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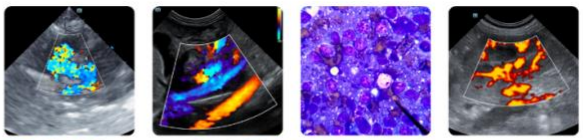

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Chloe Hutto

SPECIES

Canine

BREED

Labrador Retr

SEX

Female Spayed

AGE

12

WEIGHT

55.6 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Central VH Summerville

REFERRING VET

Dr Reynolds

INVOICE

22695

DATE

3-16-26

PRESENTING CLINICAL SIGNS

Recent history of vomiting, lethargy and inappetence. Had a similar episode in November, which she recovered from. Bloodwork revealed an unremarkable CBC. Albumin 2.5. ALP 1421. ALT 241. Tbili 0.4. Creatinine 2.0. SDMA 53.4. Elevated Precision PSL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally to mildly distended with mostly anechoic urine. The wall in the region of the apex is moderately thickened (up to 0.84 cm) with a slightly irregular mucosal surface. The wall tapers to a normal thickness as it extends towards the cystourethral junction. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (6.65 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.08 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. At least one, small, cortical cyst is seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.52 cm at cranial pole) (0.53 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.

The right adrenal gland is normal in size (0.92 cm at cranial pole) (0.68 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.

Spleen

The spleen is enlarged (2.60 cm in width at the level of the hilus) with smooth peripheral contours. The parenchyma is severely mottled, with a “moth-eaten” appearance. A 2.3 x 1.7 cm heterogenous, slightly expansile macronodule is arising from the parenchyma at the mid- to caudal aspect. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent-in-size, with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen, and subtly mottled in appearance. A 2.2 cm parenchymal cyst is observed approximately mid-liver. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder 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 gastric lumen is moderately-distended with echogenic fluid. The gastric wall is normal to borderline thickened (up to 0.53 cm) with retention of the normal layering pattern. The pyloric outflow tract is

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patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas
The right limb of the pancreas is visible 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.

Lymph Nodes
One- to two prominent midabdominal lymph nodes are visualized (one measuring 2.97 x 1.23 cm).

Free Abdomen
There is no obvious evidence of free fluid.

Other
A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic changes, including the macronodule, are concerning for infiltrative neoplasia (i.e., round cell tumor) with a lower possibility of a benign process (i.e., lymphoid hyperplasia or similar).
- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof. A parenchymal cyst is seen and is likely a benign incidental finding.
- The mesenteric lymphadenopathy could be consistent with emerging neoplasia (i.e., round cell tumor), lymphadenitis, or lymphoid hyperplasia.

Secondary Findings

- Gallbladder debris, non-mucocele
- Bilateral nonspecific age-related renal changes with trace left pyelectasia
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The urinary bladder wall changes could be consistent with cystitis or may be artifactual due to lack of full repletion. Correlation with the patient's clinical history and urinalysis findings is recommended.
- The mild gastric wall thickening is suggestive of gastritis with a lower possibility of emerging neoplasia. Gastric ileus is also present.

*Ultrasound-guided fine-needle aspiration of the spleen was performed at the end of this study without incident.

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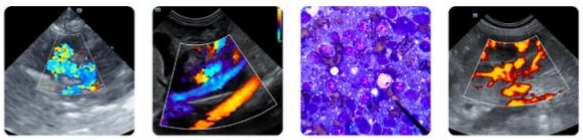

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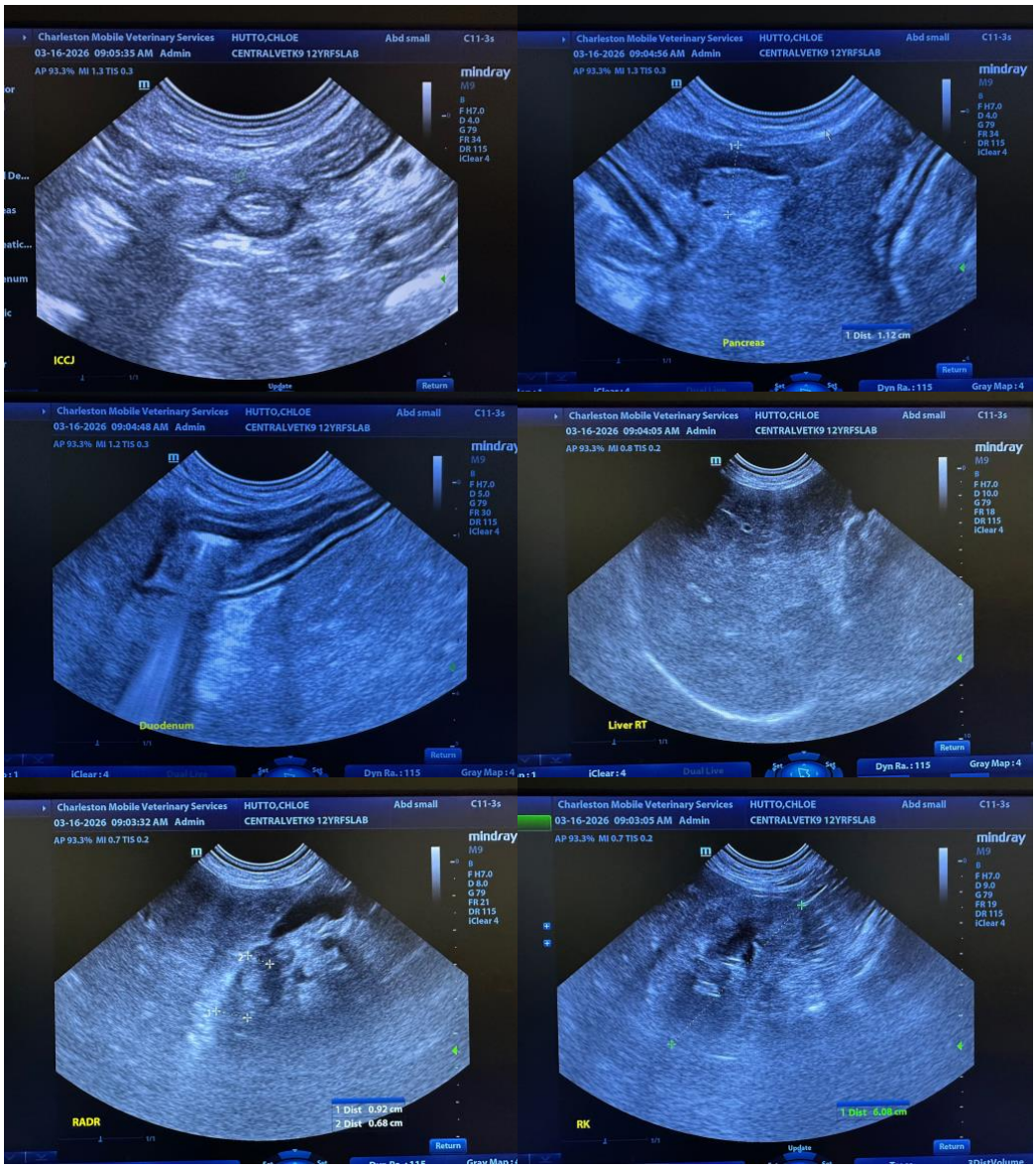
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Depending on splenic cytology results, consultation with a board-certified oncologist may be indicated.



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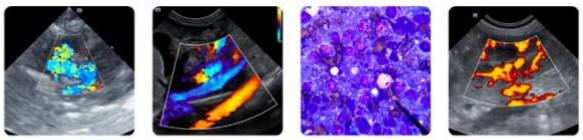

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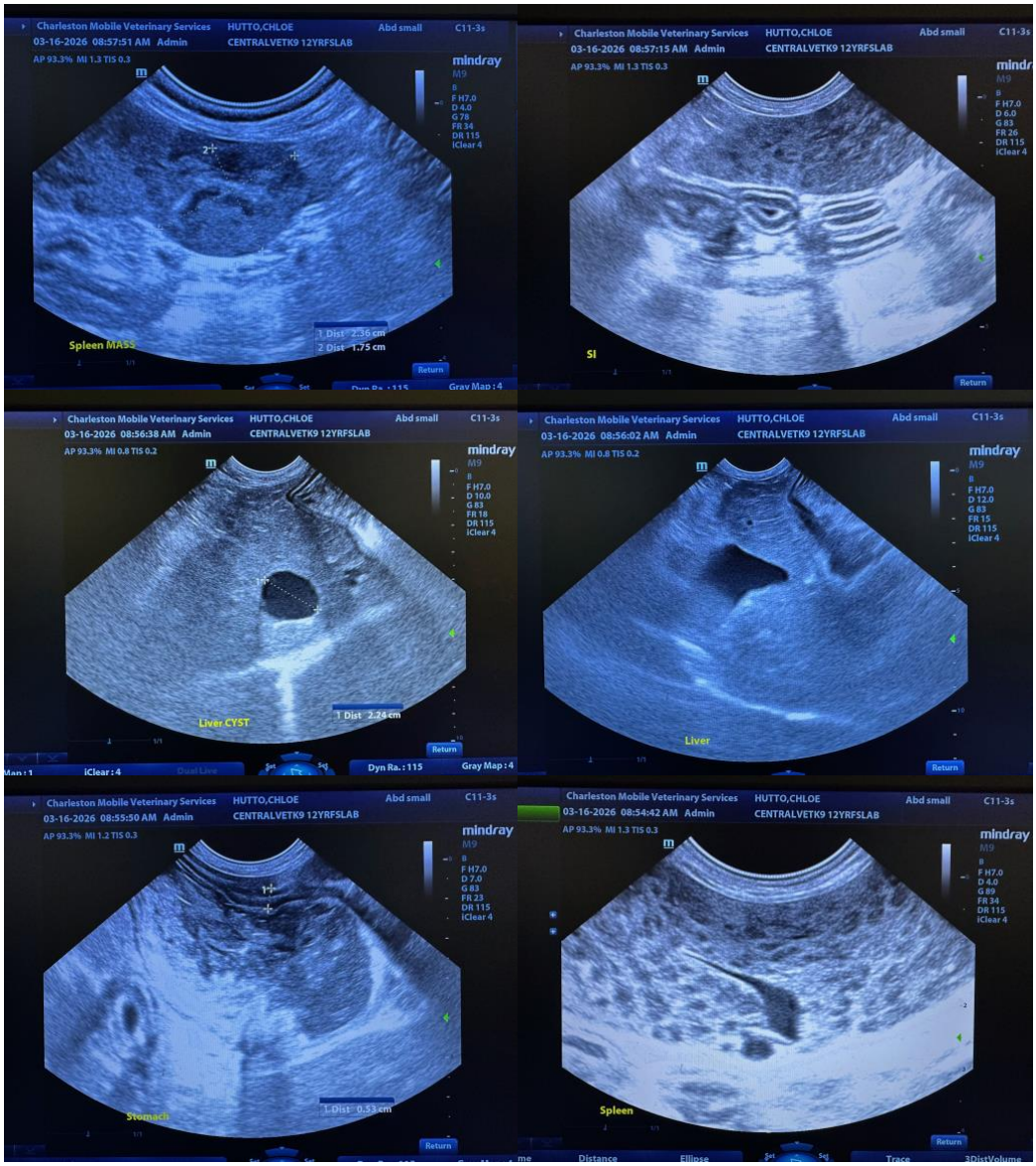

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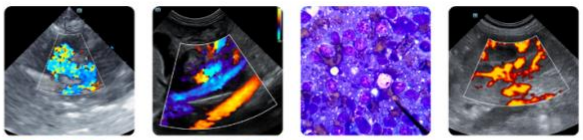

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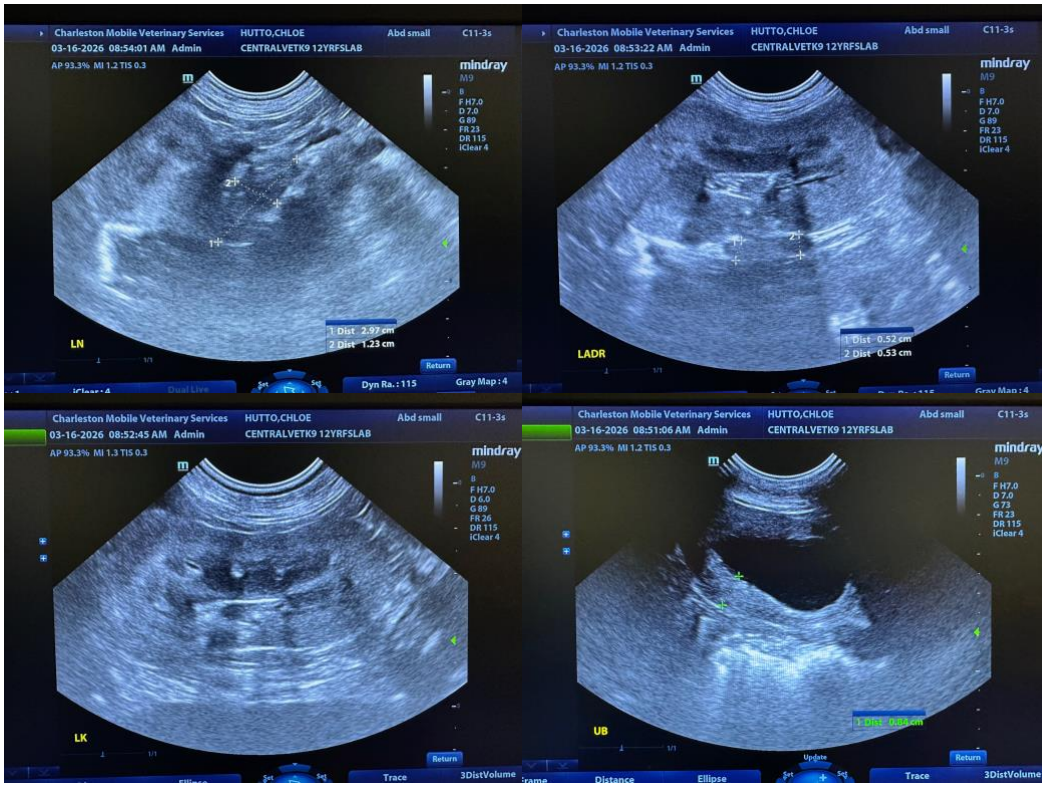

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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