



PATIENT

Belle Rusin

SPECIES

Canine

BREED

Pitbull

SEX

Female, spayed

AGE

8.5 Yrs.

WEIGHT

53.4 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Family Pet Practice

INVOICE

12662

DATE

PRESENTING CLINICAL SIGNS

History: History of pyelonephritis and hypothyroidism. Previous AUS performed Dec 2020 revealed mild left renal pelvic dilation (4mm) and mild loss corticomedullary distinction. Right kidney was normal at the time. Large heterogeneous nodule noted in spleen measuring 2.44cm x 3.17cm. Slightly hyper echoic right limb pancreas. Mildly heterogeneous liver parenchyma. Currently receiving thyroid medication.

Abnormal PE/Chem/CBC/UA Results: Most recent labs performed July 2021: ALT 166 (12-118IU/L), PSL 169 (24-140IU/L), PLT 544 (170-400).

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. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (5.23 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 pyelectasia is present (0.29 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (5.12 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Moderate pyelectasia is present (0.55 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.65 cm at cranial pole) (0.76 cm at caudal pole) (2.80 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 (0.81 cm at cranial pole) (0.55 cm at caudal pole) (2.98 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 3.78 x 2.97 cm heterogeneous cavitated mass is observed at the caudal aspect. The mass causes capsular expansion. In the remainder of the spleen the peripheral margins are curvilinear and the parenchyma is homogeneous. Splenic vasculature appears normal with no evidence of thrombosis.

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

Gastrointestinal

The gastric lumen is moderately distended with ingesta and gas. The gastric wall is normal in thickness with a normal layering pattern. 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 ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The right limb of the pancreas is visible 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.

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 (previously observed; similar in size to the previous scan). Neoplasia (i.e., sarcoma, round cell tumor) is suspected with a lower possibility of benign pathology.
- Non-specific age-related renal changes with bilateral pyelectasia.
- The urinary bladder wall changes could be consistent with cystitis or may be a normal variant for this patient. Correlation with clinical findings is recommended.

Secondary Findings:

- Age-related pancreatic remodeling/fibrosis.
- Mild left adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the splenic mass, three-view thoracic radiographs are recommended to assess for pulmonary metastatic disease. A splenectomy with submission of the spleen for histopathology should be considered.



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- Given the history of pyelonephritis, periodic (i.e., every 3-4 months) urine cultures can be considered to screen for recurrence.

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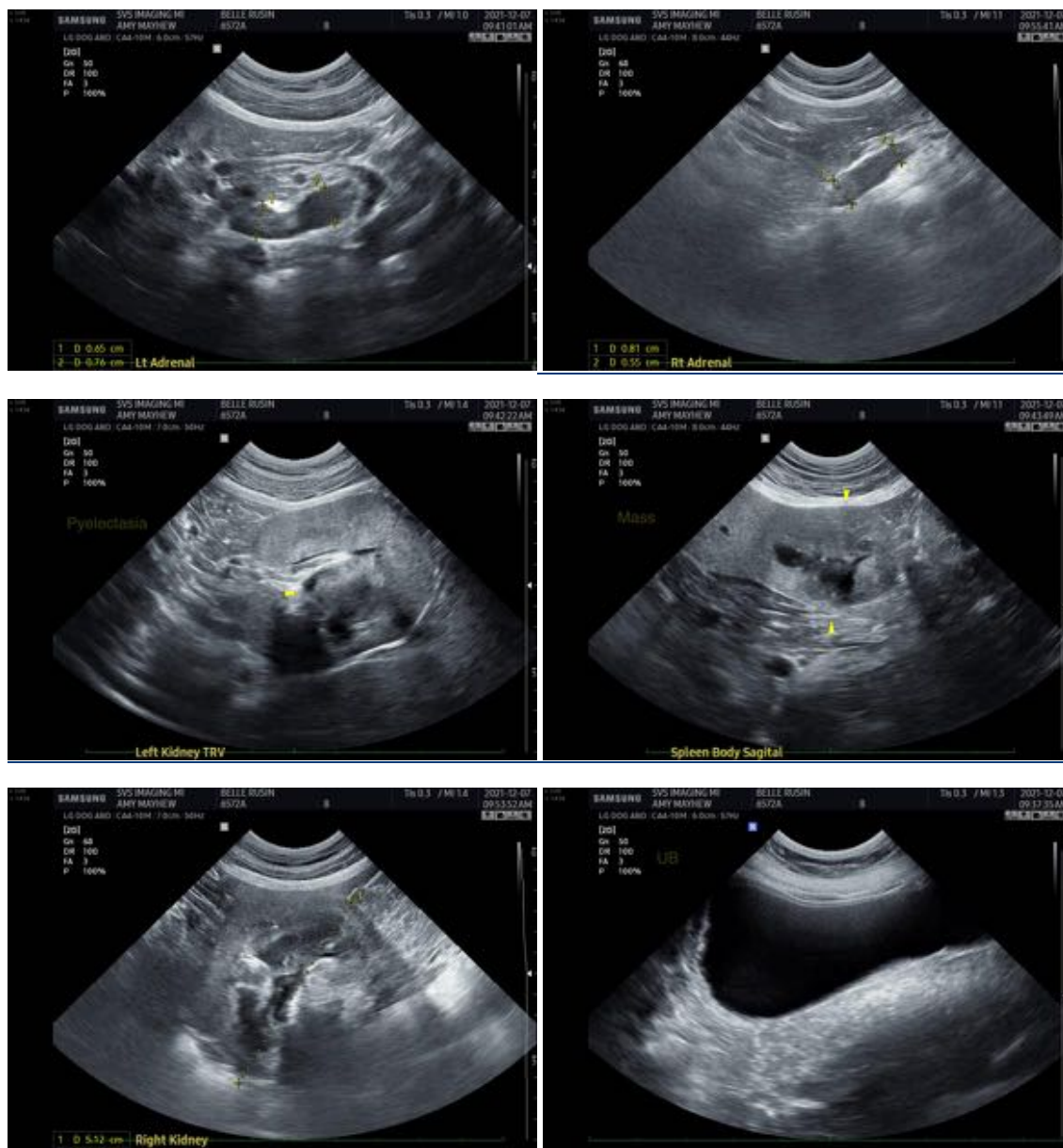
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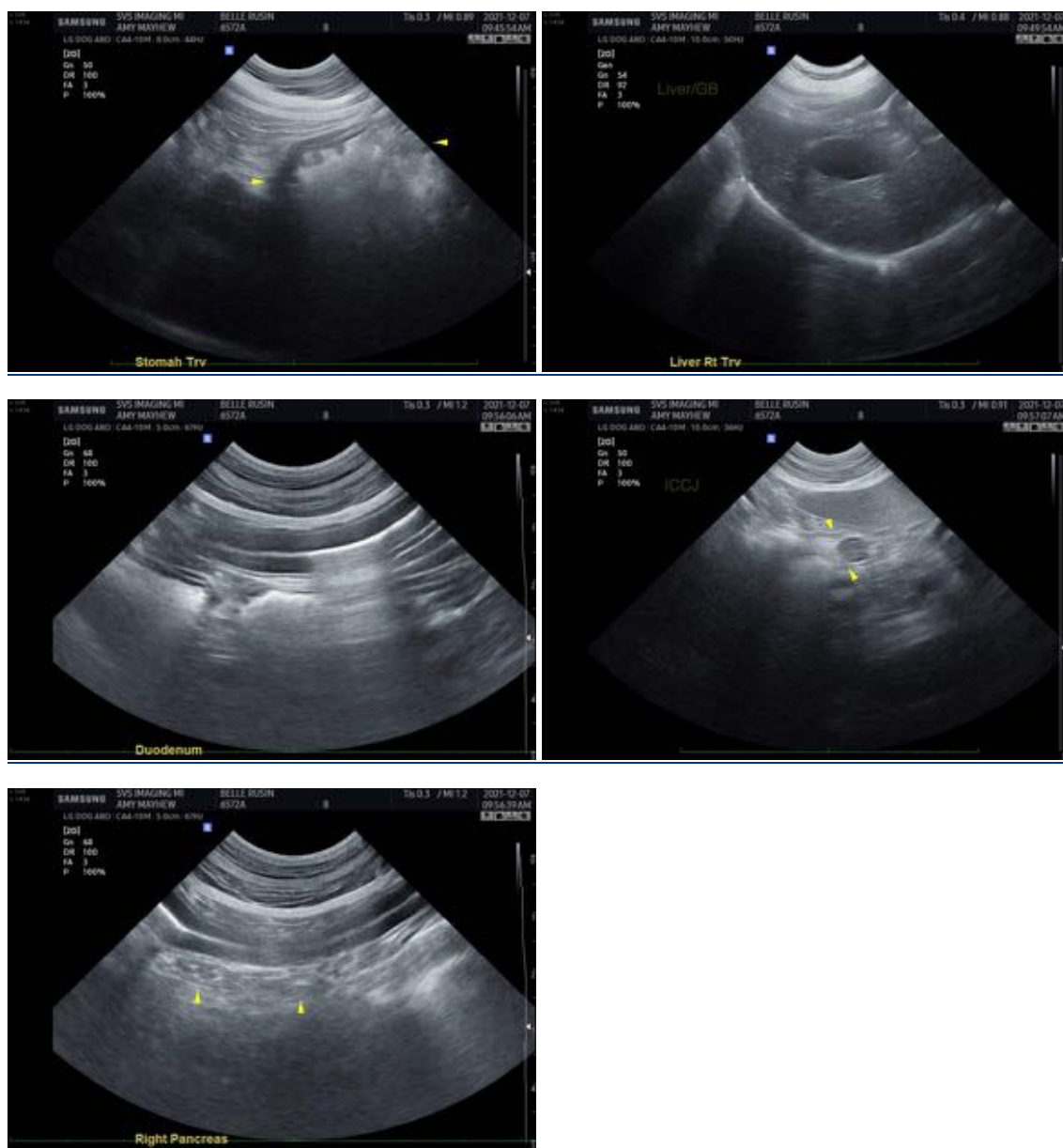
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

Andrea.nicastro@sonopath.com