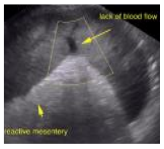
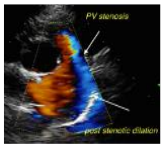
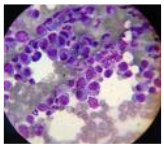
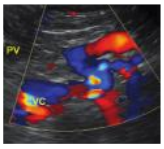
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Huxley Kelly

SPECIES

Canine

BREED

Maltese Mix

SEX

Neutered Male

AGE

8 years

WEIGHT

15 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Englewood VC

REFERRING VET

Dr. Ezik

INVOICE

10412

DATE

2/18/22

PRESENTING CLINICAL SIGNS

History: Previous echo (9/1/21) and abdominal (9/8/21) ultrasound performed by SonoPath. Patient started to have ataxia, crackles on auscultation and cardiogenic edema on x-rays. History of splenic mass, losing weight and diarrhea. Current meds: Furosemide 0.2 mgs/kg and pimobendan 0.25 mgs/kg.

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 normal in size (0.97 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (3.67 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (4.06 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.74 cm at cranial pole) (0.73 cm at caudal pole) (1.91 cm in length); with a slightly irregular shape. The parenchyma is heterogenous with loss of glandular detail. There is no obvious evidence of vascular invasion.

The right adrenal gland is enlarged (0.90 cm at cranial pole) (0.65 cm at caudal pole) (1.88 cm in length); with a slightly irregular shape. The parenchyma is subtly heterogenous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature appear normal.

Spleen

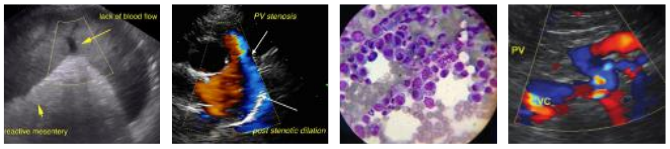
(See “Other” category).

Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen. Several ill-defined hypoechoic nodules are observed throughout the organ. Hepatic vasculature and intrahepatic 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 anechoic. The cystic and common bile ducts are normal.

Gastrointestinal



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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 borderline thickened (up to 0.29 cm). No obstructive or overt infiltrative 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

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

Other

A questionable 1.65 x 1.44 cm echogenic nodule/mass is observed in the region of the esophageal inlet. A 4.87 x 4.38 cm heterogenous well-circumscribed slightly cavitated mass is observed in the cranial abdomen. Surrounding mesentery is hyperechoic. A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

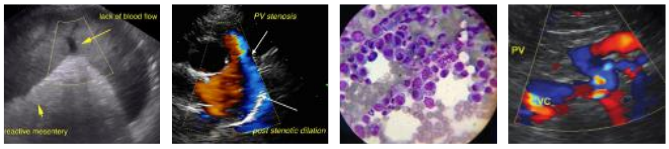
- Cranial abdominal mass, the origin of which is unclear. If the spleen was not previously removed, the mass may be of splenic origin (although it is difficult to discern any normal splenic tissue). Alternatively, it may be arising from mesentery, lymph node, other. Neoplasia (i.e., sarcoma, round cell tumor) is suspected with a lower possibility of a benign process. Regional peritonitis is present.
- The hepatic nodules could be consistent with metastatic lesions. Alternatively, a benign process such as regenerative nodules is also possible.
- Questionable mass effect at the esophageal inlet

Secondary Findings

- Age-relate pancreatic remodeling
- Minor age-relate renal changes
- Mild bilateral adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine-needle aspirate of the abdominal mass if clotting status is appropriate.



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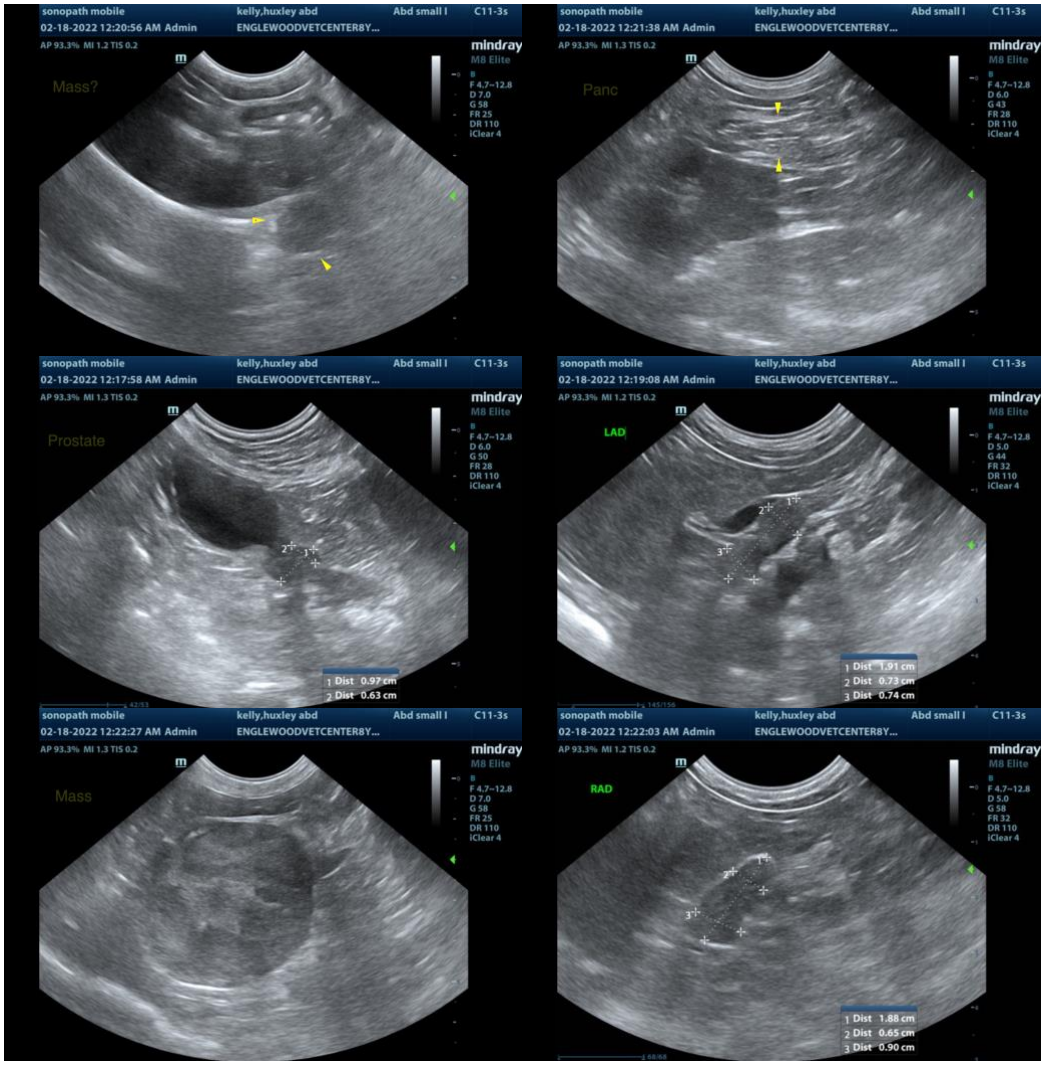
- Ultimately, mass removal with submission for histopathology as well as biopsies of the liver nodules may be necessary to get a definitive diagnosis.



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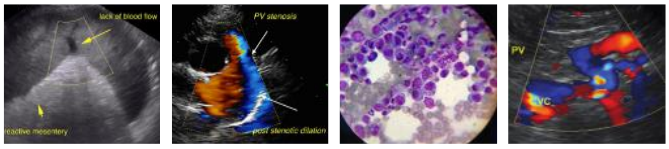

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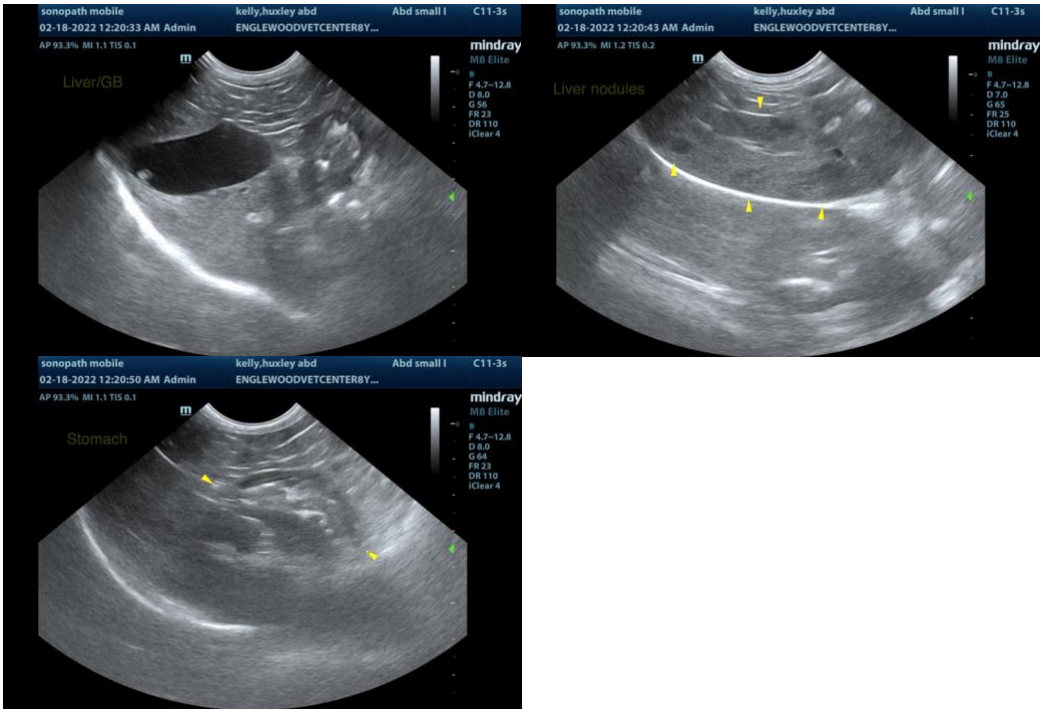

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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