

**DATE PRESENTING CLINICAL SIGNS**

3.15.23 Patient had multiple seizures morning before exam. Uneventful exam but collected minimum database because of recent seizures. Possible mass effect cranial abdomen on x-ray.

PATIENT

Daisy Heaps

Current Medications: Keppra xr 500 mg - 1 tab po q12h
 Lab Results: mildly elevated ALT and TBil on GHP. CBC within normal limits.
 Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.
 Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

6/13/2011

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 (6.64 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.66 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.73 cm at cranial pole) (0.72 cm at caudal pole) (2.93 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 (0.86 cm at cranial pole) (0.64 cm at caudal pole) (2.55 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.

INTERPRETED BY

Andrea Nicastro, DMV,
 Diplomate DACVIM
 (Small Animal
 Internal Medicine)

HOSPITAL NAME

Madonna VC

REFERRING VET

Dr. Brockett

INVOICE

12435

Spleen

The spleen is normal in width (2.00 cm in width at the level of the hilus) with an elongated, curled contour. The parenchyma is homogenous. No focal lesions are observed. 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 and slightly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

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.

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

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

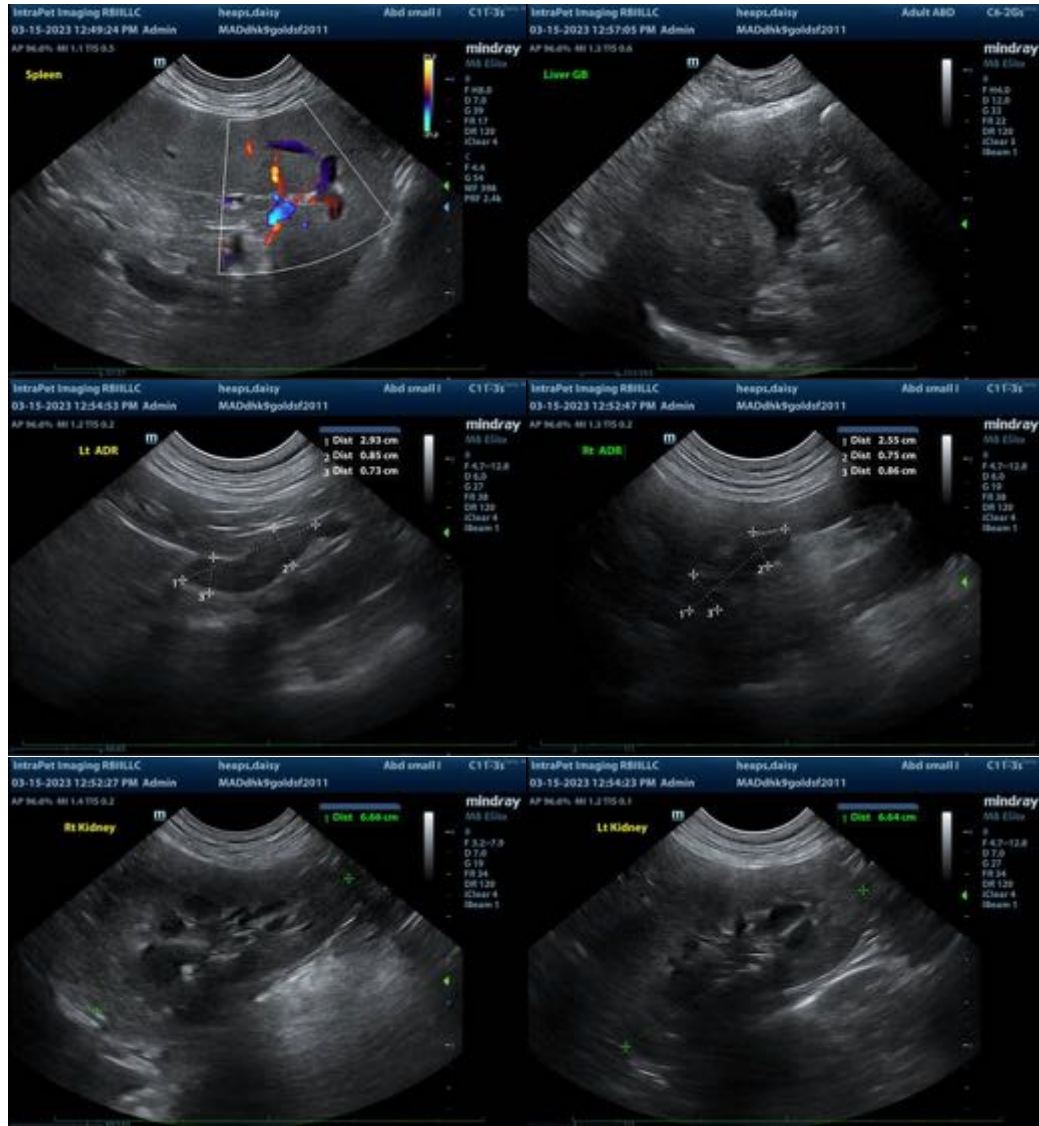
- The splenic changes may be a normal variant for this patient or may be secondary to lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation, splenitis or less likely, emerging neoplasia.

Secondary Findings

- Bilateral chronic renal changes
- Nonspecific diffuse hepatopathy. These changes may be secondary to reactive hepatopathy, age-related remodeling, inflammatory disease, hepatotoxicosis (i.e., copper), regenerative nodular hyperplasia, or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- To further investigate for infiltrative neoplasia of the spleen, a fine-needle aspirate can be considered (if clotting status is appropriate).
- If the patient's seizures are a new development, consider further work-up (i.e., pre-and postprandial serum bile acids, baseline blood pressure measurement, +/- referral to a board-certified neurologist for a possible brain MRI/CSF Tap).
- Regarding the elevated liver values, consider rechecking liver values in 7-10 days. If values are progressively increasing, further work-up may be warranted.



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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