



PATIENT

Delilahmarie Snyder

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

11 Years

WEIGHT

9.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT,

HOSPITAL NAME

MountainView Animal

REFERRING VET

Dr. Sarah Kalivoda

INVOICE

10102

DATE

12/30/21

PRESENTING CLINICAL SIGNS

History: PAWS Request Form: Chief Concern / Provisional Diagnosis: ~chronic recurring episodes with GI signs, lethargy, and abdominal pain which resolve with medical management. ~ Relevant Medical History and Physical Exam findings: ~at the time of PE pet is asymptomatic, no pain or abnormalities noted w/ abd palpation, TP WNL ~ Recent Diagnostics: Relevant Laboratory Results / Abnormalities: ~ leukocytosis 29.3 (4.9-17.6) w/ neutrophilia 20.9 (2.9-12.67), lymphocytosis 6.446 (1.06-4.95), eosinophilia 1.758 (0.07-1.49) thrombocytosis 728 (143-448) ALP elevation 474 (5-160) cholesterol elevation 349 (131-345) lipase 295 (0-250) creat kin 238 (10-200) USG: 1.019 w/ UPC 3.6 and no growth on urine culture PRN gabapentin
Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are 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 left kidney presented normal size (3.69 cm in length); with a normal shape with smooth peripheral contours. The cortex is diffusely thickened and mildly hyperechoic with several cysts observed, the largest measuring 0.68 cm. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

One still image is available for interpretation. The right kidney is normal size (3.94 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.71 cm at cranial pole) (0.58 cm at caudal pole) (2.10 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.

The right adrenal gland is normal size (0.43 cm at cranial pole) (0.47 cm at caudal pole) (1.78 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 subjectively prominent in size (0.99 cm in width at the level of the hilus) with slightly swollen peripheral contours. A 2.38 x 3.13 cm heterogenous mass is observed within the parenchyma. An ill-defined, hyperechoic nodule/mass is observed in the region of the hilus. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and heterogenous in appearance with several ill-defined hypoechoic nodules/areas. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.



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The gall bladder lumen is moderately distended. The wall is normal in thickness. A few polypoid-like lesions are observed along the luminal surface. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

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Gastrointestinal

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 small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern. There is evidence of mucosal speckling in a few segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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Pancreas

The pancreas is diffusely prominent in size with a suspected hypoechoic to heterogenous mass effect (2.89 x 1.66 cm) in the right limb. The mass causes capsular expansion. The remaining parenchyma is hypoechoic relative to surrounding omental fat and mottled in appearance. The pancreatic duct is visible but not overtly dilated (0.14 cm in diameter). The mesentery effacing the serosal surface of the right limb is hyperechoic.

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Free Abdomen

Trace free fluid is observed. A 0.75 cm medial ileac lymph node is visualized. The node is normal in shape and echogenicity. One two prominent lymph nodes are suspected in the cranial abdomen.

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Other

A brief echocardiogram (free of charge) reveals no evidence of pericardial effusion.

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(Small Animal Internal)

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Pancreatic mass effect in the right limb. Neoplasia (i.e., adenocarcinoma) is suspected. However, severe pancreatitis cannot be completely excluded. Regional peritonitis is present.
- Splenic mass. Neoplasia (i.e., round cell tumor, sarcoma, other), is suspected with a lower possibility of benign pathology. The hyperechoic nodule/mass in the region of the hilus is likely a large myelolipoma or an area of lymphoid hyperplasia

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Loetitia Saint-Jacques, RVT,

HOSPITAL NAME

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Secondary Findings

- Bilateral age-related renal changes
- Mild left adrenomegaly
- The small intestinal mucosal speckling may be associated with enteritis. However, correlation with clinical findings is recommended.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

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- If further evaluation of the pancreatic and splenic masses is desired, consider fine-needle aspirates (if clotting status is appropriate). Twenty-five-gauge needles should be used. If cytologic evaluations are inconclusive, an abdominal exploratory with surgical biopsies can be considered.

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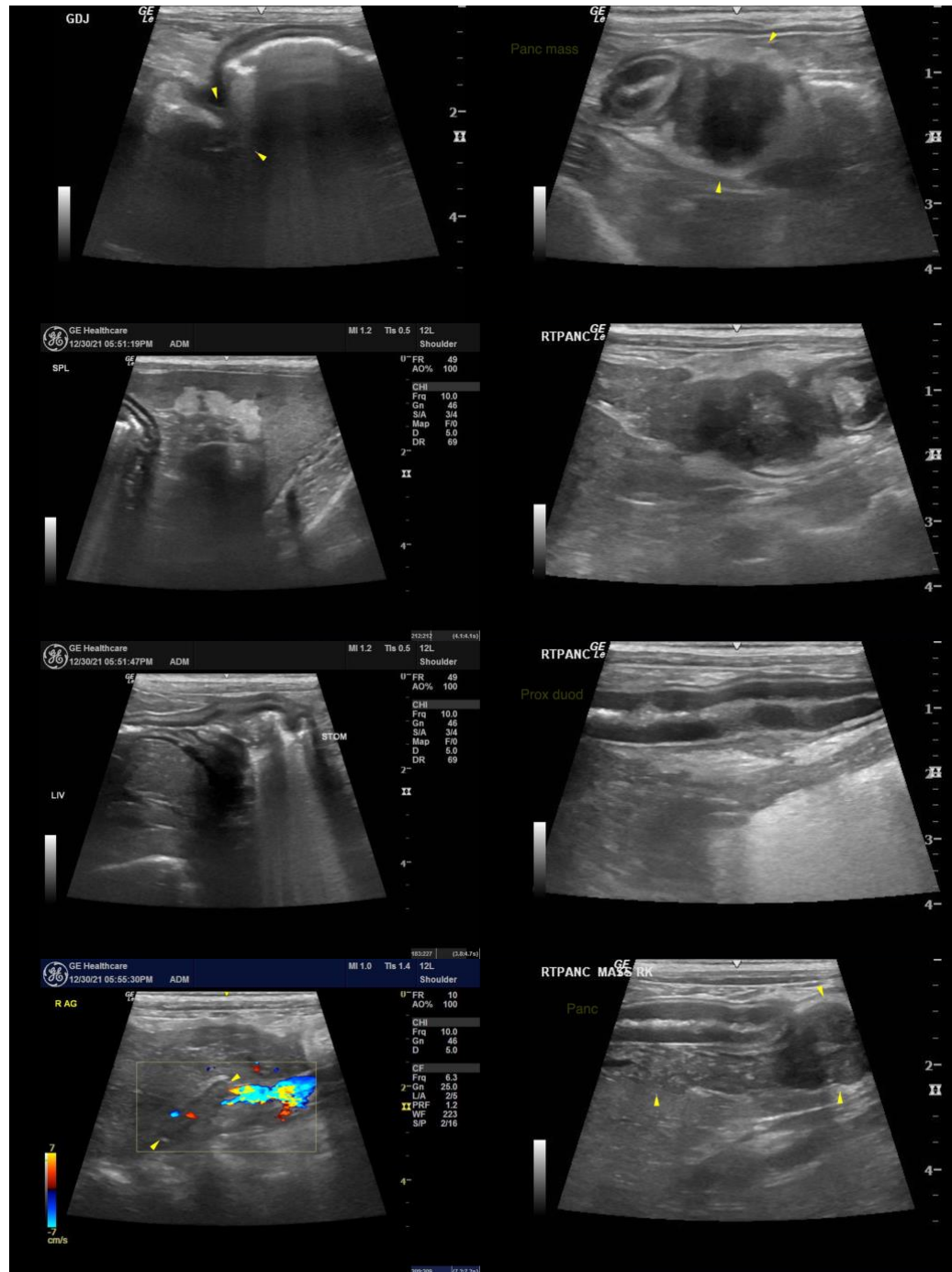
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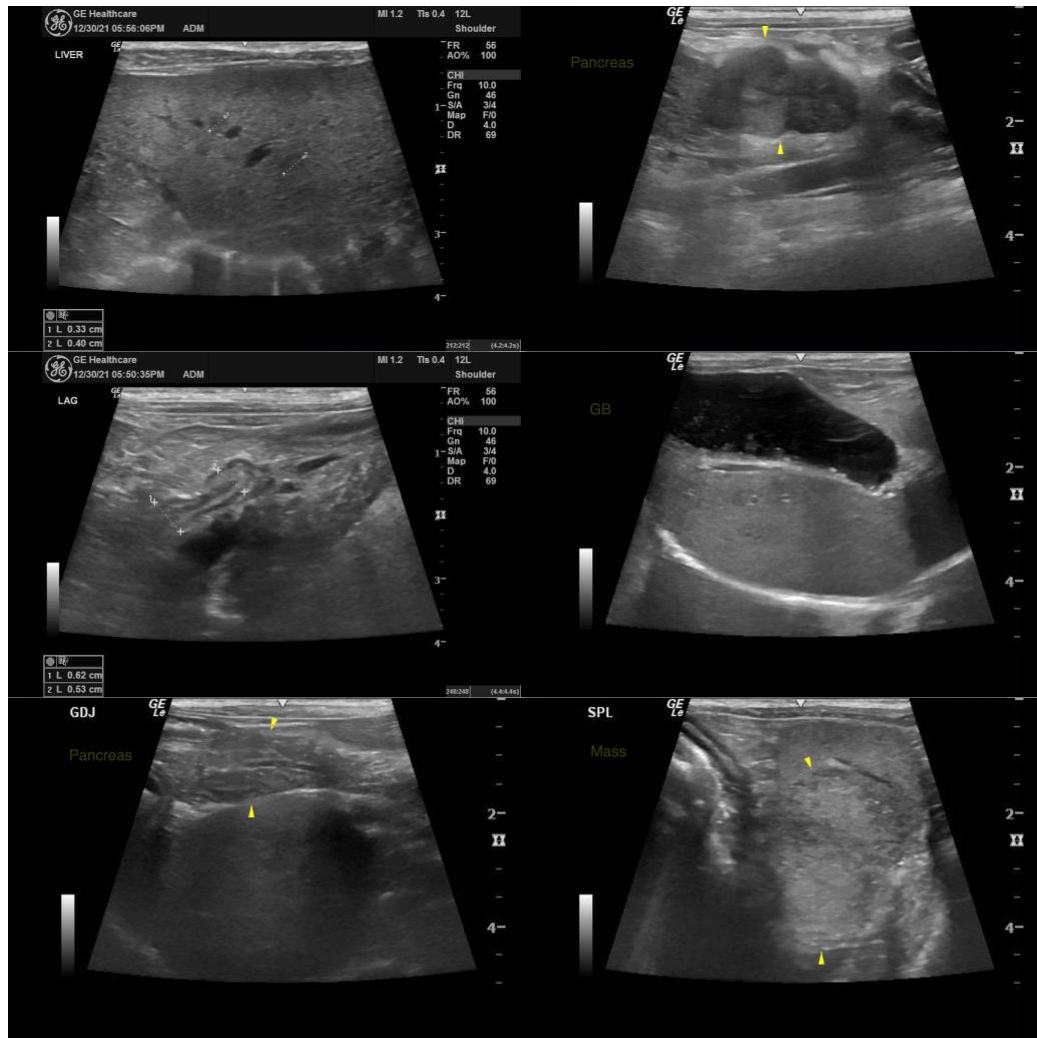
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

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