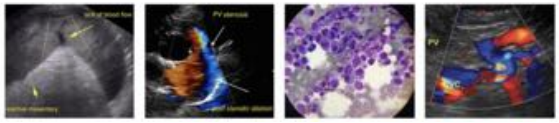


PATIENT

Mary Kate Nildan

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

10 years

WEIGHT

N/A

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Sun Dog Cat Moon

REFERRING VET

Abby Clayton

INVOICE

11958

DATE

12.5.2022

PRESENTING CLINICAL SIGNS

Routine three-month recheck. Doing well at home.

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 mildly distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The left kidney is normal size (3.29 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Mild to moderate pyelectasia is present (0.48 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.74 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (1.51 cm at cranial pole) (0.52 cm at caudal pole); with an irregular shape and a mass effect (0.39 x 1.65) at the cranial to mid-aspect. The mass is hyperechoic to slightly heterogenous in appearance. There is no obvious evidence of vascular invasion.

The right adrenal gland is normal size (0.32 cm at cranial pole) (0.29 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 normal in size (0.81 cm in width at the level of the hilus) with a slightly irregular shape. A 0.91 cm heterogenous, +/- slightly cavitated nodule is observed at the medial aspect. The lesion causes slight capsular expansion. The remaining parenchyma is homogenous. Splenic vasculature appears normal with no evidence of thrombosis.

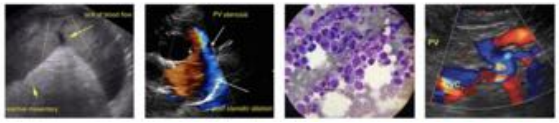
Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is hypoechoic to isoechoic relative to the spleen and subtly heterogenous in appearance. A 2.28 x 1.99 cm heterogenous nodule/mass/area is observed on the right side, adjacent to the diaphragm. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is distended. The wall is normal in thickness. A moderate to large amount of aggregated, echogenic, partially dependent sludge, in a partially stellate pattern, is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly 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



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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
Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

Other
A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

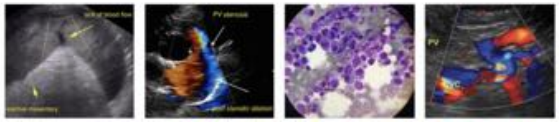
- Splenic nodule. Differentials include neoplasia versus a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, or similar). This lesion was previously observed (July 2022) and is similar in appearance in today's study.
- The gall bladder changes could be consistent with cholestatis, an emerging mucocele, or less likely, fasting.
- The hepatic nodule/mass is similar in size to the previous sonogram. Differentials include neoplasia versus a benign process (i.e., regenerative nodule).
- The left adrenal mass is also similar in size compared to the previous sonogram. Differentials include adenoma, adenocarcinoma, pheochromocytoma, excessive nodular hyperplasia, other.
- Trace ascites – previously observed

Secondary Findings

- Bilateral chronic age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the left adrenal mass, consider a recheck blood pressure measurement +/- further testing for a functional tumor (i.e., low-dose dexamethasone suppression test, urine/blood catecholamine levels).
- Three-view thoracic radiographs can also be considered to assess for pulmonary metastatic disease.
- Regarding the splenic nodule, a fine-needle aspirate can be considered if clotting status is appropriate. However, there is some risk of iatrogenic hemorrhage with the procedure.
- If no further testing is performed at this time, consider a recheck ultrasound in 3-6 months to assess for progression of the lesions.



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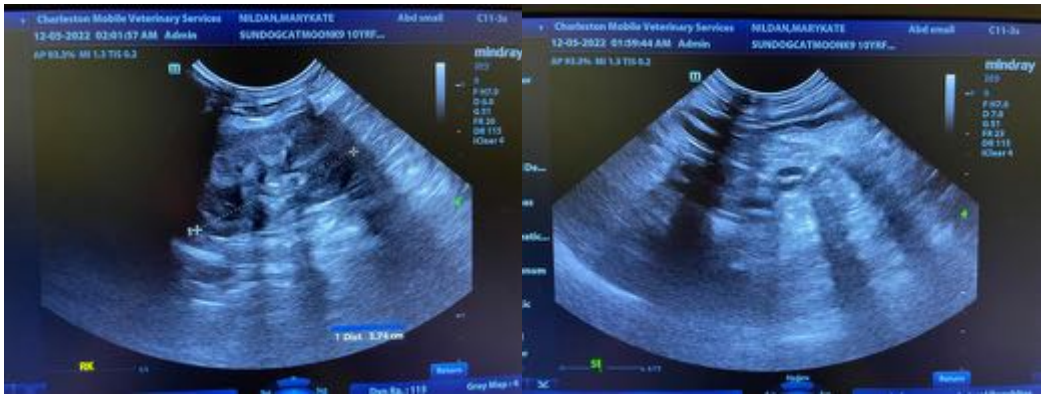
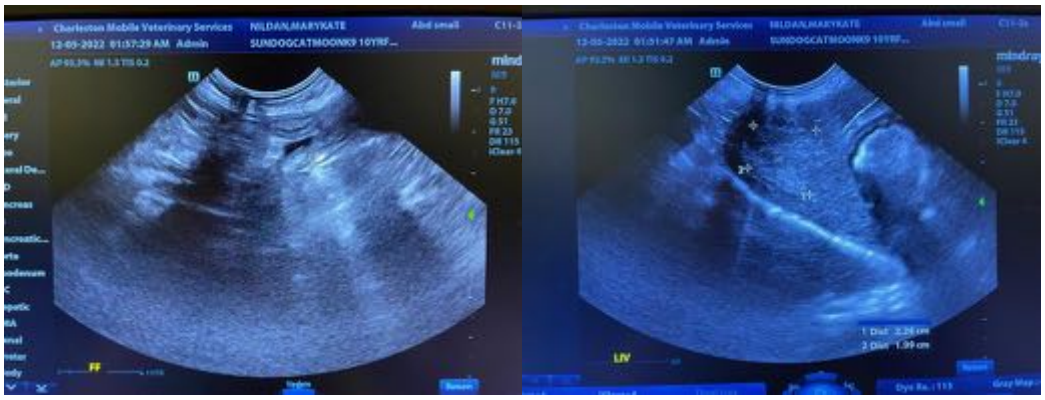
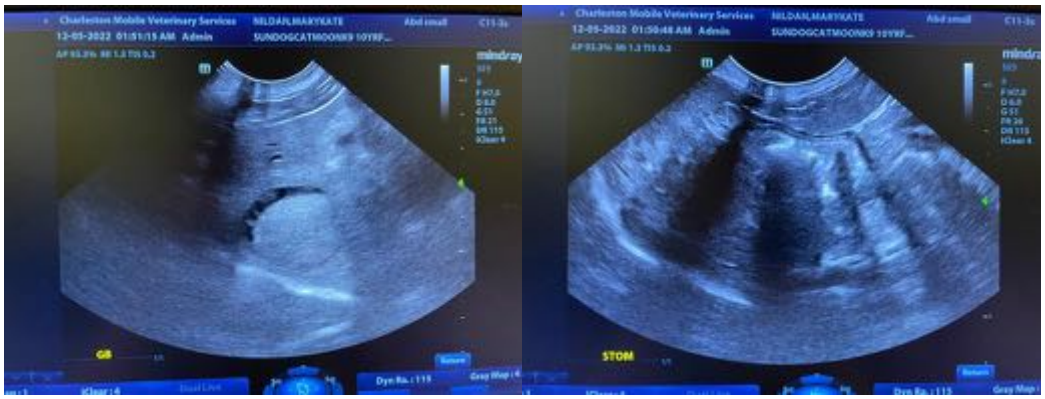
- Given the gall bladder changes, consider initation of Ursodiol with serial sonographic monitoring (i.e., every 3 -6 months) to assess for a formed mucocele.







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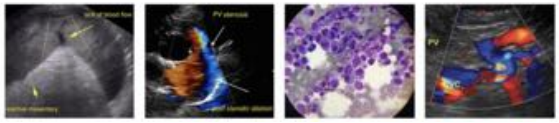

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IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

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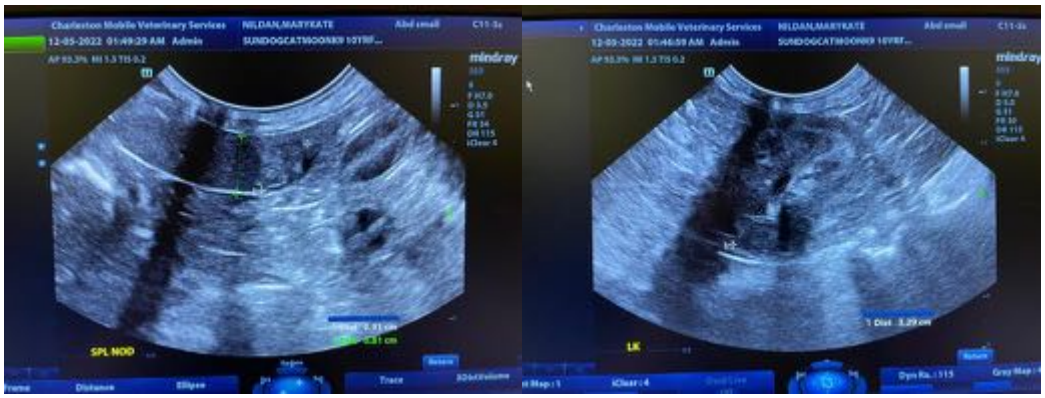

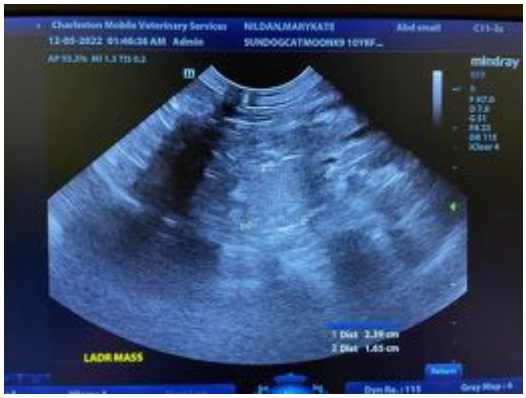

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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