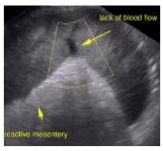
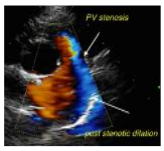
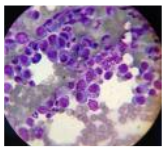
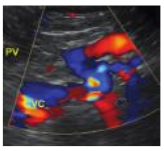
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Buster Callipari

SPECIES

Canine

BREED

Maltese

SEX

Neutered Male

AGE

9 Years

WEIGHT

8.6 Lbs.

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Mandy Becker

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Mandy Becker

INVOICE

10007

DATE

11/26/21

PRESENTING CLINICAL SIGNS

History: Previously well controlled Diabetic Cushingoid patient with Mitral valve disease developed intermittently poor appetite for several weeks and is losing weight. No PU/PD/urinary signs, no GI signs/normal stool. No alteration in medications other than insulin depending on meal ingestion.

Abnormal PE/Chem/CBC/UA Results: BCS 3/9/cachexia, periodontal disease, evidence of mild dehydration. Grade 4/6 L systolic murmur. Normal LN/abdominal palpation. CBC/Chem- Azotemia BUN 67, Cr 1.8 SDMA 20. USG 1.024 and neg proteinuria. BP: systolic 179. Cortisol and TSBAT pending.

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 is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2.0 cm, are normal.

The prostate is prominent in size (1.26 cm in width), with normal curvilinear peripheral contours. The parenchyma is slightly heterogeneous. The prostatic urethra is not overtly dilated.

The left kidney presented normal size (3.94 cm in length), with a slightly irregular shape and smooth peripheral contours. The cortex is mildly thickened. There is poor corticomedullary distinction. Hyperechoic shadowing and diverticular foci are visualized. Several cortical cysts are seen. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented subjectively normal size with a normal shape and smooth peripheral contours. The cortex is mildly thickened. There is poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Several cortical cysts are seen. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.74 cm at caudal pole) with a slightly irregular shape. The parenchyma is subtly heterogenous with loss of glandular detail. Surrounding vasculature is normal.

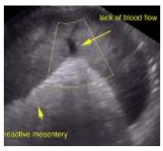
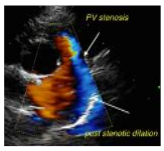
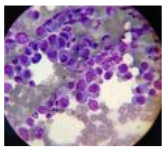
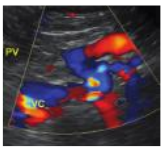
The right adrenal gland is mildly enlarged in size (0.75 cm at caudal pole) normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in size (1.22 cm at the level of the hilus). A 2.82 cm irregular, slightly hyperechoic to heterogenous swelling/mass is observed at the cranial aspect. The lesion causes capsular expansion. In the remainder of the spleen, pinpoint hyperechoic foci are visualized. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen, and mildly heterogenous in appearance. No distinct focal lesions are

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observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is distended. The wall is normal in thickness. A moderate to large amount of aggregated echogenic debris/sludge is observed within the lumen, some of which is gravity-dependent, some of which is adhered to the wall, and some of which is suspended. 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 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 or overt infiltrative 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

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

Other

A 1.27 cm hypoechoic, irregular nodule/mass is observed between the dorsal bladder wall and the ventral wall of the colon.

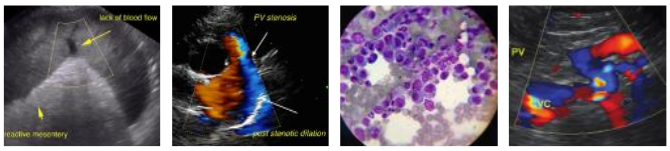
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The origin of the nodule/mass between the bladder and colon is unclear. It may be arising from the serosal surface of the urinary bladder, colon, mesentery, lymph node, other. The lesion is concerning for neoplasia. However, a more benign pathology (i.e., inflammatory focus, granuloma), cannot be completely excluded.
- The bilateral adenomegaly is consistent with the previous diagnosis of pituitary-dependent hyperadrenocorticism, bilateral nephropathy, with cortical cysts.
- The splenic swelling/mass is concerning for infiltrative neoplasia, with potential for benign pathology (i.e., a focus of lymphoid hyperplasia) or extramedullary hematopoiesis.

Secondary Findings

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.



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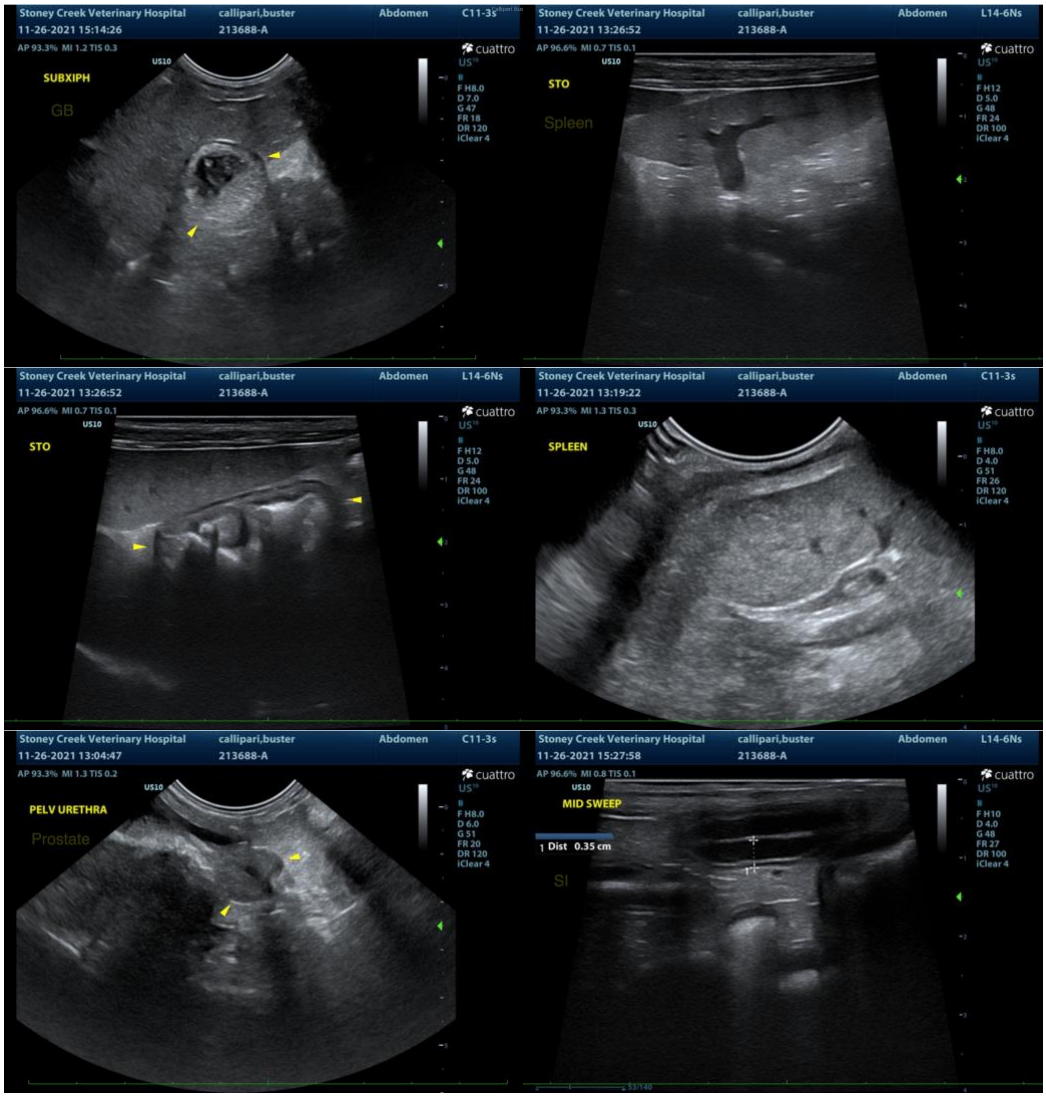
- The prostate changes could be consistent with benign age-related remodeling. However, emerging hyperplasia cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Regarding the renal disease, a urine culture and sensitivity and repeat blood pressure measurements are recommended.
- Regarding the splenic mass, consider a fine-needle aspirate if clotting status is appropriate.
- Regarding the lesion between the urinary bladder and colon, consider an abdominal CT scan or an abdominal exploratory with removal/biopsy.



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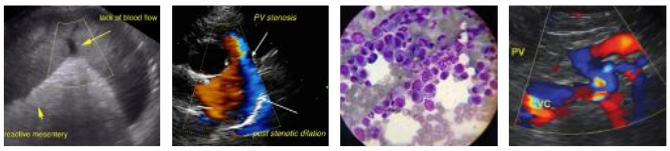

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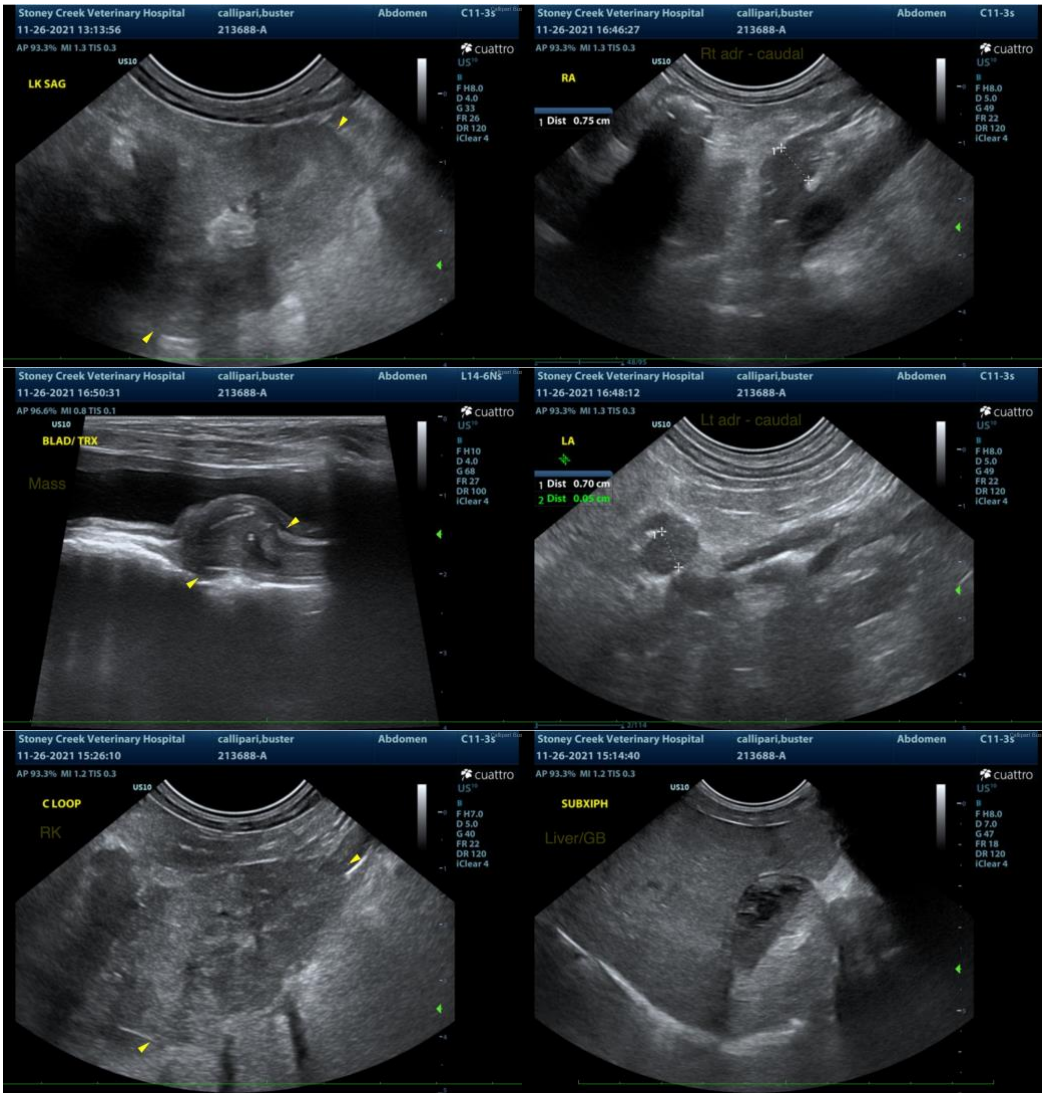

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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