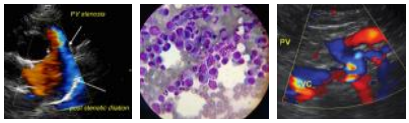
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

11/5/21

PATIENT

Stewie Barker

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

10/15/2004

WEIGHT

30.8 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Timonium AH

REFERRING VET

Dr. Kauder

INVOICE

14187

PRESENTING CLINICAL SIGNS

History: Pu/pd. Urinating excessively in house. Chem/cbc-non remarkable, UA usg 1.018, Not able to get another urine sample (yet).

Current Medications: Convenia 1.4 ml (112mg) sq on 10/5/21 (for skin wound).
Lab Results: Low dose dexamethasone test -reported equivocal; Cortisol baseline: 2.8, 4-hour post: 1.3, 8-hour post: 1.4.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Sedation not required for scan.
Stat Report: STAT report not requested by the veterinarian.

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 2.0 cm, are normal.

The prostate is normal in size (0.90 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (5.89 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney presented normal size (5.80 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A few small cortical cysts are present. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter

Adrenal Glands

The left adrenal gland is enlarged (1.06 cm at cranial pole) (1.07 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 right adrenal gland is normal size (0.64 cm at cranial pole) (0.55 cm at caudal pole) (2.91 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 subjectively normal in size (1.70 cm at the level of the hilus). At the cranial aspect a 2.27 cm x 1.57 cm irregular cavitated vascular nodule/mass is present. The lesion causes capsular expansion. Just proximal to this lesion, a smaller (1.04 cm x 0.79 cm) hypoechoic to cavitated nodule is also seen. Several

small hyperechoic nodules are also present throughout the organ. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. A 0.71 cm anechoic cyst is observed at the caudal aspect on the right side. Hepatic vasculature 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 mostly gravity dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

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 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

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 (no charge) reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic nodules are concerning for an emerging neoplastic process (i.e., hemangiosarcoma, hemangioma) with a lower possibility of benign pathology.
- Mild left adrenomegaly
- 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 unlikely. Hepatic cyst, likely incidental.

Secondary Findings

- Bilateral age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

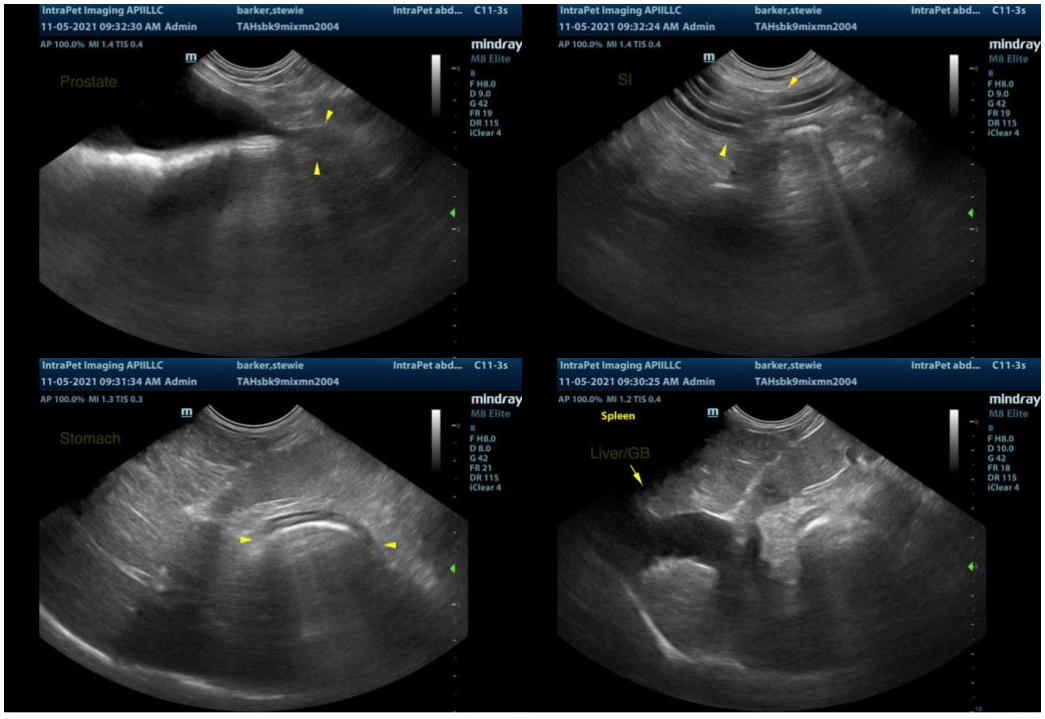
- Three-view thoracic radiographs are recommended to assess for pulmonary metastases. If there is no evidence of pulmonary metastatic disease, consider a splenectomy with submission of the spleen for histopathology. Liver biopsy should also be obtained at the time of surgery to assess for micrometastatic disease.

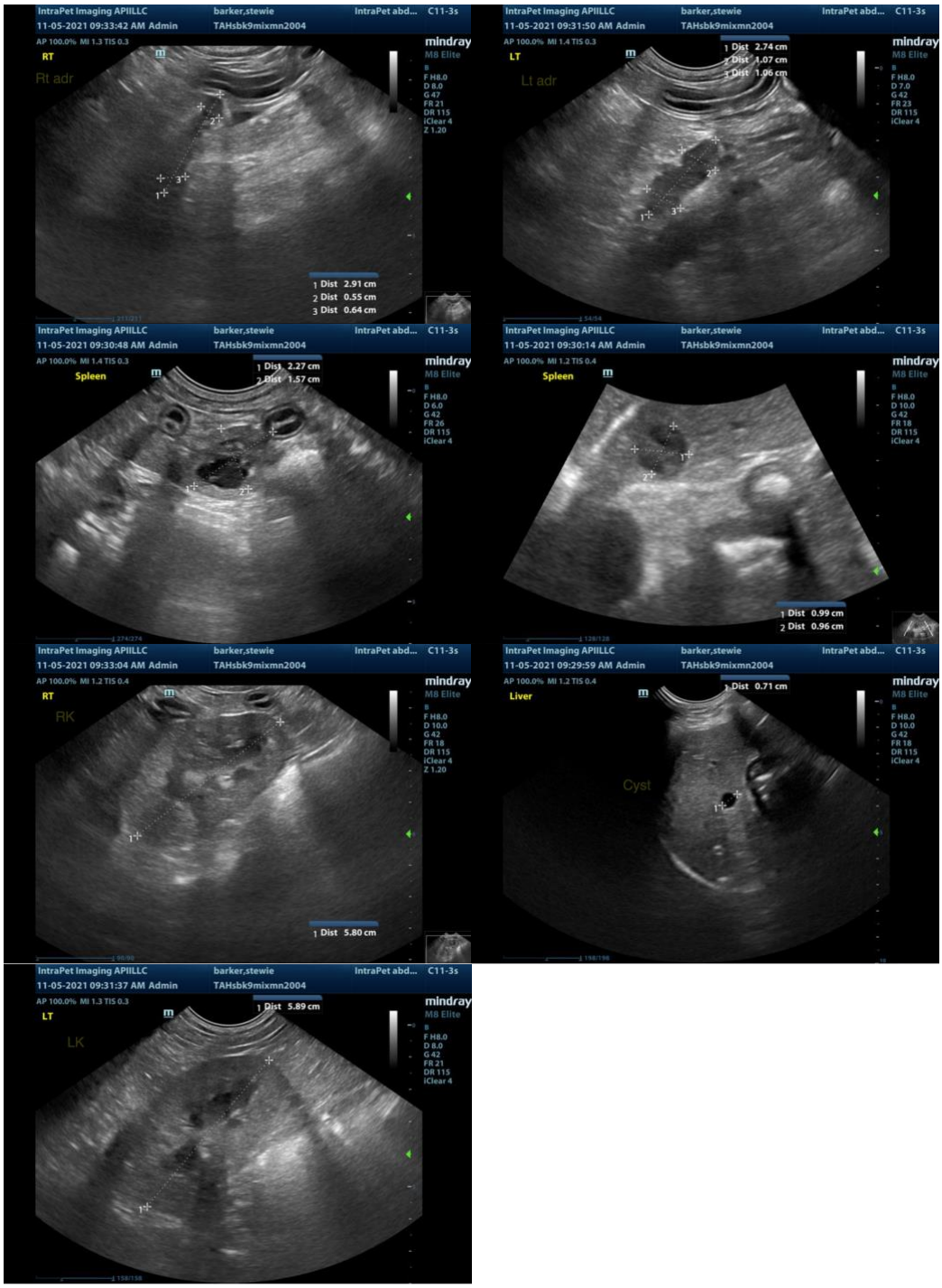
- Regarding the patients' clinical signs consider the following:

    - A urine culture and sensitivity is recommended, preferably 5-7 days after the Convenia has been eliminated from the patients' system.

    - Further testing for Cushing's disease (i.e., an ACTH stimulation test) +/- an adrenal panel (University of Tennessee) can be considered.

    - If the above diagnostics are inconclusive, more advanced testing for PU/PD (i.e., pre- and postprandial serum bile acids), leptospirosis testing +/- DDAVP trial +/- modified water deprivation test.





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)
info@SonoPath.com