



PATIENT PRESENTING CLINICAL SIGNS

Garth LeClair History: Garth presented for dental cleaning and mass removal. He had a previously identified MCT, 8mm in the LF limb. At the time of dentistry, a 5cm mass was noted on the left flank. FNA revealed MCT. Bruising was also noted in the area of the prepuce, on the same side as the mass, prior to FNA of the mass. US done for staging purposes.

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: Chem/CBC/UA/T4

BREED

Chihuahua

SEX

Neutered Male

AGE

10 years

WEIGHT

13.5 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The prostate is normal in size (1.00 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (4.09 cm in length) with a normal shape, architecture and 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.

The right kidney is normal in size (4.25 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.57 cm at cranial pole) (0.50 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 appear normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

INTERPRETED BY

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

IMAGING PERFORMED BY

Velasco

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Velasco

Spleen

The spleen is prominent in size (1.30 cm in width at the level of the hilus) with slightly swollen peripheral contours and rounding at the poles. The parenchyma is subjectively hyperechoic and mottled in appearance, with a few ill-defined hypoechoic areas approximately mid-spleen. Splenic vasculature appears normal with no obvious 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. 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.

INVOICE

12582

DATE

3.30.23

Gastrointestinal

The lumen is minimally distended with ingesta. 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 left limb is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. Surrounding mesentery is mildly hyperechoic.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

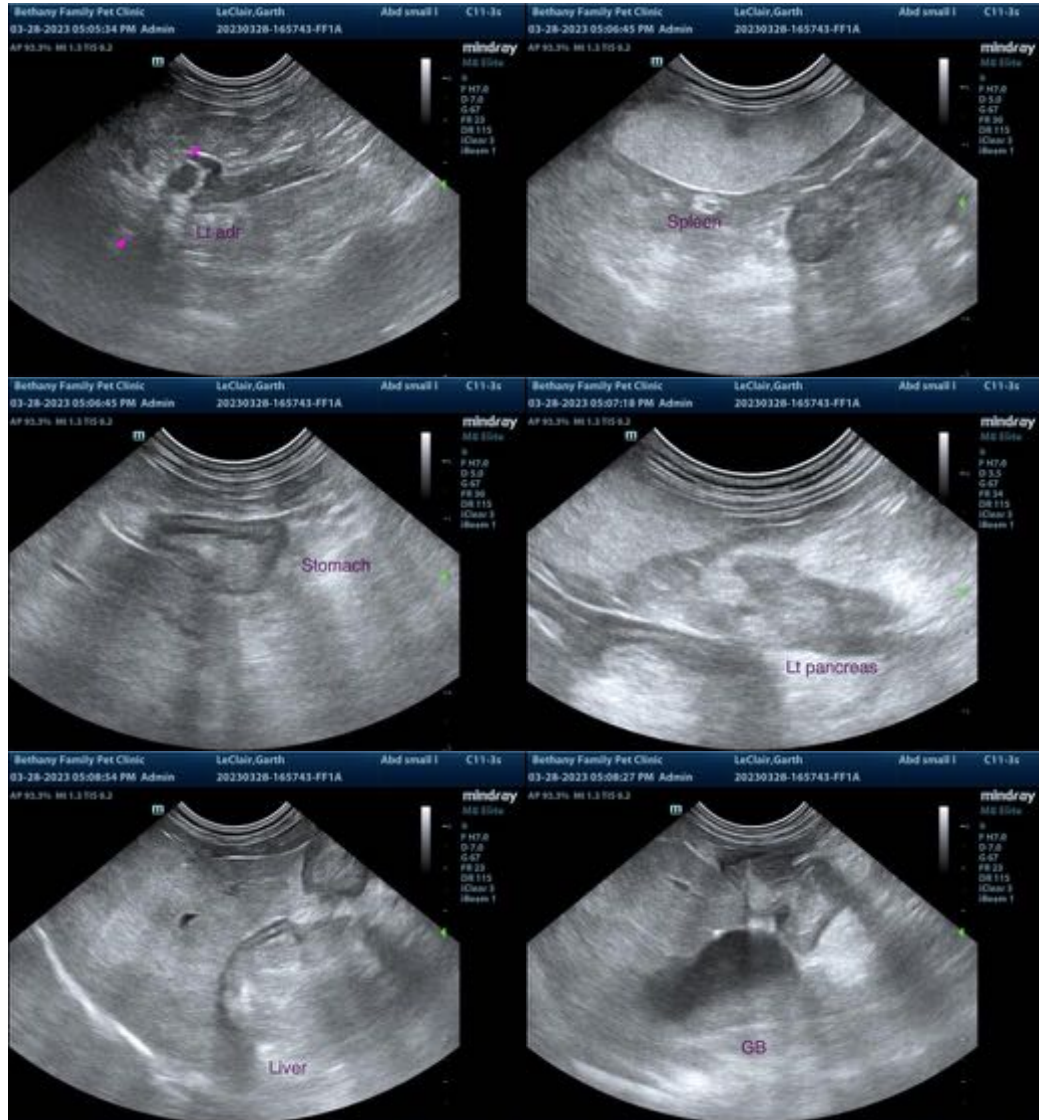
- The splenic parenchymal changes could be consistent with a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, or similar). Alternatively, infiltrative neoplasia (i.e., mast cell disease) is possible.
- The hepatic parenchymal changes are nonspecific and could be secondary to regenerative nodular hyperplasia, vacuolar hepatopathy (i.e., idiopathic/endocrine), infiltrative neoplasia (i.e., mast cell disease), inflammatory hepatopathy, hepatotoxicosis (i.e., copper), other.

Secondary Findings

- Gall bladder debris - incidental
- Mild bilateral age-related renal changes
- The pancreatic changes are suggestive of chronic active pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's history of mast cell disease, consider fine-needle aspirates of the spleen +/- liver (if clotting status is appropriate). Twenty-five gauge-needles should be used and the patient should be pretreated with diphenhydramine to reduce the risk of potential mast cell degranulation.
- Three-view thoracic radiographs are also recommended for staging purposes.



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)
info@SonoPath.com