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Clinical Sonography & Telecytology
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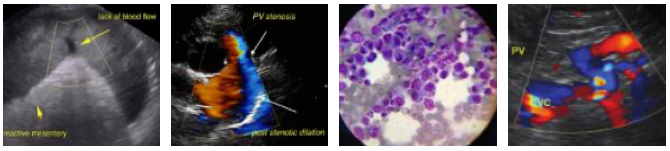


PATIENT
Sadie Martin

SPECIES
Canine

BREED
Lab mix

SEX
Female, spayed

AGE
12 Yrs.

WEIGHT
77 lbs.

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

IMAGING PERFORMED BY
Dr. Sorbo

HOSPITAL NAME
Mill Brook AC

REFERRING VET
Dr. Sorbo

INVOICE
14184

DATE
11/8/22

PRESENTING CLINICAL SIGNS

History: PUPD with water intake in 100-110mL/kg/24hrs.
Abnormal PE/Chem/CBC/UA Results: USG 1.011 AlkP 170, ALT 163, otherwise normal labs. Marked gingivitis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall in the region of the apex is mildly to moderately thickened (up to 0.64 cm) with an irregular mucosal surface. The wall tapers to a normal thickness as it extends toward the cystourethral junction. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (6.29 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A few small infarcts are suspected at the lateral aspect. There is no evidence of pyelectasia, nephroliths or hydroureter.

The right kidney is normal size (6.54 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.86 cm at cranial pole) (0.77 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 (1.04 cm at cranial pole) (0.82 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

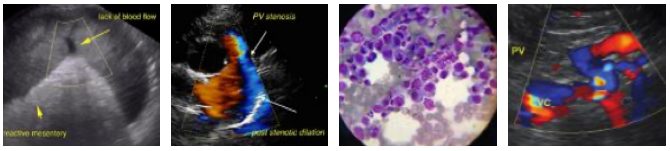
The spleen is subjectively prominent in size (2.31 cm in width at the level of the hilus) with slightly swollen peripheral contours. The parenchyma is diffusely mottled. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely mottled bordering on nodular in appearance. Vascular 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. 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



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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 region of the left limb is largely isoechoic relative to surrounding omental fat. See also *Other.*

Free Abdomen

There is no evidence of free fluid.

Lymph Nodes

See Other.

Other

In the cranial abdomen, just caudal to the liver, an approximately 3 cm round, hypoechoic mass is visualized. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

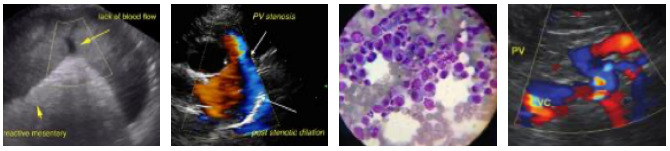
- Cranial abdominal mass, the origin of which is unclear. It may be arising from pancreas, liver, mesentery, lymph node, bowel, other. Neoplasia (i.e., carcinoma, round cell tumor, sarcoma) is considered likely with a lower possibility of an inflammatory focus or granuloma. Adjacent peritonitis is present.
- The diffuse hepatic parenchymal changes are non-specific and could be secondary to chronic inflammatory disease (i.e., chronic hepatitis), hepatotoxicosis (i.e., copper), fibrosis, infiltrative neoplasia, other hepatopathy.

Secondary Findings:

- Mild, bilateral, chronic renal changes with suspected left cortical infarcts.
- The urinary bladder wall changes are suggestive of cystitis. Correlation with the patient's urinalysis findings and clinical history is recommended.
- 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).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine needle aspirate of the cranial abdominal mass, liver +/- spleen, if clotting status is appropriate. 25-gauge needles should be used. Alternatively, an abdominal exploratory with mass removal and submission for histopathology can be considered. If surgery is pursued, liver +/- splenic biopsies should also be obtained along with aerobic and anaerobic bile cultures and hepatic copper quantitation.



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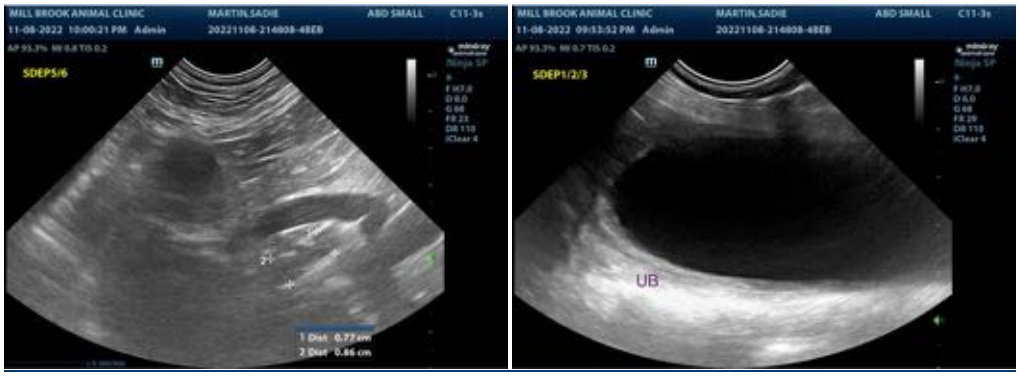
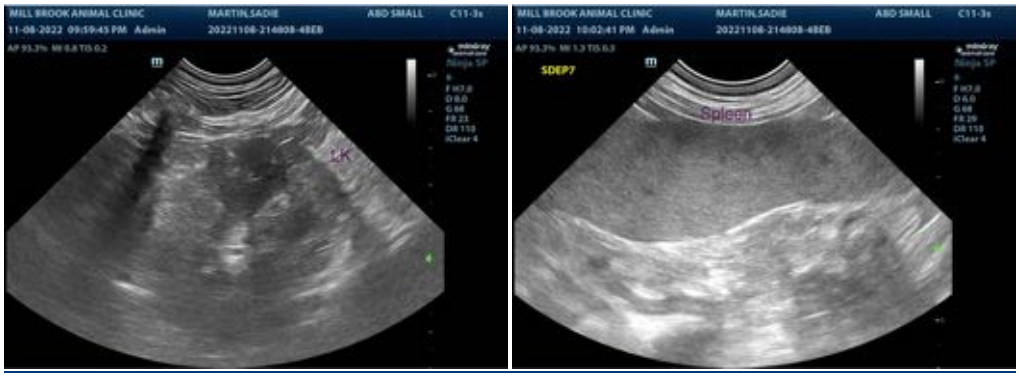
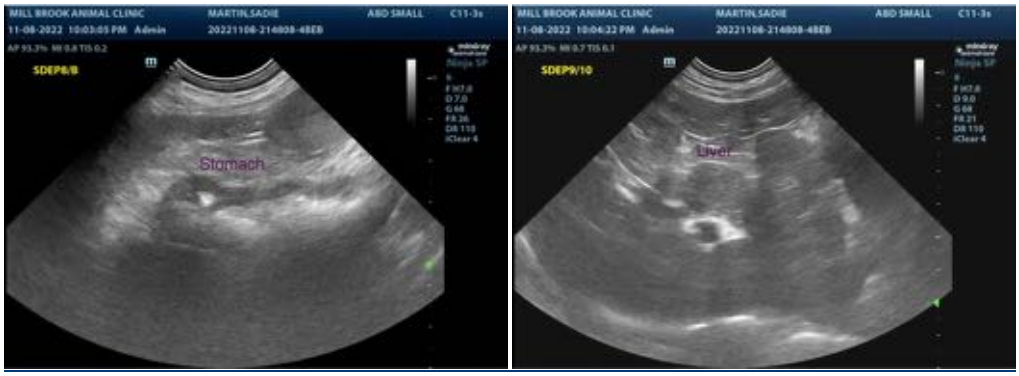
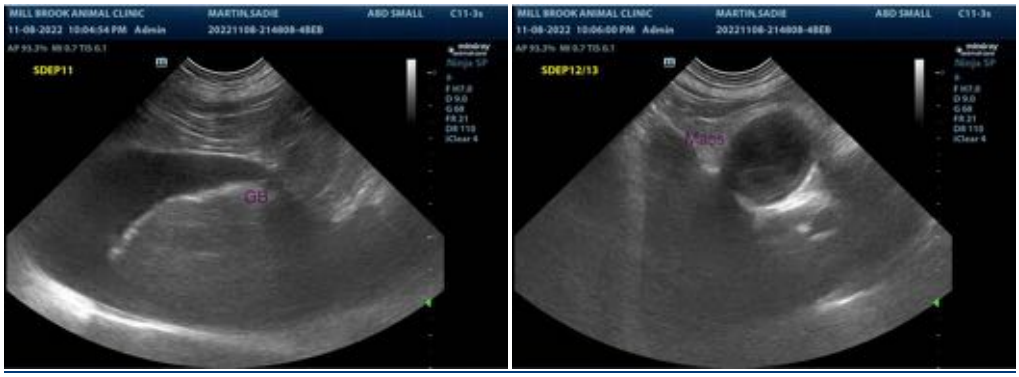
- Regarding the urinary bladder wall changes, a urinalysis +/- culture and sensitivity should be considered.









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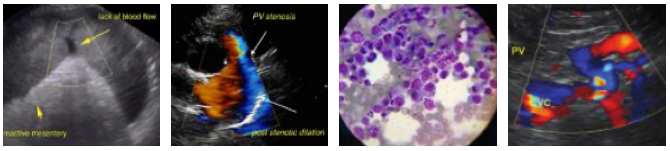

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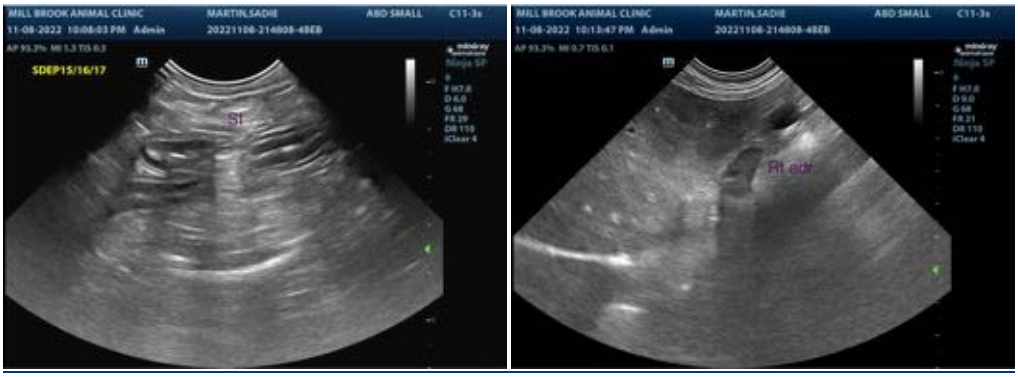

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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