



**PATIENT**

**PRESENTING CLINICAL SIGNS**

Penelope Davis

History: Penelope is a 12-year-old FI Papillion who presents for acute vomiting yesterday with inappropriate defecation in the house and abdominal pain. A cystic structure was seen in her abdomen on radiographs. To be financially conservative she was treated on an outpatient basis Cerenia and Buprenorphine, then brought back today for an abdominal ultrasound. Lifelong history of pruritic skin and ears. Receives cytopoint injection q60-90 days, which helps. Last injection was October. She is very itchy again right now.

**SPECIES**

Canine

**BREED**

Papillon

Abnormal PE/Chem/CBC/UA Results: Abd pain on palpation. Mily hypersalivation AFAST: large fluid filled and cystic structure on the left side of the abdomen in the area of the left kidney. The left kidney cannot be found. Large gallbladder with sludge. No FAF. \_ Ddx: cystic kidney, hydronephrosis, neoplasia (renal, adrenal, etc). - OPEN

**SEX**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Female

**Urinary System**

The urinary bladder moderately distended. The wall is normal in thickness with a smooth mucosal surface. No cystic calculi are observed. Luminal contents are anechoic. The region of the trigone is normal.

**AGE**

12 Years

The left kidney is enlarged (4.36 cm in length); with an irregular shape. A 4.71 cm x 3.38 cm cystic structure appears to be arising from the cortex in the caudolateral aspect. The cyst contains echogenic debris and causes capsular expansion as well as obliteration of a portion of the renal medullary architecture. A 1.33 cm cortical cyst is also observed at the medial aspect. This cyst also contains echogenic debris. In the remainder of the kidney, there is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. Moderate pyelectasia is present (0.52 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

**WEIGHT**

4.72 kg

**INTERPRETED BY**

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

The right kidney is normal in size (4.47 cm in length); with a slightly irregular shape. The cortex is variably thickened and there is poor corticomedullary distinction. Several, varying sized cortical cysts are present. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

**IMAGING PERFORMED BY**

Dr. Schofield

**Adrenal Glands**

The left adrenal gland is normal size (0.44 cm at cranial pole) (0.46 cm at caudal pole) (1.52 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.

**HOSPITAL NAME**

Wilvet Salem

The right adrenal gland is normal size (xxx cm at cranial pole) (xxx cm at caudal pole) (xxx 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.

**REFERRING VET**

Dr. Schofield

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**Spleen**

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The spleen is normal in size (0.99 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**DATE**

**Liver**

2/16/22



**PATIENT**

Penelope Davis

The liver is subjectively enlarged with swollen/rounded peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely heterogeneous with a few small ill-defined hypoechoic nodules. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

**SPECIES**

Canine

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated echogenic partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

**BREED**

Papillon

**Gastrointestinal**

The gastric lumen is not distended. A 1.55 cm x 1.67 cm, irregular, hypoechoic mass is observed within the wall of the greater curvature. Within this region, there is a complete loss of the normal layering pattern. The mass effect appears to extend through the serosal surface in this region. The remaining gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is patent.

**SEX**

Female

The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. The colonic wall is normal. There is no evidence of an obstructive pattern.

**AGE**

12 Years

**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.

**WEIGHT**

4.72 kg

**Free Abdomen**

Trace left retroperitoneal fluid is present. A few prominent lymph nodes are observed adjacent to the stomach, the largest measuring 1.13 cm in length.

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**Other**

A brief visualization of the heart reveals no obvious evidence of pericardial effusion.

**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

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**Primary Findings**

- Gastric wall mass. Differentials include neoplasia (i.e., adenocarcinoma, lymphoma, leiomyosarcoma, mast cell tumor, other), a severe focal inflammatory process, polyp, hypertrophy, other. The prominent adjacent lymph nodes could be consistent with reactive lymphadenitis, lymphoid hyperplasia or infiltrative neoplasia.
- Large left renal cortical cyst with obliteration of a portion of the renal medullary cavity. An abscessed cyst can also not be completely excluded. Retroperitonitis is present. Bilateral age-related renal changes with right dystrophic mineralization

**HOSPITAL NAME**

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Dr. Schofield

**Secondary Findings**

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered unlikely. Correlation with the patient's liver values is recommended.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**



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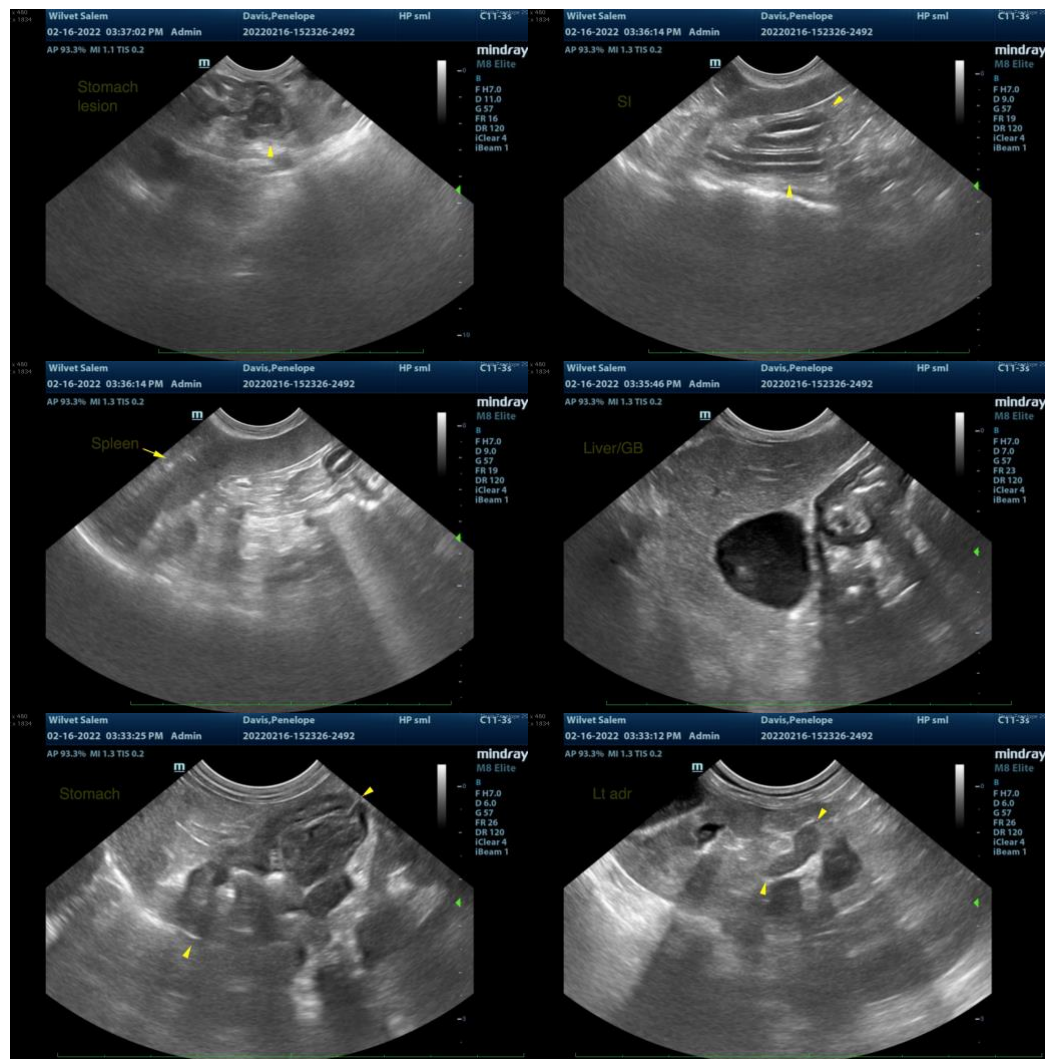
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- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Regarding the gastric wall mass, a fine needle aspirate can be considered if the lesion is accessible. However, endoscopic or surgical biopsies may be necessary to get a definitive diagnosis.
- Regarding the left renal changes, consider the following:
  1. Urine culture and sensitivity
  2. Aspiration of the cyst for cytology and aerobic/anaerobic cultures





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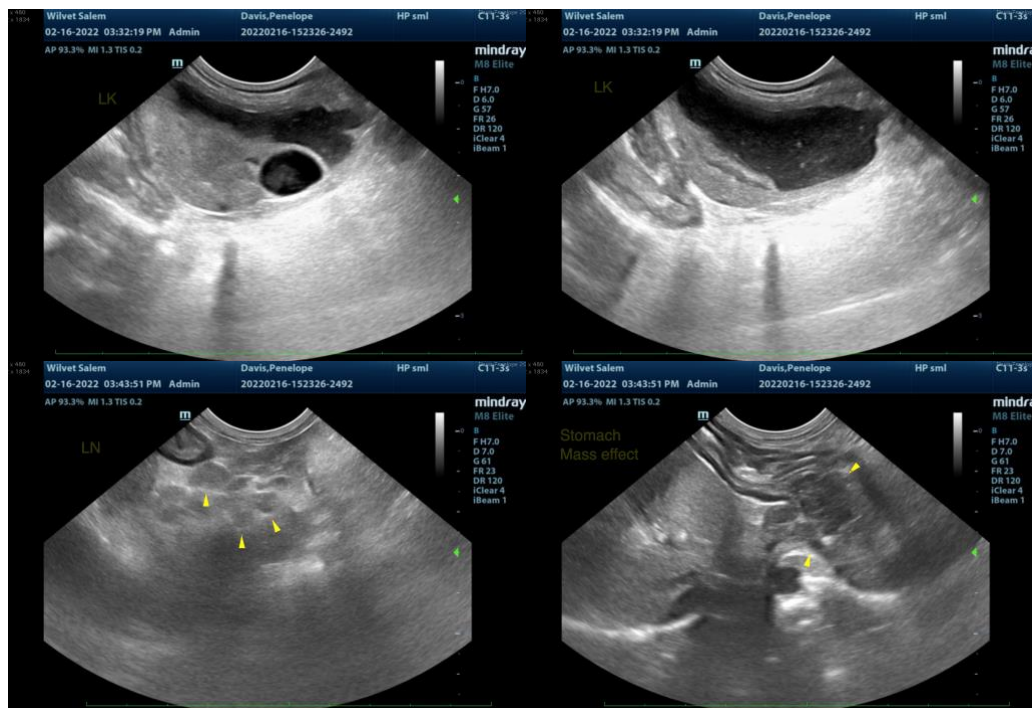
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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