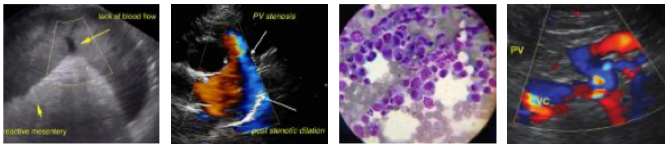
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Luna Alexiev-Stallings

SPECIES

Canine

BREED

Schnoodle

SEX

Female Spayed

AGE

13 years

WEIGHT

15.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Gr&Sm Vet Clinic, Corvallis OR

REFERRING VET

Jessica Bailes

INVOICE

12278

DATE

2.23.23

PRESENTING CLINICAL SIGNS

History: evaluated 2/4/23 for acute onset PU/PD and inappropriate urination (not incontinence); large volume urine noted. Hx of cardiomegaly dx via radiographs 11/21 - has been on vetmedin ever since then. SRR consistently WNL.

Abnormal PE/Chem/CBC/UA Results: 4-5/6 systolic murmur, otherwise NSF on PE BW/UA: CHEM: increased ALP (825), otherwise WNL CBC: thrombocytosis (479), monocytosis (882), otherwise WNL TT4: WNL @ 1.1 UA: USG = 1.016; negative proteinuria, IS LDDST performed: WNL Pre: 3.6 4 hour post: 0.5 8 hour post: 0.9

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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 left kidney is normal in size (3.70 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.77 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.31 cm at cranial pole) (0.34 cm at caudal pole) (1.35 cm in length) with a normal shape and 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 in normal size (0.39 cm at cranial pole) (0.52 cm at caudal pole) (1.72 cm in length) with a normal shape and 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 subjectively normal in size (0.76 cm in width at the level of the hilus). A 1.08 cm hyperechoic to heterogenous, slightly cavitated nodule/mass is observed in the mid- to caudal aspect. The lesion causes capsular expansion. The remaining parenchyma is homogenous. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and 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/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. 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. There is no evidence of an obstructive pattern.

Pancreas

The base and limbs of the pancreas is normal in size 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 nodule/mass. Given the capsular escape, neoplasia (i.e., sarcoma, round cell tumor) is considered likely. However, a benign process cannot be completely excluded.

- Bilateral nonobstructive nephrolithiasis

- The hepatic parenchymal changes are most consistent with a benign diffuse hepatopathy. Vacuolar hepatopathy (i.e., idiopathic/endocrine) is considered the top differential. Given the normal ALT, inflammatory disease is considered less likely. Infiltrative neoplasia is also considered unlikely given the sonographic appearance of the liver.

Secondary Findings

- Minor age-related pancreatic remodeling

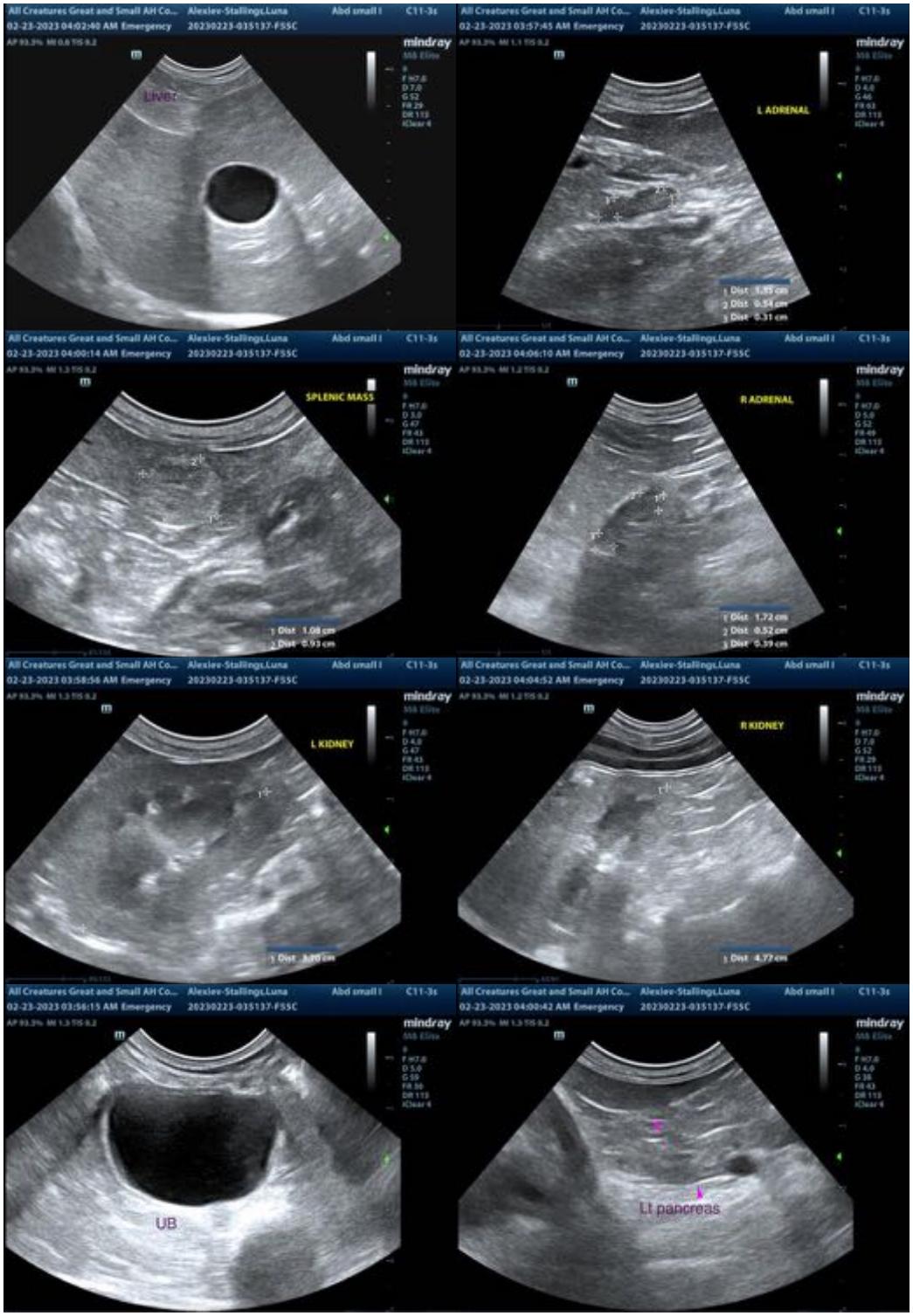
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the splenic lesion, consider the following:

    1. Three-view thoracic radiographs are recommended to assess for pulmonary metastatic disease.
    2. Fine-needle aspirate of the splenic lesion (if clotting status is appropriate). A 25-gauge needle should be used.
    3. If the cytology results are inconclusive, a splenectomy with submission of the spleen for histopathology should be considered.

- Regarding the PU/PD, consider the following:

    1. Urine culture and sensitivity to evaluate for occult pyelonephritis
    2. Leptospirosis testing (i.e., blood and urine PCR, serology)
    3. Further testing for atypical Cushing's Disease (adrenal panel, University of TN)
    4. Depending on the results of the above diagnostics, further testing (i.e., DDAVP trial +/- modified water deprivation test) may be warranted.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LIVER
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SPLENIC MASS
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Lt pancreas

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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