



PATIENT

Reilly Ferrans

PRESENTING CLINICAL SIGNS

History: Recheck abdominal ultrasound. No clinical signs, abnormal BW.
Abnormal PE/Chem/CBC/UA Results: Elevated ALP: 1454. Previous concerns for splenic changes on prior abdominal ultrasound.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Lab mix

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface in the region of the apex is slightly irregular. The bladder lumen is mildly to 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.

SEX

Female, spayed

The left kidney is normal size (6.56 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.

AGE

10 Yrs.

The right kidney is normal size (7.24 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.

WEIGHT

75 lbs.

Adrenal Glands

The left adrenal gland is normal size (0.60 cm at cranial pole) (0.76 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.

INTERPRETED BY

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

The right adrenal gland is mildly enlarged (1.09 cm at cranial pole) (0.90 cm at caudal pole) with a slightly irregular shape. A 1.58 x 1.24 cm hyperechoic nodule is observed at the cranial pole. Glandular echogenicity and detail at the caudal pole are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.

IMAGING PERFORMED BY

Amy Mayhew

Spleen

The spleen is subjectively normal in size (1.56 cm in width at the level of the hilus) with normal curvilinear peripheral contours. Numerous small, ill-defined hypoechoic nodules are observed throughout the organ. Splenic vasculature appears normal with no evidence of thrombosis.

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Liver

The liver is subjectively normal in size with normal peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. 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 hyperechoic debris is observed within the lumen, most of which is gravity-dependent and some of which is adhered to the luminal surface. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

The gastric lumen is moderately distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen

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is segmentally dilated with chyme. 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.

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Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious pathology is seen.

BREED

Lab mix

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

SEX

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ULTRASONOGRAPHIC FINDINGS

AGE

10 Yrs.

Primary Findings:

- The splenic parenchymal changes are similar to the previous sonogram. Differentials include a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis or similar). Alternatively, round cell neoplasia (i.e., lymphoma, mast cell disease) is possible.
- 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. Changes are similar to the previous sonogram.

WEIGHT

75 lbs.

Secondary Findings:

- The right adrenal nodule trends toward the benign (i.e., benign nodular hyperplasia) with a lower possibility of an emerging tumor.
- Gallbladder debris- incidental.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If the patient is asymptomatic, continued monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If the patient develops clinical signs of Cushing's disease, further testing (i.e., low-dose dexamethasone suppression test) may be warranted.
- Further recommendations regarding the spleen should be based on cytology results.

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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.



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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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