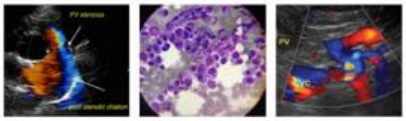
IMAGING PERFORMED BY
svsimagingqc.net 309-737-3070



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

PATIENT

Maggie Butrick

SPECIES

Canine

BREED

Blue Heeler

SEX

Spayed Female

AGE

11.5 years

WEIGHT

50 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Tracy LaSarge

HOSPITAL NAME

SVS Imaging NW

REFERRING VET

Dr. Janna Kottke

INVOICE

11897

DATE

12.22.22

PRESENTING CLINICAL SIGNS

History: PU/PD Labs values consistent with possible Cushing's dz Baseline Cortisol not elevated- wanting to image adrenals and urinary tract. Hx of UTI's Pt had seizure on Monday

Abnormal PE/Chem/CBC/UA Results: Alt and Alk phos slightly elevated Lymphocytes- low (have been low in the past) Pt is currently on low dose of medication for Cushing's, but owner held medication for the past 10 days before US exam.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. A few cystic calculi are visualized (the largest measuring 0.68 cm in length). Gravity dependent mineralized sand is also seen. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (6.44 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.33 cm in the transverse plane). Several nonobstructive nephroliths are visualized. There is no evidence of infarcts or hydroureter.

The right kidney is normal size (7.26 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.76 cm at cranial pole) (0.95 cm at caudal pole) with a normal shape and 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 mildly enlarged (0.73 cm at cranial pole) (0.77 cm at caudal pole) (2.79 cm in length) with a normal shape and 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. A 2.98 cm slightly hypoechoic to mildly heterogenous mass is observed approximately mid-spleen. The lesion causes capsular expansion. In the remainder of the spleen, the margins are curvilinear and the parenchyma is homogenous. Splenic vasculature appears normal with no evidence of thrombosis.

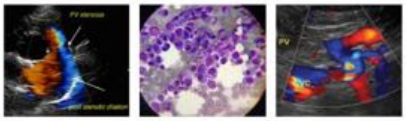
Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen. One to two small, hyperechoic nodules are visualized (the largest measuring 0.71 cm in diameter). Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is of normal contours and contains a moderate amount of mostly gravity dependent, echogenic to mineralized debris within the lumen. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

IMAGING PERFORMED BY
svsimagingqc.net 309-737-3070

SVS IMAGING



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

PATIENT

Maggie Butrick

SPECIES

Canine

BREED

Blue Heeler

SEX

Spayed Female

AGE

11.5 years

WEIGHT

50 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Tracy LaSarge

HOSPITAL NAME

SVS Imaging NW

REFERRING VET

Dr. Janna Kottke

INVOICE

11897

DATE

12.22.22

Gastrointestinal
The gastric lumen is mildly to 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 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. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Splenic mass. Neoplasia (i.e., sarcoma, round cell tumor) is suspected. However, a benign process (i.e., focus lymphoid hyperplasia, or similar) cannot be excluded.
- Mild bilateral adrenomegaly. This, in conjunction with the patient's clinical history could suggest pituitary-dependent hyperadrenocorticism. However, further testing would be necessary to confirm this diagnosis.
- Suspected benign diffuse hepatopathy. Top differentials include vacuolar hepatopathy (i.e., endocrine, idiopathic) and regenerative nodular hyperplasia. Correlation with the patient's liver values is recommended.
- Cystic calculi

Secondary Findings

- Bilateral chronic age-related renal changes with nonobstructive nephrolithiasis and left pyelectasia
- Gall bladder debris, non-mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the splenic mass, consider the following:
  1. Thoracic radiographs to assess for pulmonary metastatic disease
  2. Fine needle aspirate of the splenic mass (if clotting times are normal). A 25-gauge needle should be used.
- Regarding the possibility of Cushing's disease, further testing (i.e., low-dose dexamethasone suppression test or ACTH stimulation test) is recommended. A urinalysis is also recommended to assess for isosthenuria, if not already performed.

PATIENT

Maggie Butrick

SPECIES

Canine

BREED

Blue Heeler

SEX

Spayed Female

AGE

11.5 years

WEIGHT

50 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Tracy LaSarge

HOSPITAL NAME

SVS Imaging NW

REFERRING VET

Dr. Janna Kottke

INVOICE

11897

DATE

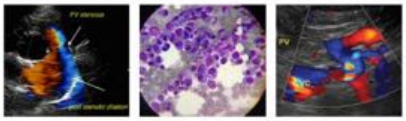
12.22.22

- A cystotomy with stone removal, analysis and culture is recommended. Alternatively, medical dissolution of the stones can be considered with a prescription renal diet and broad-spectrum antibiotic therapy. If there is no improvement in stone size after 4 weeks of therapy, a cystotomy should be reconsidered. If the stone size is reduced, continue therapy until complete dissolution has been achieved.

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.

IMAGING PERFORMED BY
svsimagingqc.net 309-737-3070



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

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

PATIENT

Maggie Butrick

SPECIES

Canine

BREED

Blue Heeler

SEX

Spayed Female

AGE

11.5 years

WEIGHT

50 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Tracy LaSarge

HOSPITAL NAME

SVS Imaging NW

REFERRING VET

Dr. Janna Kottke

INVOICE

11897

DATE

12.22.22