



PATIENT PRESENTING CLINICAL SIGNS

Bella Strongin
History: right anal sac mass- stage for surgery
Abnormal PE/Chem/CBC/UA Results: CBC WNL. ALP 919, ALT 200, SDMA 17, BUN 46, creatinine normal. Pro BNP normal.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine
Urinary System

BREED
The urinary bladder is moderately distended with anechoic urine. The wall is overall normal in thickness. The region of the trigone is slightly irregular. No cystic calculi are observed. The visible portion of the proximal urethra is normal.

Yorkshire terrier

SEX
The left kidney is normal size (4.38 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is mild to moderate loss of corticomedullary distinction. A few small cortical cysts are seen. Mild pyelectasia (0.26 cm in the transverse plane) is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Female, spayed

AGE
The right kidney is normal size (4.39 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is mild to moderate loss of corticomedullary distinction. A few small cortical cysts are seen. Trace pyelectasia (0.19 cm in the transverse plane) is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

14 Years

WEIGHT
Adrenal Glands

14 Pounds

The left adrenal gland is upper limits of normal size (0.56 cm at cranial pole) (0.56 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 upper limits of normal size (0.32 cm at cranial pole) (0.56 cm at caudal pole) (1.80 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.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Spleen

HOSPITAL NAME

Four Paws AC

The spleen is subjectively normal in size (1.34 cm in width at the level of the hilus) with normal curvilinear peripheral contours. A 2.10 cm irregular, ill-defined hypoechoic to heterogeneous nodule/mass with hyperechoic to mineralized foci is observed at the cranial aspect. In the remainder of the spleen, at least one small ill-defined hypoechoic nodule/area is seen. Splenic vasculature is normal with no evidence of thrombosis.

REFERRING VET

Dr. Sue Lester

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is hypoechoic 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 mostly gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

INVOICE

12720

DATE

12/19/21



PATIENT *Gastrointestinal*

Bella Strongin 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 pyloric outflow tract is patent. 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 disease is noted.

SPECIES

Canine

Pancreas

BREED

Yorkshire terrier

The right limb and body of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

SEX

Female, spayed

Free Abdomen

There is no evidence of free fluid. A 0.95 x 0.38 cm iliac lymph node is visualized.

AGE

14 Years

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

WEIGHT

14 Pounds

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Splenic nodule/mass. Neoplasia (i.e., sarcoma, round cell tumor) is suspected. However, benign pathology cannot be completely excluded.
- 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.
- Gallbladder debris, non-mucocele.
- The prominent medial iliac lymph node is likely reactive. However, emerging neoplasia is also possible.

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Secondary Findings:

- Age-related pancreatic remodeling/fibrosis +/- low-grade inflammation, particularly if the patient is uncomfortable on cranial abdominal palpation.
- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis.
- The slight irregularity in the region of the urinary bladder trigone may be a normal variant for this patient. Alternatively, inflammation or early neoplasia cannot be completely excluded.

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SPECIES

Canine

BREED

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HOSPITAL NAME

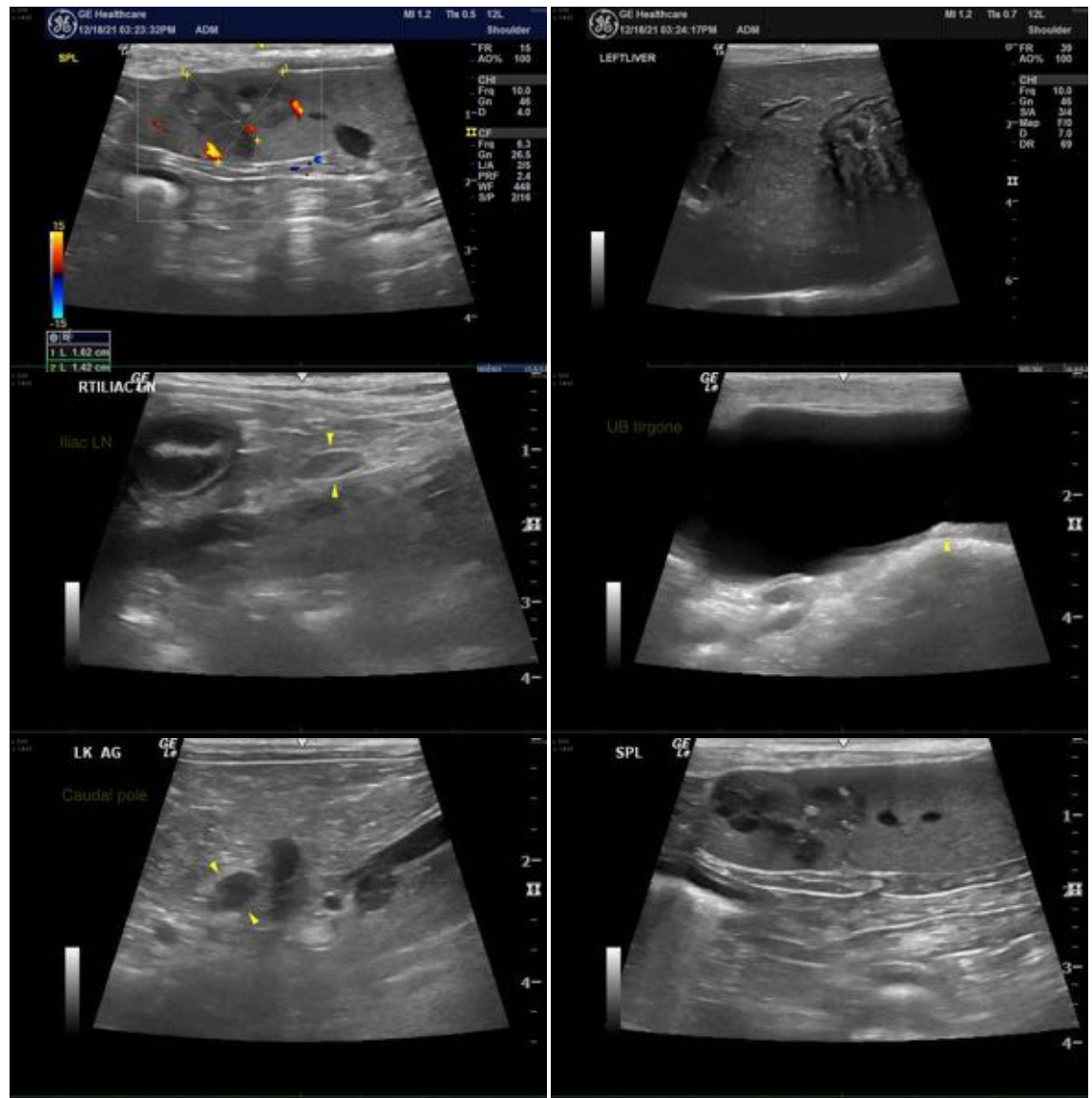
Four Paws AC

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fine needle aspirate of the splenic nodule/mass is recommended (if clotting status is appropriate). If cytology is inconclusive, a splenectomy with histopathology may be necessary to get a definitive diagnosis.
- Consider a repeat ultrasound of the urinary bladder in 4-6 weeks to reassess the trigone area.



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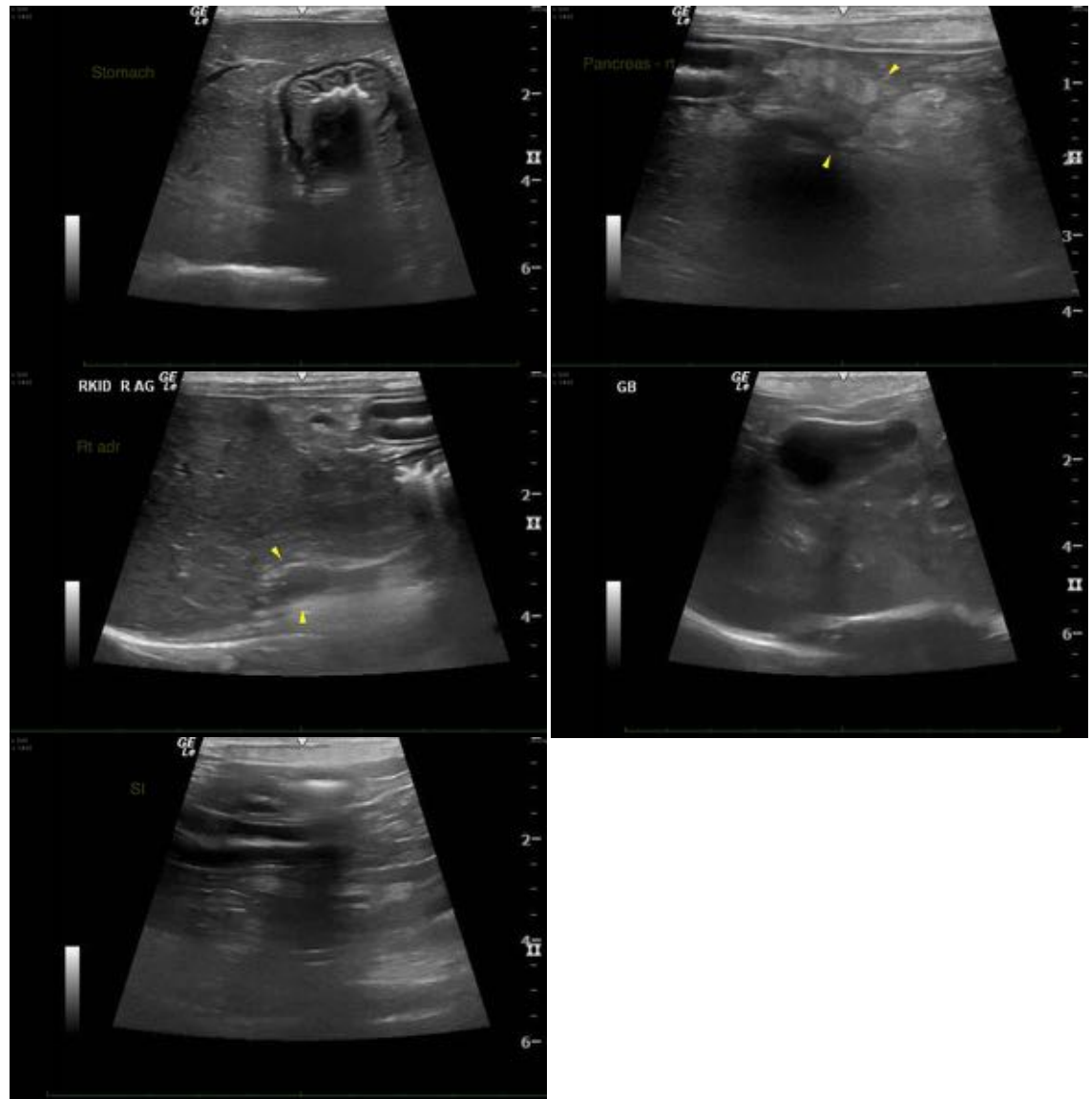
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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