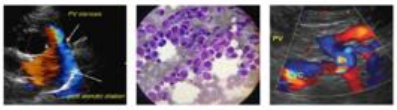


PATIENT

Lilibet Lugisi

SPECIES

Canine

BREED

Shih Tzu

SEX

Female, spayed

AGE

11 Yrs.

WEIGHT

8.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

PMVU

HOSPITAL NAME

Silver Spring AH

REFERRING VET

Dr. Cathy Jarrett

INVOICE

1156

DATE

3/1/22

PRESENTING CLINICAL SIGNS

History: Hematuria and leaking urine. Currently on amlodipine and gabapentin.
Abnormal PE/Chem/CBC/UA Results: 01/22/2022) SDMA: 17. BUN: 34. (02/04/2022) U/A: USG 1.026, pH 6.5, and sediment inactive.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended. The wall is of appropriate thickness for the level of repletion. The mucosal surface is smooth. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are seen. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.01 cm in length) with a slightly irregular shape. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci +/- several tiny nephroliths are observed. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.14 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci +/- a few tiny non-obstructive nephroliths are observed. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged at the cranial pole and normal in size at the caudal pole (0.81 cm at cranial pole) (0.34 cm at caudal pole) (1.99 cm in length). A 1.26 x 0.91 cm hyperechoic to slightly heterogeneous nodule is observed at the cranial aspect. The lesion causes capsular expansion. The glandular echogenicity and detail at the caudal aspect are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.40 cm at cranial pole) (0.28 cm at caudal pole) (1.59 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.

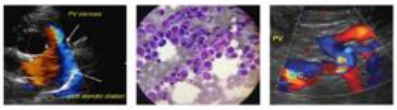
Spleen

The spleen is normal in size (0.55 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.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature 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



PATIENT

Lilibet Lugisi

SPECIES

Canine

BREED

Shih Tzu

SEX

Female, spayed

AGE

11 Yrs.

WEIGHT

8.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

PMVU

HOSPITAL NAME

Silver Spring AH

REFERRING VET

Dr. Cathy Jarrett

INVOICE

1156

DATE

3/1/22

The gastric lumen is not distended. The gastric wall is questionably thickened (up to 0.70 cm) although this is difficult to determine due to rugal folds. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The right limb of the pancreas is largely isoechoic relative to surrounding omental fat and is of appropriate size. The pancreatic duct is not overtly dilated. See also *Other.*

Free Abdomen

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

Other

A 2.20 x 1.26 cm heterogeneous nodule is observed in the left cranial quadrant.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bilateral degenerative renal changes with dystrophic mineralization and tiny non-obstructive nephroliths.
- The origin of the nodule in the left cranial quadrant is unclear. It may be arising from the left limb of the pancreas, mesentery, other. Differentials include neoplasia, granuloma, inflammatory focus, other.

Secondary Findings:

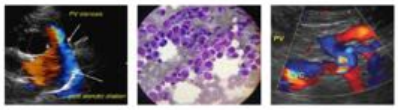
- The left adrenal nodule trends toward the benign (i.e., nodular hyperplasia). However, an emerging tumor cannot be completely excluded.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Questionable gastric wall thickening. Correlation with clinical findings is recommended.

*An obvious cause for the patient's hematuria is not identified in this study. Considerations include urinary tract infection, microscopic urinary bladder or urethral neoplasia (less likely), coagulopathy, benign essential renal hematuria, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the hematuria, consider the following:
  1. Urine culture and sensitivity.
  2. Urine BRAF test to further screen for lower urinary tract neoplasia.
  3. Evaluation of clotting status, particularly a platelet count.

- Regarding the nodule in the left cranial quadrant, consider the following:
  1. Ultrasound guided fine needle aspiration (if clotting status is appropriate).
  2. Three-view thoracic radiographs to assess for pulmonary metastatic disease.



PATIENT

Lilibet Lugisi

SPECIES

Canine

BREED

Shih Tzu

SEX

Female, spayed

AGE

11 Yrs.

WEIGHT

8.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

PMVU

HOSPITAL NAME

Silver Spring AH

REFERRING VET

Dr. Cathy Jarrett

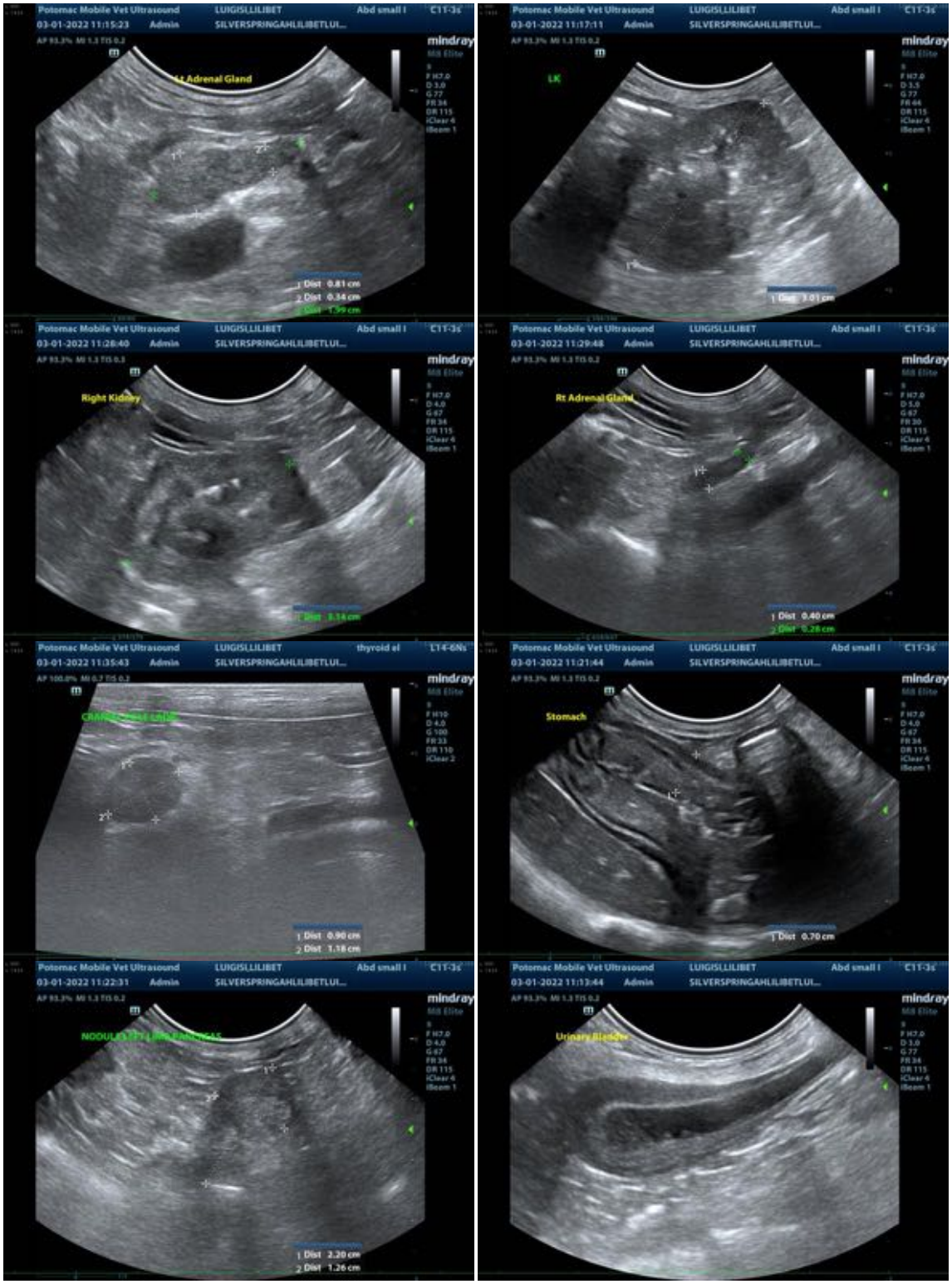
INVOICE

1156

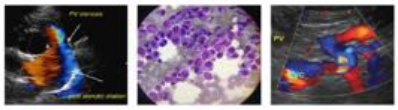
DATE

3/1/22

- Regarding the left adrenal nodule, consider a repeat ultrasound in 4-6 weeks to assess for growth/progression.



IMAGING PERFORMED BY
www.potomacmvu.com 571-207-7467
Potomac Mobile Veterinary Ultrasound



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Lilibet Lugisi

SPECIES

Canine

BREED

Shih Tzu

SEX

Female, spayed

AGE

11 Yrs.

WEIGHT

8.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

PMVU

HOSPITAL NAME

Silver Spring AH

REFERRING VET

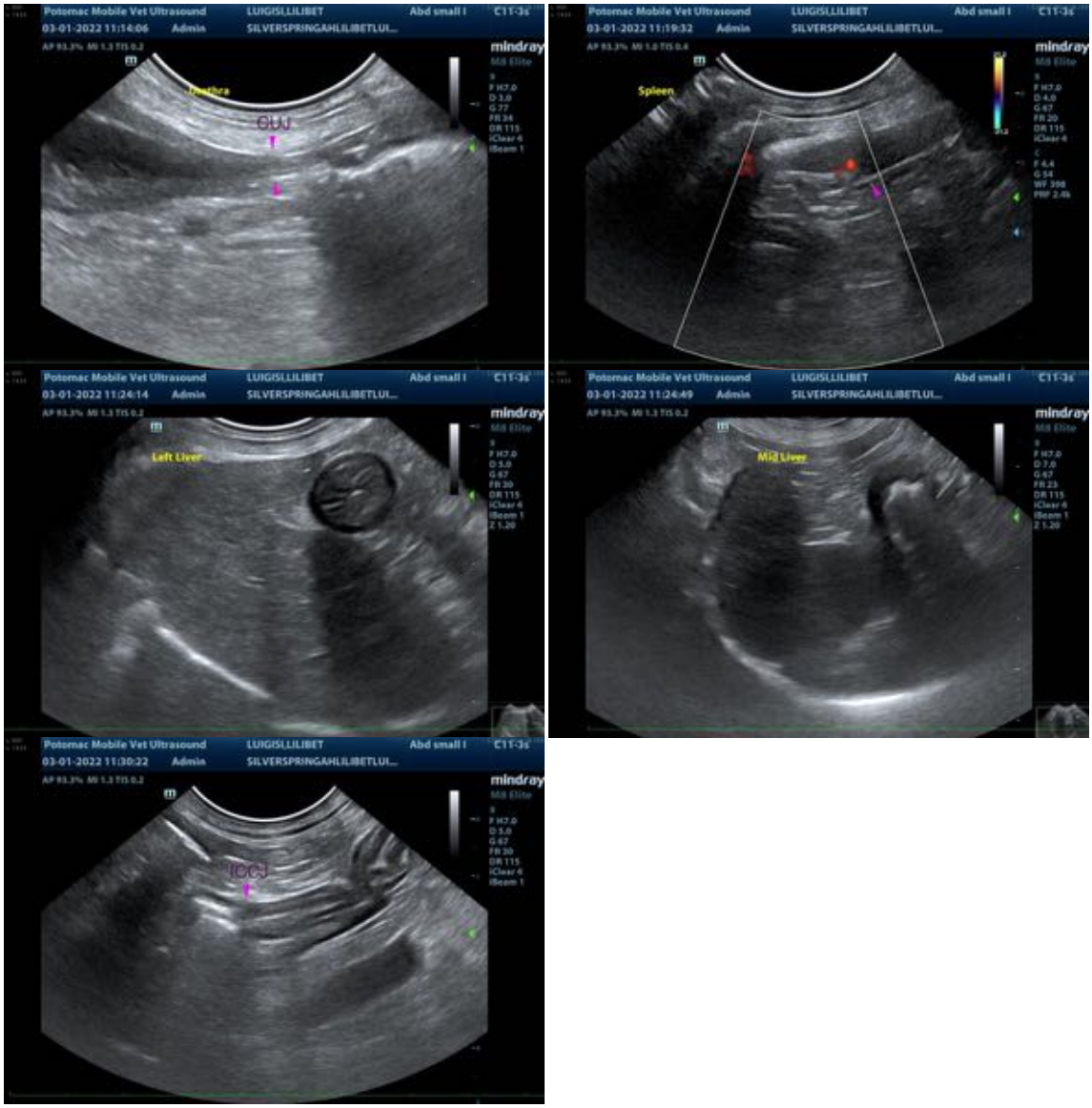
Dr. Cathy Jarrett

INVOICE

1156

DATE

3/1/22



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.

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

Andrea.nicastro@sonopath.com