

PATIENT

Boris White

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

10 years

WEIGHT

97.8 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jessica Bailes

HOSPITAL NAME

All Creatures Gr&Sm
Corvallis, OR

REFERRING VET

Jessica Bailes

INVOICE

11976

DATE

11.3.22

PRESENTING CLINICAL SIGNS

History: chronic intermittent hx of waxing/waning fever, lethargy and intermittent vomiting. Initially thought to be secondary to tooth root abscess but fever returned after COHAT performed and all extraction sites confirm to be healed. Obtained in California from German Shepherd rescue @ the age of 7; originally from Washington State. On monthly flea/+proteinuria, IS

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 mostly anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The region of the **prostate** is not visualized due to its pelvic location.

The **left kidney** is normal size (8.23 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Two cortical cysts are seen, the largest measuring 1.65 cm in diameter. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (8.19 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The **left adrenal gland** is normal size (0.54 cm at cranial pole) (0.47 cm at caudal pole) (2.74 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.

The region of the **right adrenal gland** is evaluated. No obvious pathology is observed.

Spleen

The **spleen** is normal in size (2.19 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

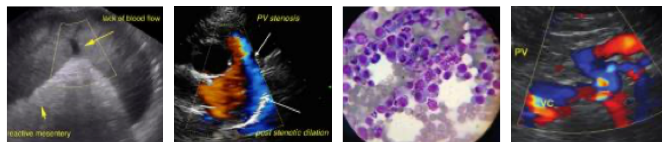
Liver

The **liver** is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. On the right side, adjacent to the diaphragm, an approximately 5.00 cm isoechoic to slightly heterogenous swelling is visualized. In addition, a 1.20 cm multiseptated cystic nodule is observed on the right side, adjacent to diaphragm. The remaining parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion

The **gall bladder** is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is not 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.



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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.

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Free Abdomen

There is no evidence of free fluid.

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Lymph nodes

See "Other" category.

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Other

In the midabdominal region, a 3.14 x 1.86 cm echogenic to slightly heterogenous structure is visualized.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

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10 years

- The right hepatic swelling could be consistent with a tumor, abscess, granuloma, regenerative nodule, other. The right cystic hepatic nodule could be consistent with a benign lesion or may represent an emerging vascular tumor

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- The echogenic structure in the midabdominal region may represent an enlarged lymph node, a tumor within the mesentery, other.

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the fever of unknown origin, consider the following:

1. Three-view thoracic radiographs are recommended to assess for occult disease in the chest, if not already performed.
2. An echocardiogram to evaluate for valvular endocarditis is also recommended.
3. Consider thorough orthopedic and neurologic evaluations +/- arthrocentesis, if indicated.
4. A comprehensive tick panel, including PCR and serology (submission to North Carolina State University's Vector Borne Disease Diagnostic Lab is recommended.
<https://cvm.ncsu.edu/research/labs/clinical-sciences/vector-borne-disease>)
5. A urine culture and sensitivity is recommended to assess for occult pyelonephritis.
6. +/- a fine-needle aspirate of the spleen to assess for infiltrative neoplasia.

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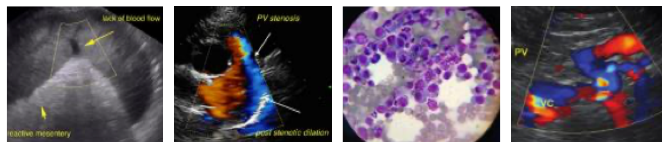
Regarding the hepatic lesions and the echogenic structure in the midabdominal region, consider an abdominal CT scan to further characterize these lesions. Depending on the results of the diagnostics listed above, an abdominal exploratory with biopsy of the lesions may be warranted.

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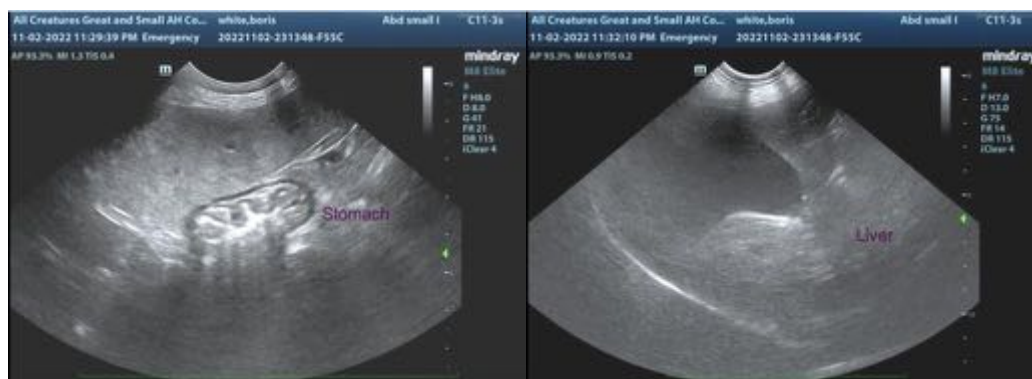
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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