



PATIENT

Lilly Tejadilla

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

13 years

WEIGHT

63 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Velasco

HOSPITAL NAME

Bethany Family Pet
Clinic

REFERRING VET

Dr. Velasco

INVOICE

10597

DATE

3/23/22

PRESENTING CLINICAL SIGNS

History: Lilly is overall healthy, with chronic arthritis. She has weakness in the hind limbs, but normal CPs. In the last 5 months, she has been having urinary incontinence. She did have documented UTI initially, treated with abx. Did improve incontinence but did not resolve it. O tried herbals unsuccessfully. Started Incurin recently - not helping. US done to check out urinary tract. Urine culture is pending. Pt also has hx of Anal Gland ACA. Removed. Rectal is WNL.

Abnormal PE/Chem/CBC/UA Results: USG 1.022 SDMA 20 see attachments
Most recent urinalysis from February 22, 2022, Urine Specific Gravity 1.016. No proteinuria. Inactive sediment.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1 cm, are normal.

The left kidney is subjectively normal size, with a normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.63 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild 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 size (0.80 cm at cranial pole) (0.75 cm at caudal pole); 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.

What is thought to be the caudal pole of the right adrenal gland appears normal in size (0.48 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

Spleen

A 2.22 x 2.15 cm hyperechoic to heterogenous, slightly cavitated nodule/mass is observed at the cranial aspect. The lesion causes capsular expansion. In the remainder of the spleen, the margins are curvilinear, and the parenchyma is subtly mottled in appearance. Splenic vasculature appears 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 diffusely mottled in appearance. A few hypoechoic nodules are observed, the largest measuring 1.37 cm on the left side. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.



PATIENT

Lilly Tejadilla

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.

SPECIES

Canine

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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. No obstructive or overt infiltrative disease is noted.

BREED

Labrador

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.

SEX

Spayed Female

Free Abdomen

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

AGE

13 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings

WEIGHT

63 lbs

- Splenic mass. Neoplasia (i.e., sarcoma, round cell tumor) is possible. However, there is some potential for a benign process (i.e., myelolipoma). The diffuse splenic parenchymal changes trend toward the benign (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation, or splenitis, with a lower possibility of emerging neoplasia).

INTERPRETED BY

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

- The hepatic parenchyma changes also trend toward the benign (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy), particularly in light of the normal liver values.
- The diffuse hepatic changes could be consistent with a regenerative nodule or an emerging tumor.

IMAGING PERFORMED BY

Dr. Velasco

Secondary Findings

- Minor age-related nonspecific renal changes

**An obvious cause for the patient's urinary incontinence is not identified in this study.

HOSPITAL NAME

Bethany Family Pet
Clinic

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Velasco

Given the splenic mass, three-view thoracic radiographs are recommended to assess for pulmonary metastases. If there is there is no evidence of metastatic disease in the lungs, a splenectomy with submission of the spleen for histopathology can be considered. If surgery is pursued, a liver biopsy is also recommended at the time of surgery. If a more conservative approach to the splenic mass is desired, a fine-needle aspirate can be considered. However, there is some risk for iatrogenic hemorrhage with aspiration, given the cavitated areas. Also, cytology results may be inconclusive. A repeat ultrasound in 3-4 weeks can also be considered to assess for growth.

INVOICE

10597

Regarding the urinary incontinence, if the urine culture and sensitivity is negative, consider switching to a different medication for urethral sphincter mechanism incompetence (i.e., phenylpropanolamine), as well as a thorough neurologic evaluation to assess for possible neuro causes for urinary

DATE

3/23/22



PATIENT

Lilly Tejadilla

incontinence. Also consider quantification of the patient's water consumption to determine if the patient is polyuric/polydipsic, which would ultimately warrant a more advanced workup.

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

13 years

WEIGHT

63 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Velasco

HOSPITAL NAME

Bethany Family Pet
Clinic

REFERRING VET

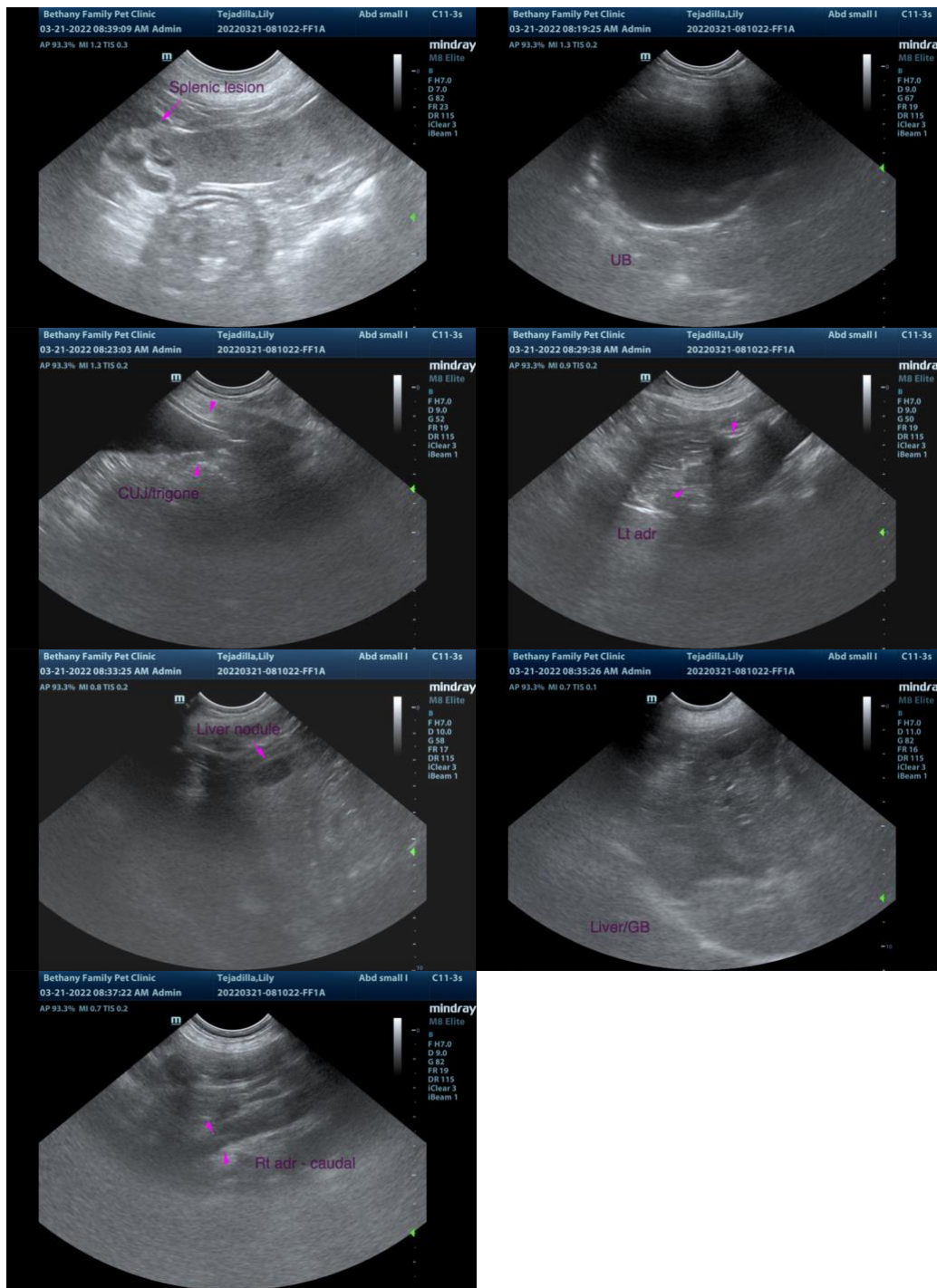
Dr. Velasco

INVOICE

10597

DATE

3/23/22



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.



PATIENT

Lilly Tejadilla

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.

SPECIES

Canine

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

BREED

Labrador

SEX

Spayed Female

AGE

13 years

WEIGHT

63 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Velasco

HOSPITAL NAME

Bethany Family Pet
Clinic

REFERRING VET

Dr. Velasco

INVOICE

10597

DATE

3/23/22