



PATIENT

Truman Pasternak

SPECIES

Canine

BREED

Chihuahua mix

SEX

Male, neutered

AGE

7 yrs.

WEIGHT

25.6 lbs..

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Goodman

HOSPITAL NAME

Evandale-Blue Ash Pet
Hospital

REFERRING VET

Dr. Goodman

INVOICE

14304

DATE

12/6/22

PRESENTING CLINICAL SIGNS

History: Adopted in October 2022 and has had chronic soft stool with no change on Metronidazole, propectalin, clay, bland diets. Hx of heart murmur. Labs have showed elevated liver values. Appetite is normal, on Standard process hepatic support supplement. Positive for hookworms on initial visit and treated. Submitted GI panel and recheck fecal today.

Hematocrit 37%, non-regenerative. ALT 243, ALP 294, UPC 1.0, USG 1.033, inactive sediment, normal T4. 4DX negative. Fecal PCR panel revealed positive results for clostridium.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is prominent in size (1.32 cm in width) with a normal shape and smooth peripheral contours. The parenchyma is homogeneous. The prostatic urethra is not overtly dilated.

The left kidney is normal size (5.03 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. Pinpoint hyperechoic foci are observed within the cortex. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (5.28 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed within the cortex. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.62 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.

The right adrenal gland is normal size (0.83 cm at cranial pole) (0.52 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

A 5.03 cm hypoechoic to slightly heterogeneous mass is arising from the parenchyma. The lesion causes capsular expansion. In the remainder of the spleen, the margins are curvilinear. A 0.76 cm hypoechoic nodule is also seen. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with slightly irregular peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed.



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Vascular 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. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

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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 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.

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Pancreas

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The right limb of the pancreas is normal in size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic 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.

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 1.76 cm slightly rounded lymph node is observed in the right cranial quadrant.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Diffuse hepatopathy. Differentials include inflammatory disease (i.e., chronic hepatitis, bacterial cholangiohepatitis, infiltrative neoplasia, hepatotoxicosis, Leptospirosis, other hepatopathy +/- concurrent benign age-related change (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy).
- Splenic mass. Neoplasia (i.e., sarcoma, round cell tumor) is suspected with a lower possibility of a benign process. The smaller splenic nodule may represent a metastatic lesion within the spleen or a benign focus (i.e., extramedullary hematopoiesis or similar).
- The prominent lymph node in the right cranial quadrant may represent infiltrative neoplasia or reactive change.

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Secondary Findings:

- Mild, bilateral age-related renal changes with dystrophic mineralization.
- Age-related pancreatic remodeling.
- The mild prostatomegaly may be a normal variant for this patient, may represent late-in-life neutering (if applicable) or potentially, an emerging tumor.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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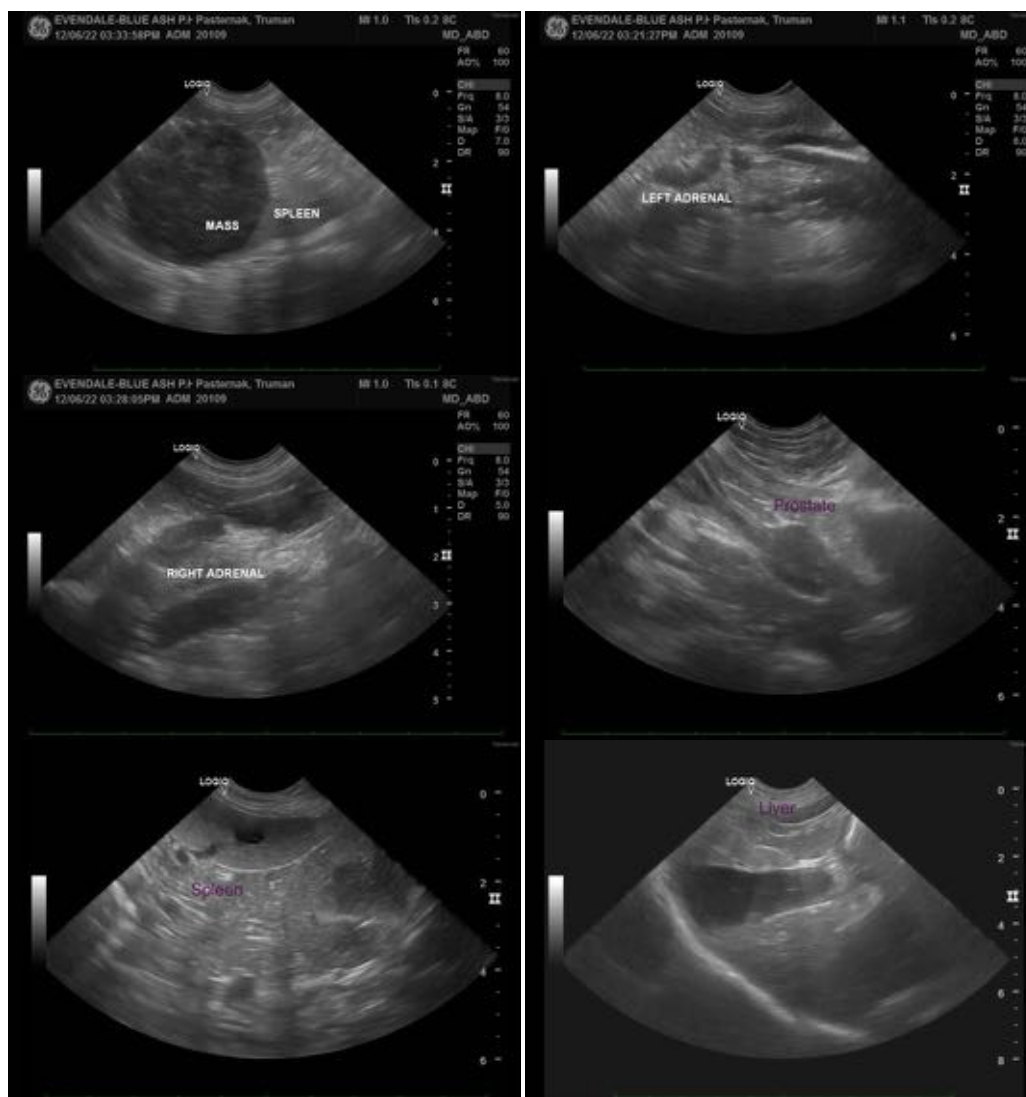
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- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine needle aspirate of the splenic mass, if clotting status is appropriate. Alternatively, a splenectomy with submission of the spleen for histopathology can be considered. If surgery is pursued, liver biopsies should also be obtained along with bile cultures (aerobic and anaerobic). Copper quantitation should also be performed on the hepatic tissue samples.





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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