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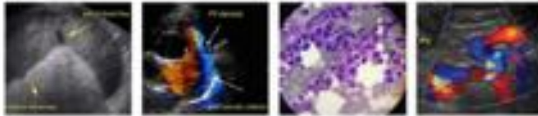


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Boone Vanspeybrock

SPECIES

Canine

BREED

Rottweiler

SEX

Neutered Male

AGE

8.5 years

WEIGHT

120 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT LVT

HOSPITAL NAME

David Baggett

REFERRING VET

Peavine AH

INVOICE

11859

DATE

12.05.22

PRESENTING CLINICAL SIGNS

History: Vomit for 2-3days straight, Last vomiting episode 11/15/2022. And a few months of not eating per owner- no weight loss- Owner concerned since she lost a Rottie recently due to cancer. AUS screening for neoplasia etc. Sedation 0.1ml dex/torb IV- great depth of sedation-

Abnormal PE/Chem/CBC/UA Results: UA" WBC 6-10, Bili 1+. Blood 3+, RBC 75-100. epithelial cells 4+. CBC- WNL, SDMA 14, TRIG 582, All else normal. HR 120, RR 38

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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 cm, are normal.

The prostate is normal in size (1.43 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (7.79 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. A hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.88 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is mildly enlarged (1.09 cm at cranial pole) (0.82 cm at caudal pole) (2.80 cm in length) with a slightly irregular shape. A 1.76 x 0.95 cm hyperechoic nodule is observed at the cranial to mid-aspect. Glandular echogenicity and detail at the caudal aspect are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.65 cm at cranial pole) (0.56 cm at caudal pole) (2.81 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.

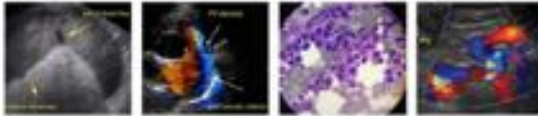
Spleen

The spleen is normal in size (1.73 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.77 myelolipoma is observed near the hilus. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of gravity dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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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.

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. A 2.16 cm sublumbar lymph node is visualized. The node is normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- An obvious cause for the patient's vomiting is not identified in this study. Considerations include dietary indiscretion, food allergy/intolerance, inflammatory bowel disease, underlying metabolic issue, mild pancreatitis, other.

- The prominent sublumbar lymph node is most likely reactive with a lower possibility of emerging neoplasia.

Secondary Findings

- Minor bilateral age-related renal changes

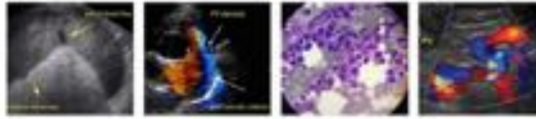
- The left adrenomegaly/nodule could be consistent with a benign process (i.e., benign nodular hyperplasia) or an emerging tumor.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the left adrenal changes, consider the following:

  1. Three-view thoracic radiographs to assess for pulmonary metastatic disease.
  2. Baseline blood pressure measurement if not already performed
  3. Further testing for a functional tumor (i.e., low-dose dexamethasone suppression test, urine/blood catecholamine levels)
  4. Recheck ultrasound in 1-2 months to assess for progression/growth

- Regarding the urinalysis findings, consider a urine culture and sensitivity.



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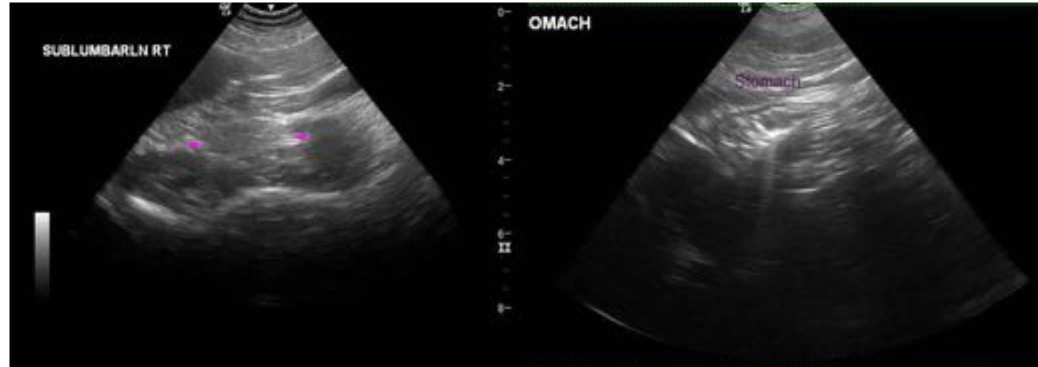

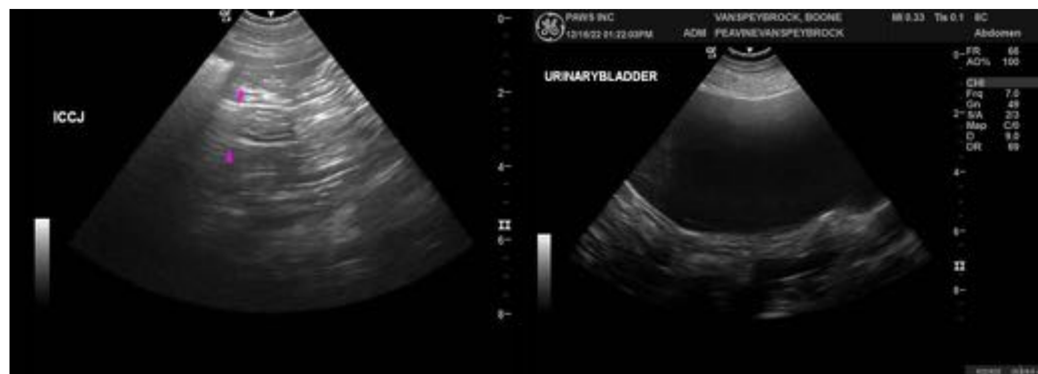

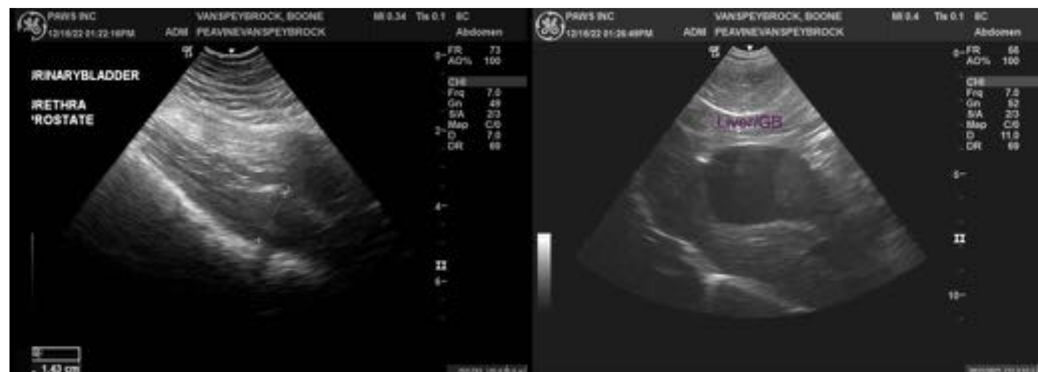

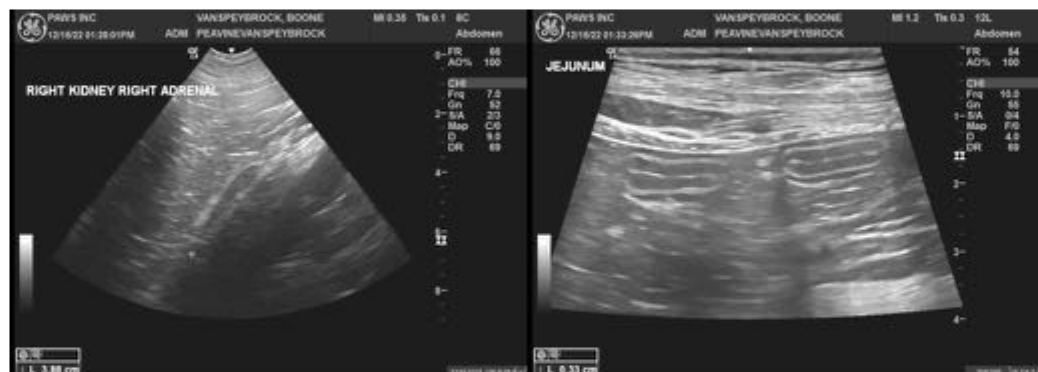

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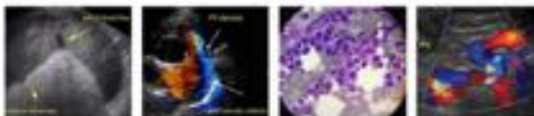

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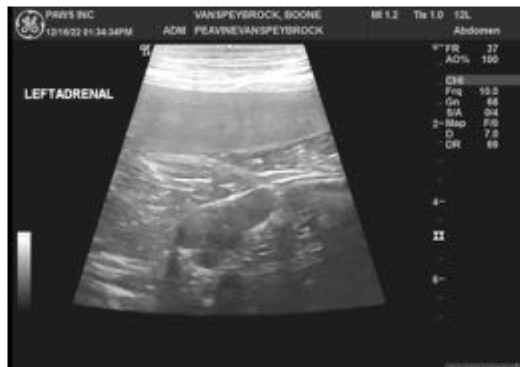

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com