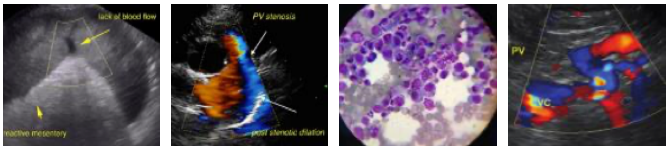
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Mr. Crunch NYBC

SPECIES
Canine

BREED
Pitbull

SEX
Male, neutered

AGE
10 Yrs.

WEIGHT
65 lbs.

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

IMAGING PERFORMED BY
Dr. Ferrer

HOSPITAL NAME
Paseos VC

REFERRING VET
Dr. Martes

INVOICE
14303

DATE
12/6/22

PRESENTING CLINICAL SIGNS

History: Presented for an abdominal ultrasound to further evaluate soft tissue opacity seen on the cranial abdomen on radiographs. Originally, the patient was presented for evaluation of difficulty at walking/standing up. Patient has been eating well. Has been defecating and urinating normally. Pt has not been able to stand up for 1 week. He is not drinking water. He has a history of HSA. radiographs - spondylosis; enlarged bladder; OA changes at left femoral head; hip dysplasia. remodeling at left acetabulum; abnormal spleen shape (mass?) FNA of the splenic nodule was done.
Abnormal PE/Chem/CBC/UA Results: Radiographs - spondylosis; enlarged bladder; OA changes at the left femoral head; hip dysplasia. remodeling at left acetabulum; abnormal spleen shape (mass?) CBC: Anemia 35% (37-61%) CHEM: GLOB 4.6 g/dL 2.5 - 4.5 K 3.3 mmol/L 3.5 - 5.8

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. A small amount of suspended echogenic debris is observed within the lumen. 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 (1.55 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (6.43 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter.

The right kidney is normal size (5.93 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. A small cortical cyst is observed at the cranial aspect. There is no evidence of infarcts or hydroureter.

Adrenal Glands

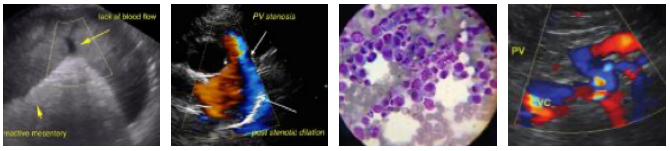
The left adrenal gland is normal size (0.44 cm at cranial pole) (0.57 cm at caudal pole) (2.56 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.54 cm at cranial pole) (0.53 cm at caudal pole) (2.64 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

A 4.17 x 2.76 hyperechoic to slightly heterogeneous mass is observed at the craniolateral aspect. The lesion causes capsular expansion. In the remainder of the spleen, the margins are curvilinear and the parenchyma is homogeneous. Splenic vasculature is normal with no evidence of thrombosis.

Liver



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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 moderate amount of aggregated echogenic, mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. In the region of the pyloric antrum, the wall is mildly thickened (up to 0.78 cm) with apparent retention of the normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. The ileocecocolic junction and colonic wall are normal. No obvious obstructive disease is noted.

Pancreas

The right limb 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.

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Splenic mass. Neoplasia (i.e., sarcoma, round cell tumor) is considered likely. However, a benign process (i.e., focal lymphoid hyperplasia or similar) cannot be excluded.

Secondary Findings:

- Age-related pancreatic remodeling with suspected fibrosis. Mild chronic pancreatitis is also possible, depending on the patient's clinical history.
- The pyloric antral wall thickening may be a normal variant for this patient or may represent inflammation, hypertrophy or less likely, emerging neoplasia.
- Bilateral degenerative renal changes with non-obstructive nephrocalcinosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If splenic cytology results are inconclusive, consider a splenectomy with submission of the spleen for histopathology. If surgery is pursued, assessment +/- biopsy of the pyloric antral wall is recommended.

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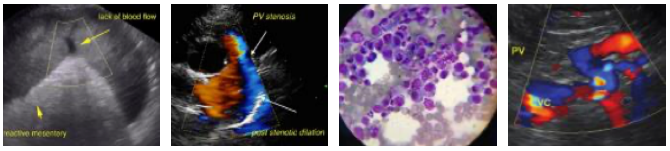

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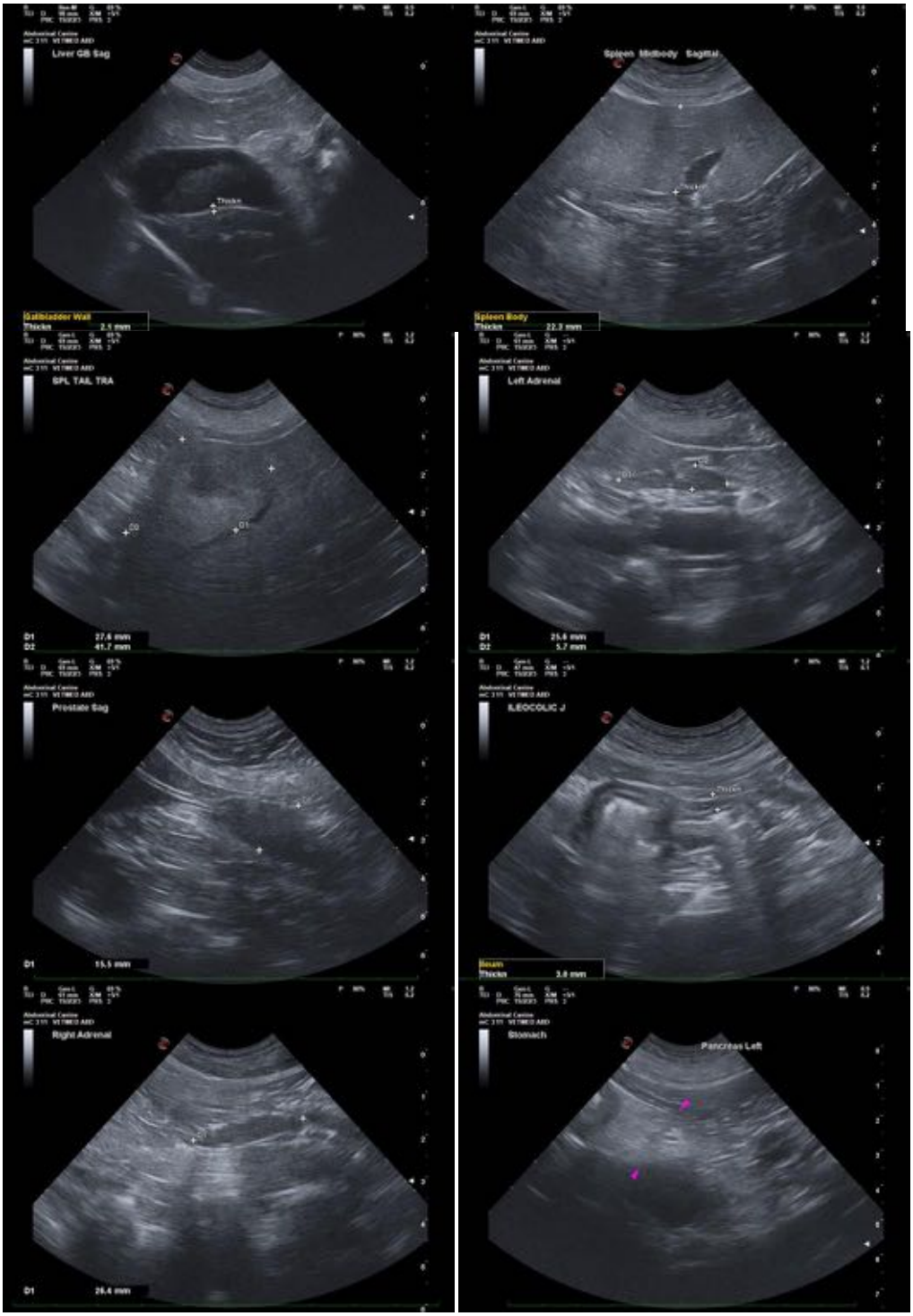

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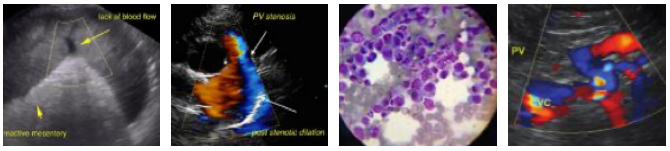

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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