE**

12530

**DATE**

11/15/21

## PRESENTING CLINICAL SIGNS

History: Abdominal and thyroid scan Blood pressure 185/120 16.20kg Beagle Male, neutered. 13 years old Owner noticed increase in pu/pd since the summer. Splenectomy on 8-4-21 to remove mass which was determined to be a hematoma with possible "marginal lymphoma." removal probably resolved both "neoplastic" conditions. Has to get up to drink and urinate every 3 hours. Occasionally vomits water. IDEXX sent to lab.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, and pelvic urethra are 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 (1.40 cm in width) with a slightly irregular shape. Parenchyma is subtly heterogeneous in appearance with a few ill-defined hyperechoic areas. The prostatic urethra is not overtly dilated.

The left kidney is normal size (5.29 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Several cortical infarcts are visualized. There is no evidence of pyelectasia, nephroliths or hydroureter.

The right kidney is normal size (5.67 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. At least 2 cortical infarcts are visualized. There is no evidence of pyelectasia, nephroliths, or hydroureter.

### *Adrenal Glands*

The left adrenal gland is normal size (0.43 cm at cranial pole) (0.63 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 (0.55 cm at cranial pole) (0.61 cm at caudal pole) (2.41 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.

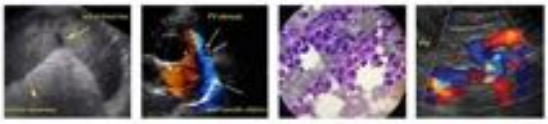
### *Spleen*

Previously splenectomized. The region of the splenic fossa is unremarkable.

### *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. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. A s mall amount of echogenic debris is adhered to the luminal wall. The cystic and common bile ducts are normal/not seen.

### *Gastrointestinal*





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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 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. A few prominent mesenteric lymph nodes are visualized, the largest measuring 0.77 cm in length.

### *Other*

A brief echocardiogram reveals no evidence of pericardial effusion.

## ULTRASONOGRAPHIC EXAMINATION OF THE CERVICAL REGION

The left thyroid lobe is normal in size (1.37 x 0.31 cm) with a normal shape and smooth peripheral contours. The parenchyma is relatively homogeneous in appearance with a few small, ill-defined cystic areas. The left parathyroid glands are not enlarged.

The left salivary gland is subjectively normal in size with normal shape and homogeneous parenchyma No obvious pathology is seen.

The right thyroid lobe is enlarged (2.93 x 1.03 cm) with swollen rounded peripheral contours. The parenchyma is heterogeneous and vascular in appearance. The right parathyroid glands are not enlarged.

The right salivary gland is subjectively normal in size with normal shape and homogeneous parenchyma. No obvious pathology is seen.

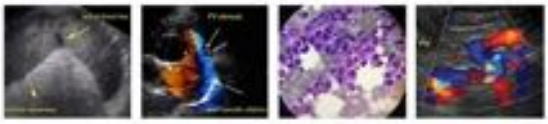
## ULTRASONOGRAPHIC FINDINGS

**Primary Findings**:

- Right thyroid lobe mass effect. Neoplasia (i.e., adenocarcinoma) is considered likely with a lower possibility of a benign process (i.e., inflammatory).
- Minor bilateral, age-related renal changes with cortical infarcts.

**Secondary Findings**:

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The prostatic parenchymal changes are most consistent with age-related remodeling with minor potential for emerging neoplasia.





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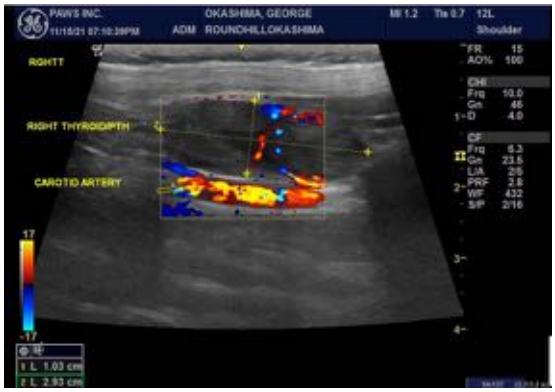
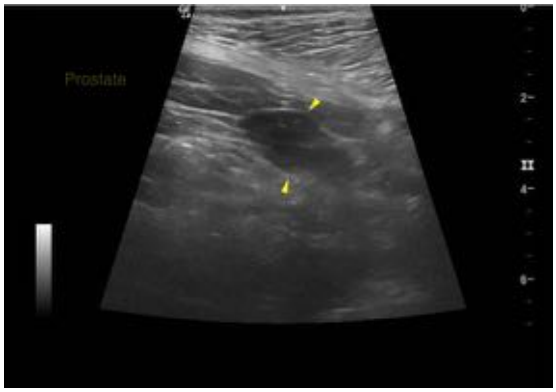
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- To further evaluate for causes of PU/PD, consider the following:
  1. T4/free T4 by equilibrium dialysis.
  2. Baseline labwork including a CBC chemistry panel, urinalysis as well as a urine culture and sensitivity.
  3. +/- Cushing's testing, depending on baseline labwork results.
  4. +/- Leptospirosis testing (i.e., blood and urine PCR, serology).
  5. +/- pre- and post-prandial serum bile acids to assess for occult hepatic dysfunction.
  6. Depending on the results of the above diagnostics, a DDAVP trial +/- a modified water deprivation test may be warranted.
- Given the right thyroid mass, three-view thoracic radiographs are recommended to assess for pulmonary metastatic disease. Aspiration of the thyroid mass and right prescapular lymph node (if accessible) using 25 gauge needles is also recommended. If neoplasia is confirmed, consultation with a board-certified oncologist is recommended.





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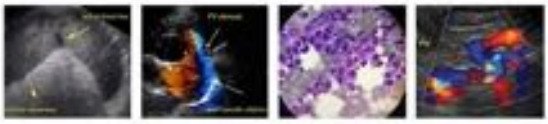

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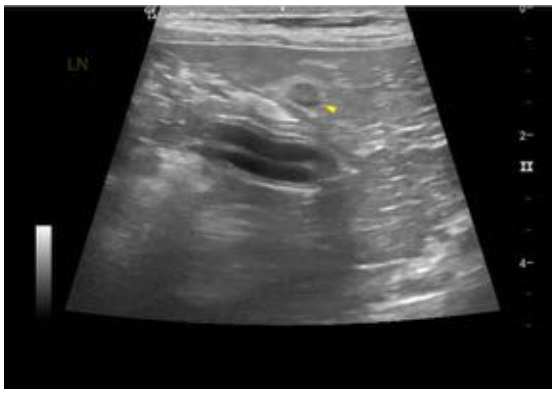


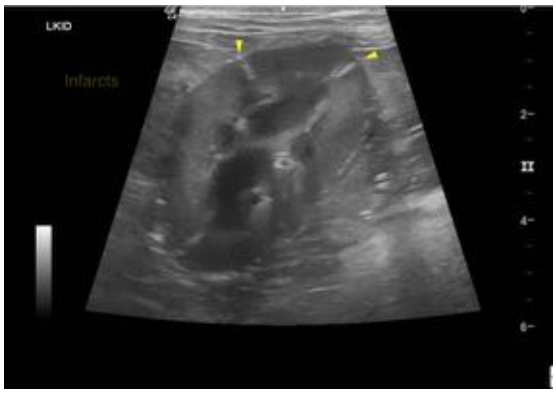


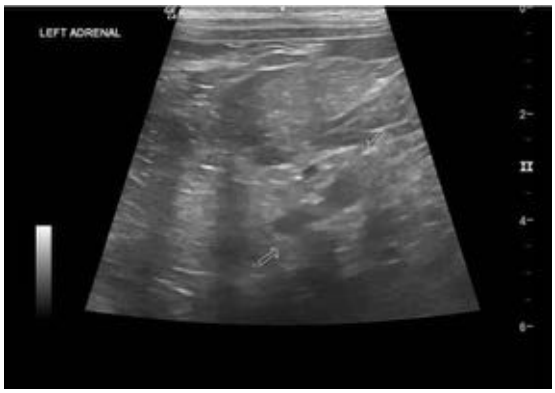


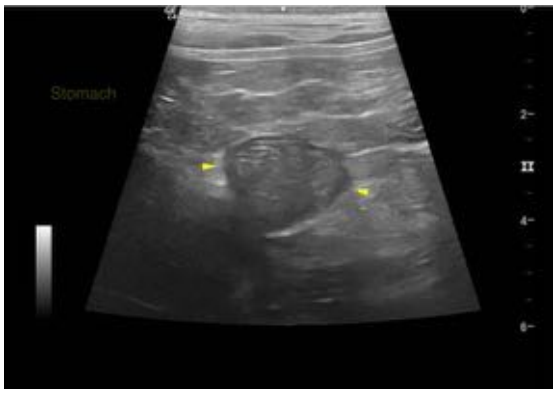


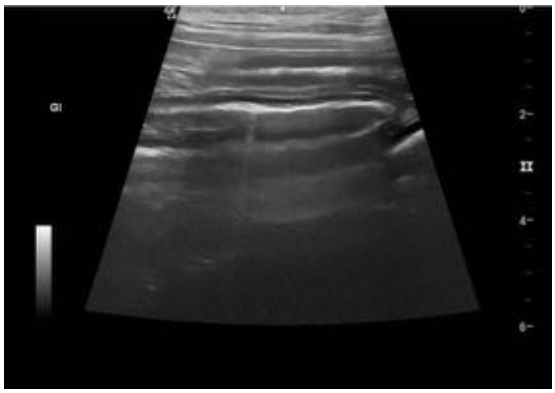


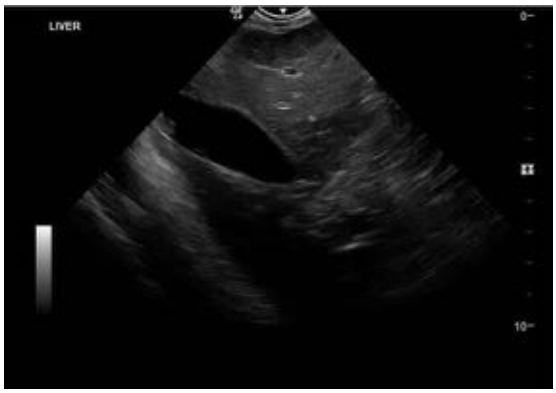



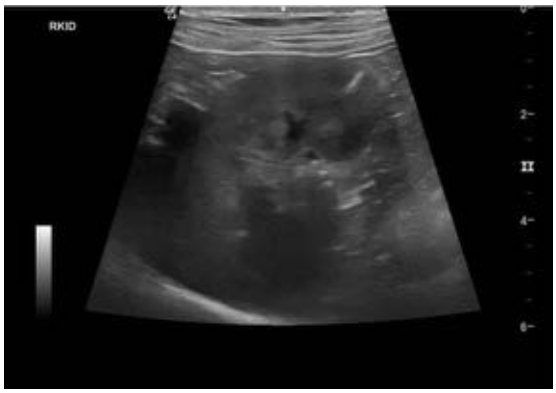

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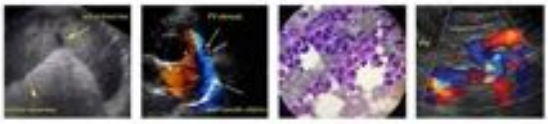

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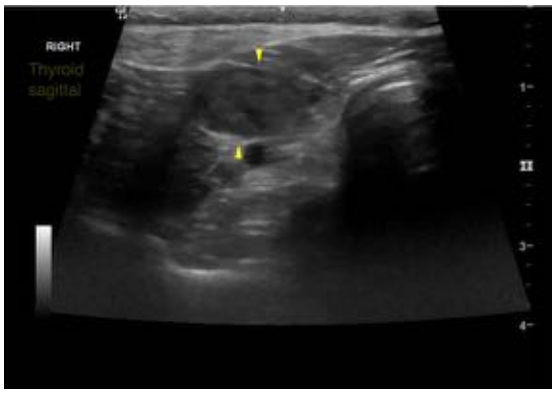


**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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