



PATIENT PRESENTING CLINICAL SIGNS

Spikey Pereira

History: PU/PD

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: PE: distended but soft abdomen, 5/5 BCS CBC: 1/25/22 abs mono 909 (0-840), increased platelets 3/22/22 abs mono 984 CHEM: 1/25/22 alk phos 346 (5-131), BUN 35 (6-31), 3/22/22 alt 146 (12-118), alk phos 514, potassium 7 (3.6-5.5), t4 0.5 (0.8-3.5) UA: 1.009, pH6, MAU5.4 (<2.5 mg/dL)

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Shih Tzu

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 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.

SEX

Neutered Male

The prostate is not definitively visualized due to its pelvic location.

AGE

15 years

The left kidney is normal size (4.88 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

20.5.lbs

The right kidney is normal size (5.09 cm in length); normal shape and architecture with 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. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

One still image of the left adrenal gland is available for interpretation. The measured structure is 0.67 cm cranially, 0.61 cm caudally and 1.85 cm in length. It is unclear whether this represents the left adrenal gland without video clips.

IMAGING PERFORMED BY

Ashley Fatzer

One still image of the right adrenal gland is available for interpretation. The measured structure is 0.70 cm cranially, 0.71 cm caudally and 2.29 cm in length. It is unclear whether this represents the left adrenal gland without video clips.

HOSPITAL NAME

Andover AH

Spleen

A 2.00 cm mild hypoechoic to slightly heterogenous mass, with foci of mineralization is observed at the cranial aspect. In the remainder of the spleen, the margins are curvilinear, and the parenchyma appears homogenous. Splenic vasculature appears normal with no evidence of thrombosis.

REFERRING VET

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Liver

The liver is subjectively prominent in size with swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly heterogenous in appearance. A 1.63 cm irregular hyperechoic nodule is observed deep on the right side, adjacent to the diaphragm. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

INVOICE

10600

The gall bladder lumen is mildly distended. The wall is thickened (up to 0.31 cm), and hyperechoic, with an irregular mucosal surface. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

DATE

3/23/22



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Gastrointestinal

The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. Towards the pyloric antrum, extensive echogenic tissue or material is observed, along with a scant amount of fluid within the lumen. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. 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

- Splenic mass. Neoplasia (i.e., round cell tumor, sarcoma), is suspected, with a lower possibility of a benign process.
- Nonspecific diffuse hepatopathy. In light of the liver enzyme pattern, vacuolar hepatopathy and/or regenerative nodular hyperplasia, are the top differentials, with a lower possibility of more insidious pathology.
- The gall bladder changes could be consistent with benign age-related hyperplasia and/or cholecystitis.
- The echogenic tissue/structure in the pyloric antral region of the stomach could be consistent with excessive rugal folds, ingesta or a possible mass effect.

Secondary Findings

- Minor chronic age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Additional sonographic imaging of the adrenal glands is recommended to further evaluate for adrenomegaly and parenchymal lesions.
- Given the PU /PD, a urine culture and sensitivity is also recommended to assess for occult pyelonephritis.
- Further testing for Cushing's disease (i.e., low-dose dexamethasone suppression test or ACTH stimulation test), should also be considered.
- Regarding the gastric changes, consider additional sonographic images using Doppler to determine if the echogenic material is tissue, versus ingesta.



PATIENT

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- Regarding the splenic mass, three-view thoracic radiographs are recommended to assess for pulmonary metastatic disease. A fine-needle aspirate of the lesion can also be considered if clotting status is appropriate. If cytology results are nondiagnostic, a splenectomy with submission of the spleen for histopathology may be necessary to get a definitive diagnosis.

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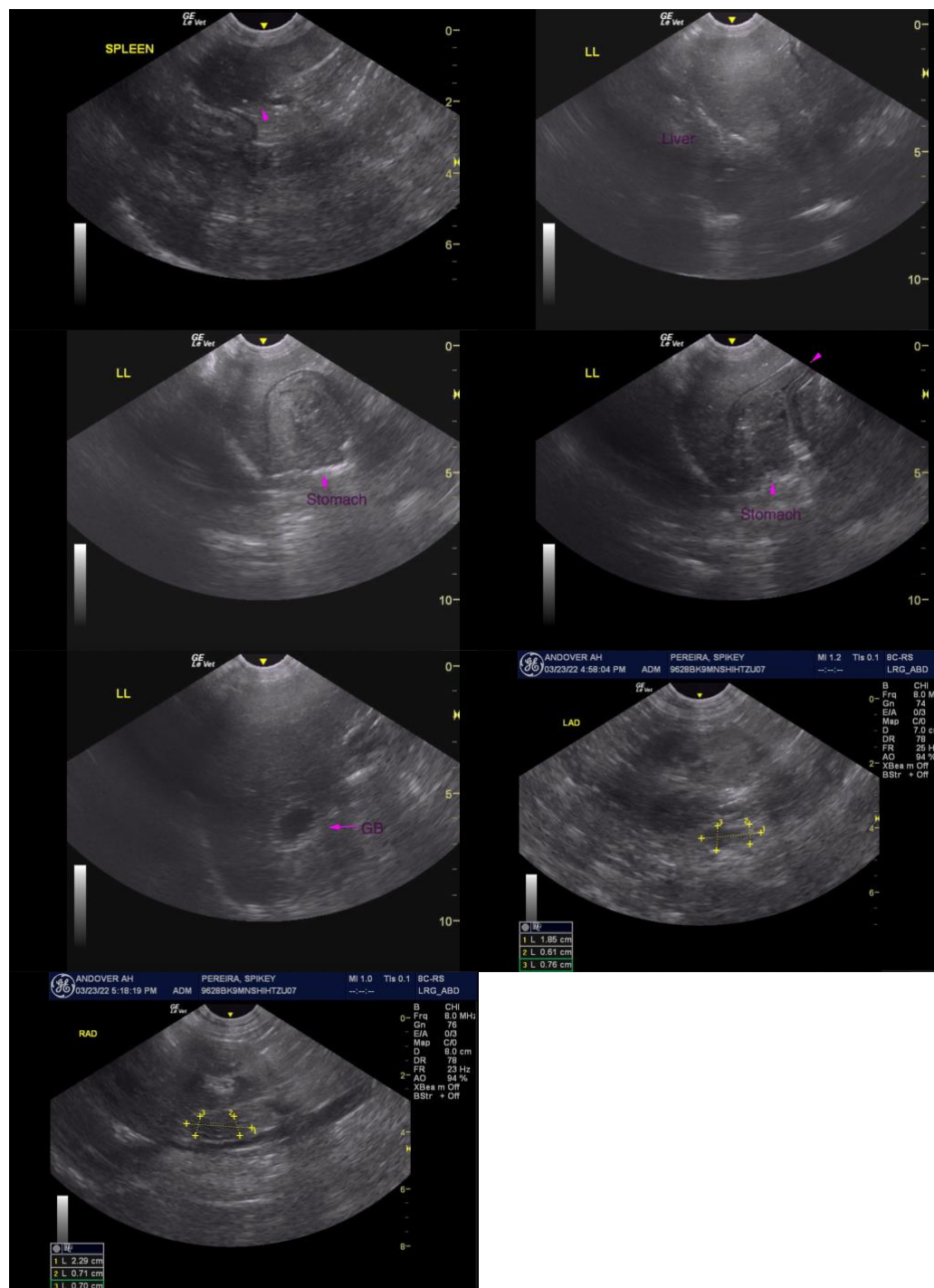
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

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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.

BREED

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info@SonoPath.com

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