



PATIENT PRESENTING CLINICAL SIGNS

Dexter Mithaug-Cook History: Initially presented for onset of PU/PD. Hypercalcemia on lab work.
Abnormal PE/Chem/CBC/UA Results: Marked hypercalcemia with marked ionized calcium elevation. Low PTH

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

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. The region of the trigone and visible portion of the proximal urethra are normal.

Husky Mix

The region of the prostate is not visualized due to its pelvic location.

SEX

Neutered Male

The left kidney is normal in size (7.04 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE

9 years

The right kidney is normal in size (6.72 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

28.5 kg

Adrenal Glands

The left adrenal gland is normal in size (0.76 cm at cranial pole) (0.76 cm at caudal pole) 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.

INTERPRETED BY

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

The right adrenal gland is in normal size (1.25 cm at cranial pole) (0.74 cm at caudal pole) 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.

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

Spleen

The spleen is prominent in size (2.35 cm in width at the level of the hilus) with a slightly swollen contour. The parenchyma is mildly heterogenous. No distinct focal lesions are observed. Splenic vasculature appears normal with not obvious evidence of thrombosis.

HOSPITAL NAME

9th Ave AC

Liver

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.

REFERRING VET

Dr. Waldman

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.

INVOICE

12178

Gastrointestinal

The lumen is not distended. The gastric wall is 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. There is no evidence of an obstructive pattern.

DATE

2.8.23

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 obvious evidence free fluid. The mesenteric lymph nodes are severely enlarged (up to 5.10 cm in length), rounded and hypoechoic-to-heterogenous in appearance. Surrounding mesentery is hyperechoic.

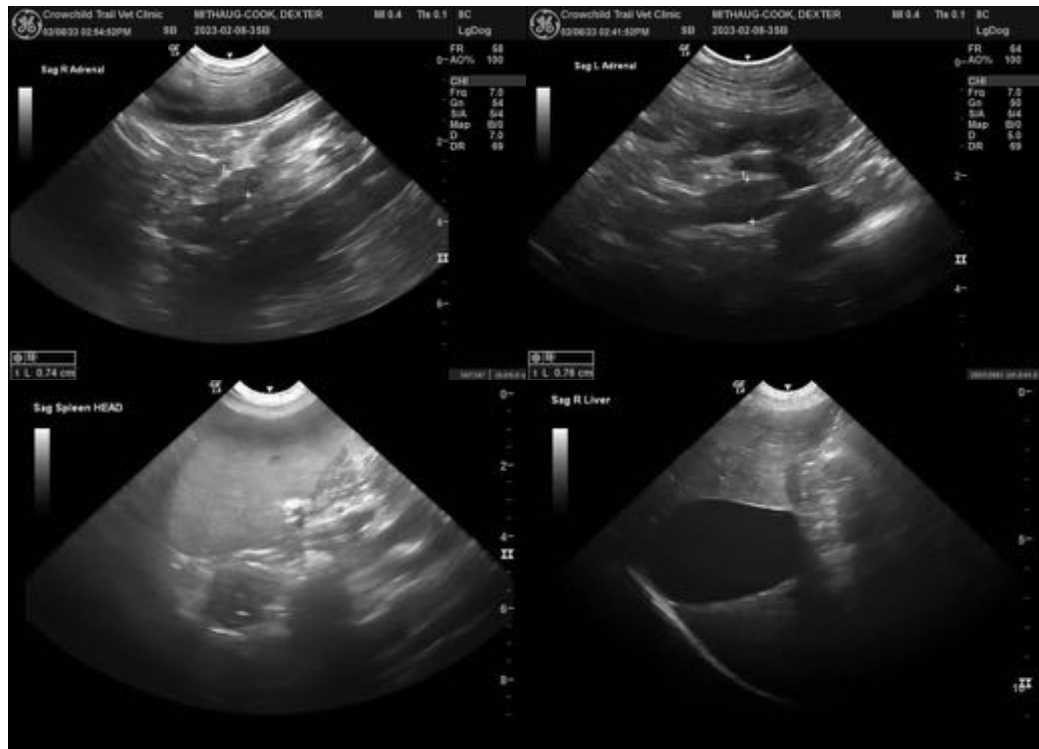
ULTRASONOGRAPHIC FINDINGS

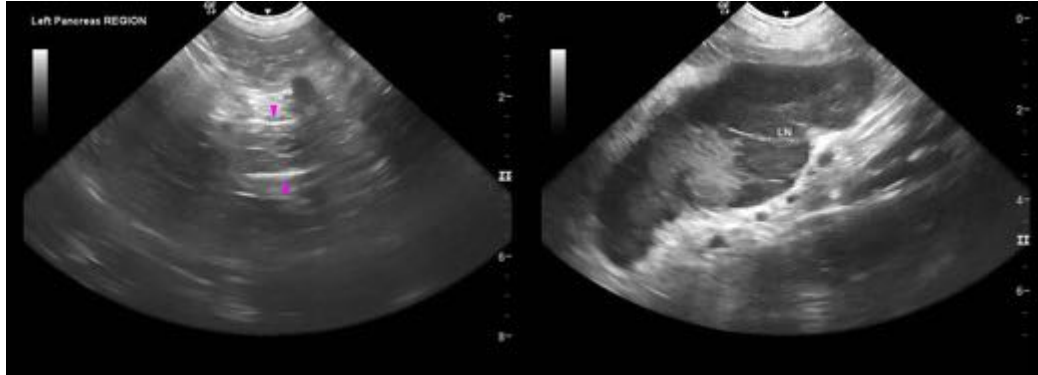
Primary Findings

- The abdominal lymphadenopathy is concerning for infiltrative neoplasia. Lymphoma is the top differential. However, severe lymphadenitis (i.e., pyogranulomatous) cannot be completely excluded.
- The splenic parenchymal changes could be consistent with infiltrative neoplasia or a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, other).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Thoracic radiographs are recommended to assess for lymphadenopathy in the chest.
- If lymph node cytology results are inconclusive, more advanced testing (i.e., flow cytometry, PARR, or lymph node biopsies) may be necessary to get a definitive diagnosis.





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.

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