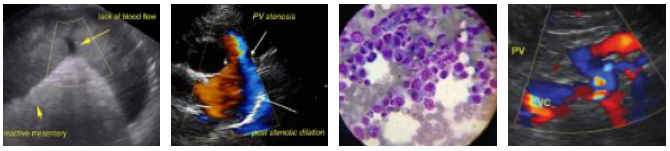
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Luca McCraw

SPECIES
Canine

BREED
Mixed breed

SEX
Male, neutered

AGE
14 Yrs.

WEIGHT
37.3 lbs.

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

IMAGING PERFORMED BY
Jessica Miller

HOSPITAL NAME
Millburn VH

REFERRING VET
Dr. Turowsky

INVOICE
13036

DATE
2/22/22

PRESENTING CLINICAL SIGNS

History: Vomiting and diarrhea for 2 days, anorexia. Current meds: Thyrotabs and metronidazole
Abnormal PE/Chem/CBC/UA Results: SDMA 17, Creat 1.8, T4 2.6

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 moderately distended with anechoic urine. 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 prostate is normal in size (1.45 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 (4.95 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. Mild pyelectasia is present (0.24 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.34 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Trace pyelectasia is present (0.24 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.74 cm at cranial pole) (0.75 cm at caudal pole) (2.36 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.

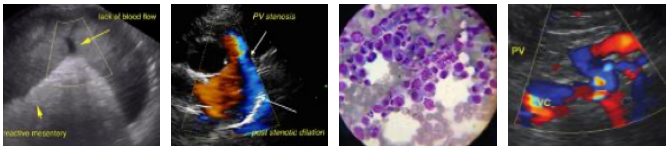
The right adrenal gland is mildly enlarged (1.40 cm at cranial pole) (0.79 cm at caudal pole) (2.70 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is overall relatively normal in size (1.50 cm in width at the level of the hilus) with irregular peripheral contours. A 3.08 x 2.05 cm heterogeneous nodule/mass is observed at the medial aspect. In addition, a 2.27 x 1.86 cm irregular, hypoechoic to heterogeneous nodule/mass is observed at the cranial pole. The mesentery effacing the serosal surface is hyperechoic. The remaining parenchyma is slightly mottled in appearance with a few ill-defined hypoechoic nodules. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of



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

PATIENT
Luca McCraw

SPECIES
Canine

BREED
Mixed breed

SEX
Male, neutered

AGE
14 Yrs.

WEIGHT
37.3 lbs.

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

IMAGING PERFORMED BY
Jessica Miller

HOSPITAL NAME
Millburn VH

REFERRING VET
Dr. Turowsky

INVOICE
13036

DATE
2/22/22

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/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The duodenal lumen is mildly fluid distended and hypomotile. The remaining small intestinal segments are 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.

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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Splenic nodules/masses (2). The lesions are concerning for neoplasia (i.e., sarcoma, round cell tumor, other). However, benign pathology cannot be completely excluded. Regional peritonitis is present adjacent to the cranial splenic mass.
- Minor age-related renal changes with dystrophic mineralization.

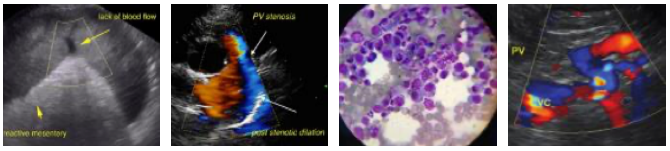
Secondary Findings:

- Mild bilateral adrenomegaly.
- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include primary gastrointestinal disease (i.e., dietary indiscretion), food allergy/intolerance, intestinal dysbiosis, inflammatory bowel disease, other), low-grade pancreatitis, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastatic disease.
- Regarding the splenic masses, fine needle aspirates can be considered (if clotting status is appropriate). If cytology results are inconclusive, a splenectomy with submission of the spleen for histopathology may be necessary to get a definitive diagnosis.
- Regarding the gastrointestinal signs, consider the following:
  1. Fecal evaluation for ova and giardia
  2. GI panel (i.e., serum cobalamin, folate, TLI and PLI)



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

PATIENT

Luca McCraw

SPECIES

Canine

BREED

Mixed breed

SEX

Male, neutered

AGE

14 Yrs.

WEIGHT

37.3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Millburn VH

REFERRING VET

Dr. Turowsky

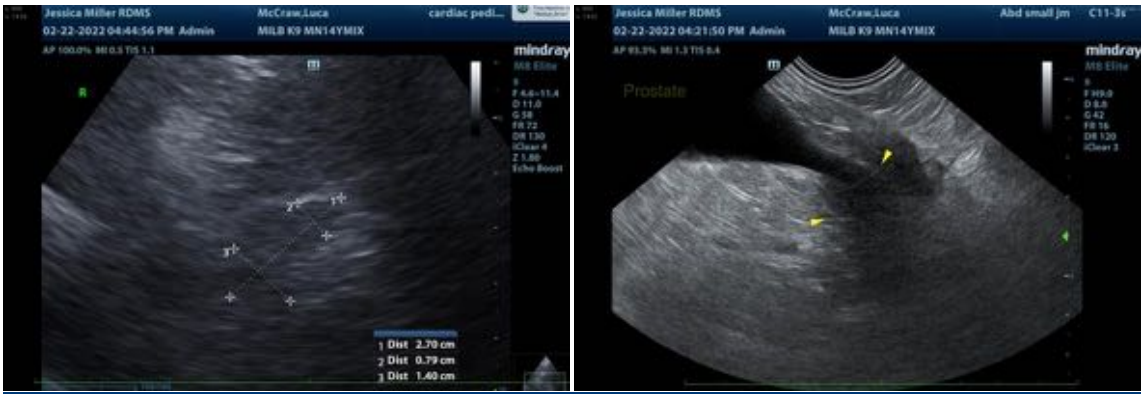
INVOICE

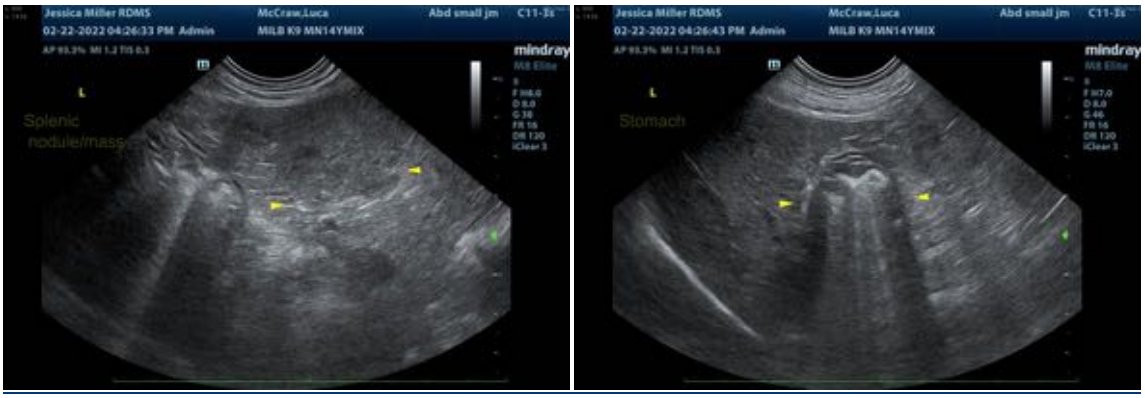
13036

DATE

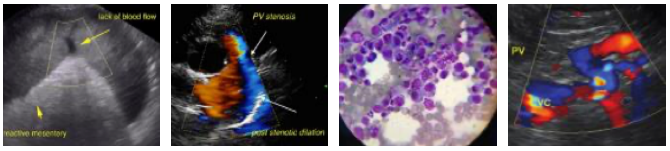
2/22/22

3. Urine culture and sensitivity (to assess for occult pyelonephritis (as a cause for systemic illness).





SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Luca McCraw

SPECIES

Canine

BREED

Mixed breed

SEX

Male, neutered

AGE

14 Yrs.

WEIGHT

37.3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Millburn VH

REFERRING VET

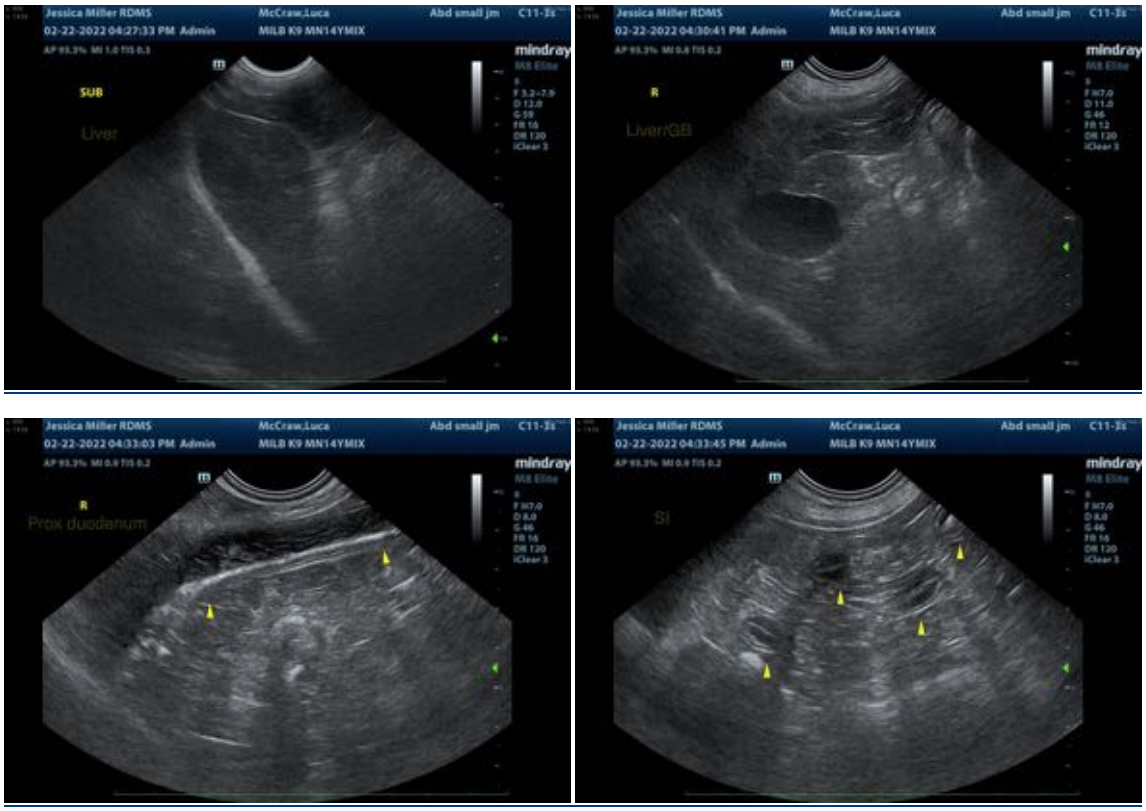
Dr. Turowsky

INVOICE

13036

DATE

2/22/22



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 ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com