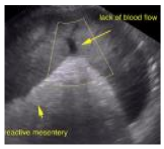
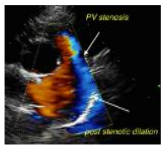
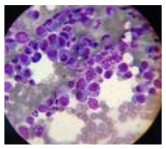
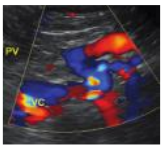
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Jazmin Brownie
Blondie Foundation

SPECIES

Canine

BREED

Mix Lab

SEX

Spayed Female

AGE

5 Years

WEIGHT
36 Lbs.

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. G. Ferrer

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Maria Martes

INVOICE

13947

DATE

2/15/22

PRESENTING CLINICAL SIGNS

History: Presented for an abdominal ultrasound to evaluate decrease appetite and hematochezia. History of mammary carcinoma Pt was hospitalized with IVF, famotidine, cerenia, metronidazole, gabapentin, gastro diet

Abnormal PE/Chem/CBC/UA Results:PE: paraplegia small firm mammary masses hematochezia chemistry - elevated globulin Hct - 62% radiographs - multiple soft tissue opacities in thorax, larger one is cranial to heart, spondylosis, rod at vertebral column

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 mildly to moderately distended. Some 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 left kidney is normal in size (6.34 cm in length); with an irregular shape. An approximately 2.0 cm irregular, heterogeneous mass is observed at the caudolateral aspect. The lesion causes capsular expansion. The mass causes some disruption of the normal medullary architecture. The remaining cortex is variably thickened and slightly heterogeneous in appearance. There is minimal loss of corticomedullary distinction. There is no evidence of nephroliths or hydroureter.

The right kidney is normal in size (5.58 cm in length); with an irregular shape. Several hypoechoic to slightly heterogenous nodules are observed within the cortex, the largest measuring 1.09 cm in diameter. Some of the lesions cause capsular expansion. There is minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydroureter.

Adrenal Glands

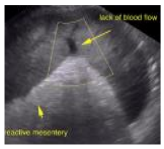
The left adrenal gland is normal size (0.51 cm at cranial pole) (0.67 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

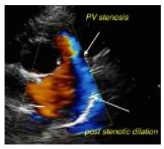
The right adrenal gland is normal size (0.69 cm at cranial pole) (0.61 cm at caudal pole) (2.89 cm in length); with a slightly irregular shape. A 1.22 cm x 0.89 cm hyperechoic to slightly heterogeneous nodule is observed at the cranial pole. The remaining glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.

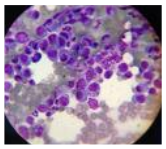
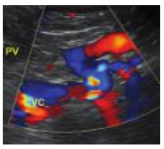
Spleen

The spleen is subjectively normal in size (1.87 cm in width at the level of the hilus) with normal curvilinear peripheral contours. A 1.83 cm ill-defined hypoechoic area is observed at the caudolateral aspect. In addition, a 1.77 cm, ill-defined hypoechoic area is observed at the craniomedial aspect. A 1.45 cm well circumscribed hypoechoic to slightly heterogeneous nodule is observed near the hilus. The remaining parenchyma is slightly mottled in appearance. Splenic vasculature at the hilus appears normal with no obvious 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 small to moderate amount of partially dependent aggregated echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas

The left limb, right limb and base of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and mottled in appearance, particularly in the region of the right limb. 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. A few prominent medial iliac lymph nodes are visualized, the largest measuring 2.05 cm in length. An enlarged, irregular, and heterogeneous (3.27 cm) lymph node is also observed in the right cranial quadrant. 1-2 enlarged, irregular mesenteric lymph nodes are also seen, the largest measuring 3.80 cm in length.

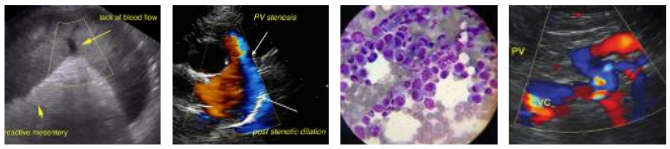
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The bilateral renal nodules/masses are concerning for metastatic neoplasia. Benign pathology is possible but considered unlikely.
- The splenic nodule near the hilus is also concerning for neoplasia. However, benign pathology (i.e., a focus of lymphoid hyperplasia or extramedullary hematopoiesis) cannot be completely excluded. The ill-defined hypoechoic areas in the spleen could be consistent with regions of infarction, lymphoid hyperplasia, extramedullary hematopoiesis or neoplasia.
- The abdominal lymphadenopathy is concerning for infiltrative neoplasia. However, lymphoid hyperplasia or reactive lymphadenitis is also possible.

Secondary Findings

- The right adrenal nodule could be consistent with a metastatic lesion or a primary adrenal lesion (i.e., nodular hyperplasia, adenoma or other emerging tumor).
- Age-related pancreatic remodeling/fibrosis +/- concurrent low-grade pancreatitis



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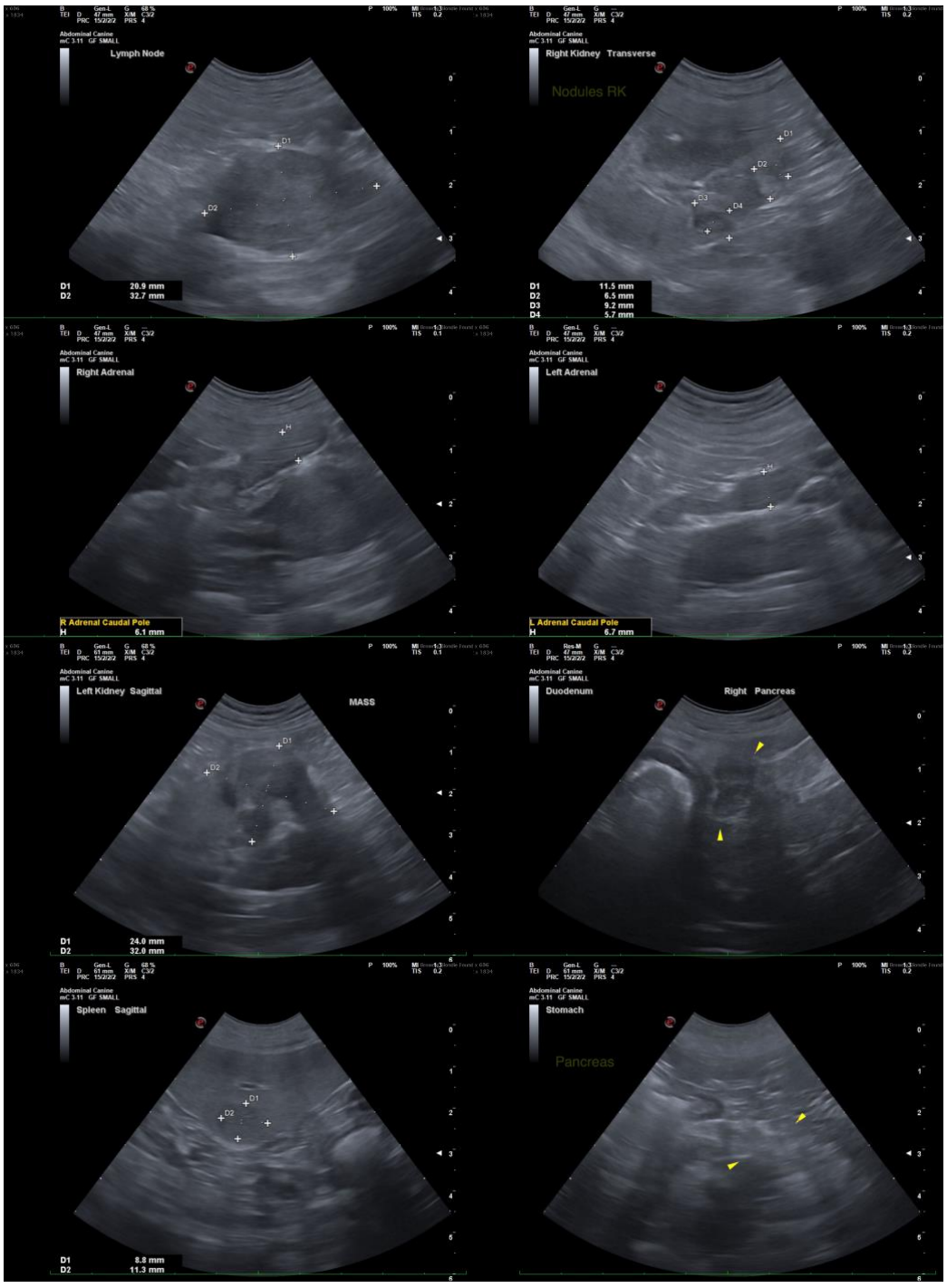
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the high likelihood of metastatic disease within the abdominal cavity, palliative care should be considered. If a more definitive diagnosis is desired, consider fine needle aspirate of the left renal mass (if clotting status and blood pressure are normal).



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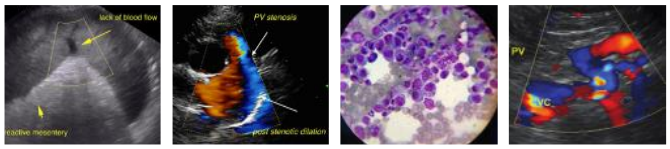

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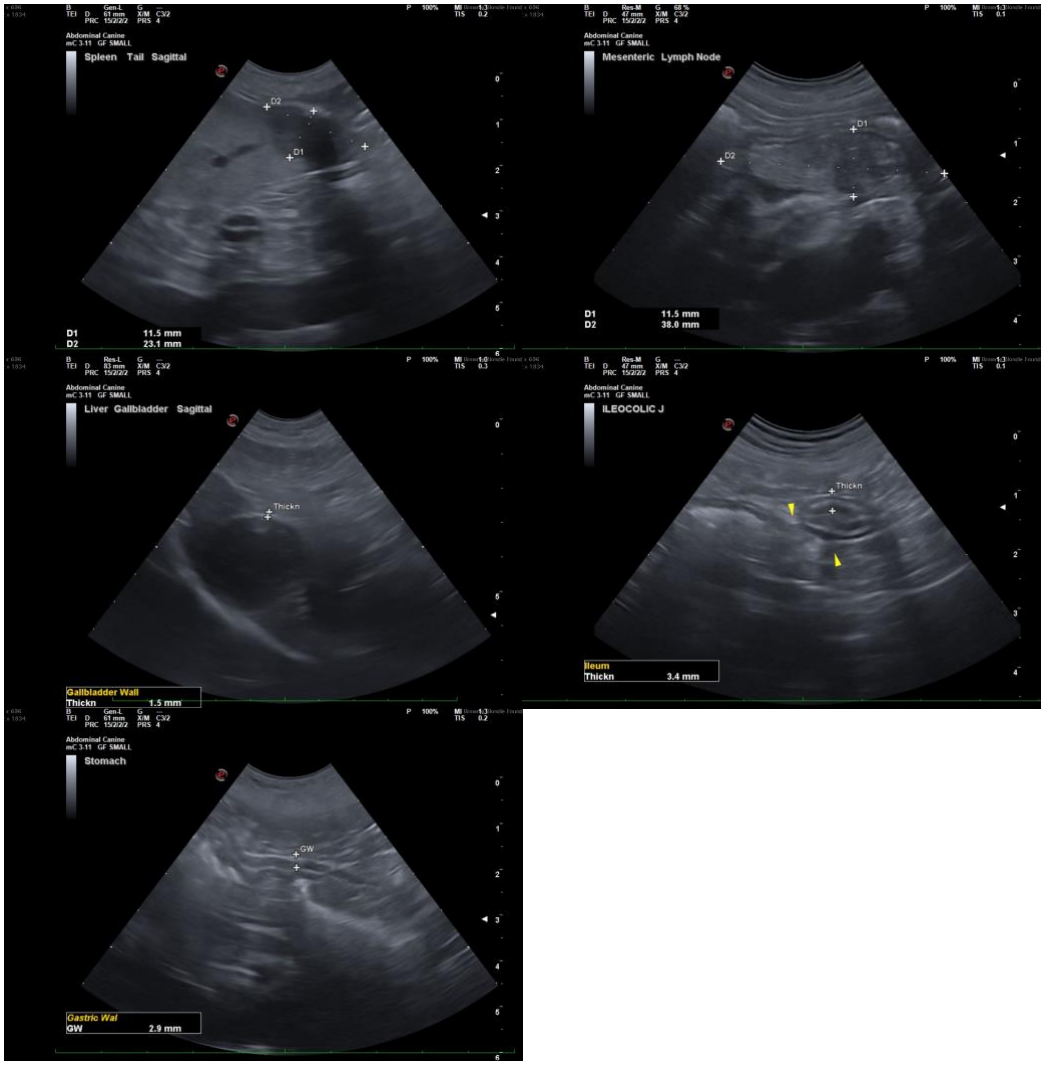

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 DACVIM (Small Animal Internal Medicine)
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