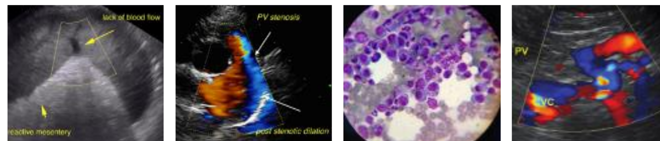
SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Karly Marie Bainum

SPECIES

Canine

BREED

Border Collie Mix

SEX

Spayed Female

AGE

15 Years

WEIGHT

22.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

CVN

HOSPITAL NAME

Animal Emergency Hospital, Volusia

REFERRING VET

Dr. Van Nieuwal

INVOICE

14476

DATE

3/30/22

PRESENTING CLINICAL SIGNS

History: Patient has a history of a heart murmur and has been slowing down over the last few months. Today no interest in food and drinking very little. Seems very lethargic and not herself. Around 10 pm patient weak and slipped and fell on the floor not wanting to move. Also panting hard today. On physical exam murmur grade 4/6, temperature of 104.8 F, tense and painful abdomen. Able to walk on exam. Not on any medications. Radiograph report says: Findings This report describes evaluation of three-view thoracic and abdominal radiographs obtained 3/31/2022 (6 radiographs total reviewed). Thorax: Diffusely in the lungs a mild patchy bronchointerstitial lung pattern is present. The cardiac silhouette is minimally enlarged with minimal left atrial enlargement present. The pulmonary vasculature is normal. No pleural fluid is present. In the caudal thoracic portion of the esophagus minimal fluid is present. In the caudodorsal thorax a small metal pellet foreign body is present. No bone lesions are present. Abdomen: In the left medial aspect of the liver a focal accumulation of gas is present that is superimposed on the left 9th and 10th ribs on the VD view. The liver is mildly diffusely enlarged with a rounded caudoventral margin extending beyond the costochondral junction. The stomach is mildly distended with gas and fluid. The small intestine is minimally diffusely distended with gas and fluid. The colon contains a mild amount of non-formed granular fecal material, gas, and fluid. The spleen, kidneys, and urinary bladder are a normal size and shape. The abdominal serosal detail is adequate. Multiple narrowed thoracolumbar intervertebral disk spaces are present Conclusion 1-Focal emphysema, left medial liver (possible hepatic abscess) 2-Mild diffuse hepatomegaly 3-Suspect gastroenteritis 4-Minimal generalized cardiomegaly with minimal left atrial enlargement 5-Mild diffuse bronchointerstitial lung pattern 6-Incidental small metal pellet foreign body, caudodorsal thorax 7-Narrowed thoracolumbar intervertebral disk spaces

Abnormal PE/Chem/CBC/UA Results: BW: mild neutrophilia, ALT 618, ALP 652, Lipase elevated, dehydration

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

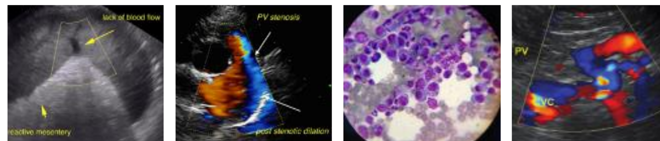
The left kidney presented normal size (6.21 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney presented normal size (6.43 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.

Adrenal Glands

The left adrenal gland is normal size (0.79 cm at cranial pole) (0.69 cm at caudal pole) (2.33 cm in length); 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.

The right adrenal gland is normal size (1.25 cm at cranial pole) (0.64 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex,



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and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in size (1.11 cm in width at the level of the hilus) with slightly irregular peripheral contours. A 2.36 cm irregular hyperechoic nodule/mass is observed at the cranial aspect. In the remainder of the organ, the parenchyma is mottled with a few small ill-defined hypoechoic nodules. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen. In the region of the right medial lobe, an approximately 6.5 cm isoechoic to slightly heterogeneous, cavitated, ill-defined lesion is visualized. In the remainder of the organ, the parenchyma is mildly heterogeneous with at a few hyperechoic nodules, the largest measuring 2.08 cm in diameter. 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 gravity 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 stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are 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. No obstructive or overt infiltrative disease is noted.

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

A 2.01 cm gastric lymph node is visualized. The surrounding mesentery is mildly hyperechoic. There is no evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

- The hepatic lesion in the right medial lobe could be consistent with a tumor (i.e., hemangiosarcoma, adenoma, adenocarcinoma, round cell tumor), which may be necrotic, a hepatic abscess, or other pathology. The diffuse hepatic parenchymal changes are nonspecific and could be consistent with a benign age-related process (i.e., regenerative nodular hyperplasia, vacuolar hepatopathy) with a lower possibility of metastatic disease.

- The diffuse splenic parenchymal changes could be consistent with extramedullary hematopoiesis, lymphoid hyperplasia, splenitis or metastatic disease. The hyperechoic splenic nodule/mass trends toward the benign (i.e., myelolipoma) with a lower possibility of emerging neoplasia.

- The prominent gastric lymph node could be consistent with lymphoid hyperplasia, reactive lymphadenitis or infiltrative neoplasia.

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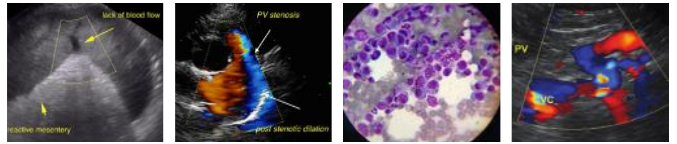

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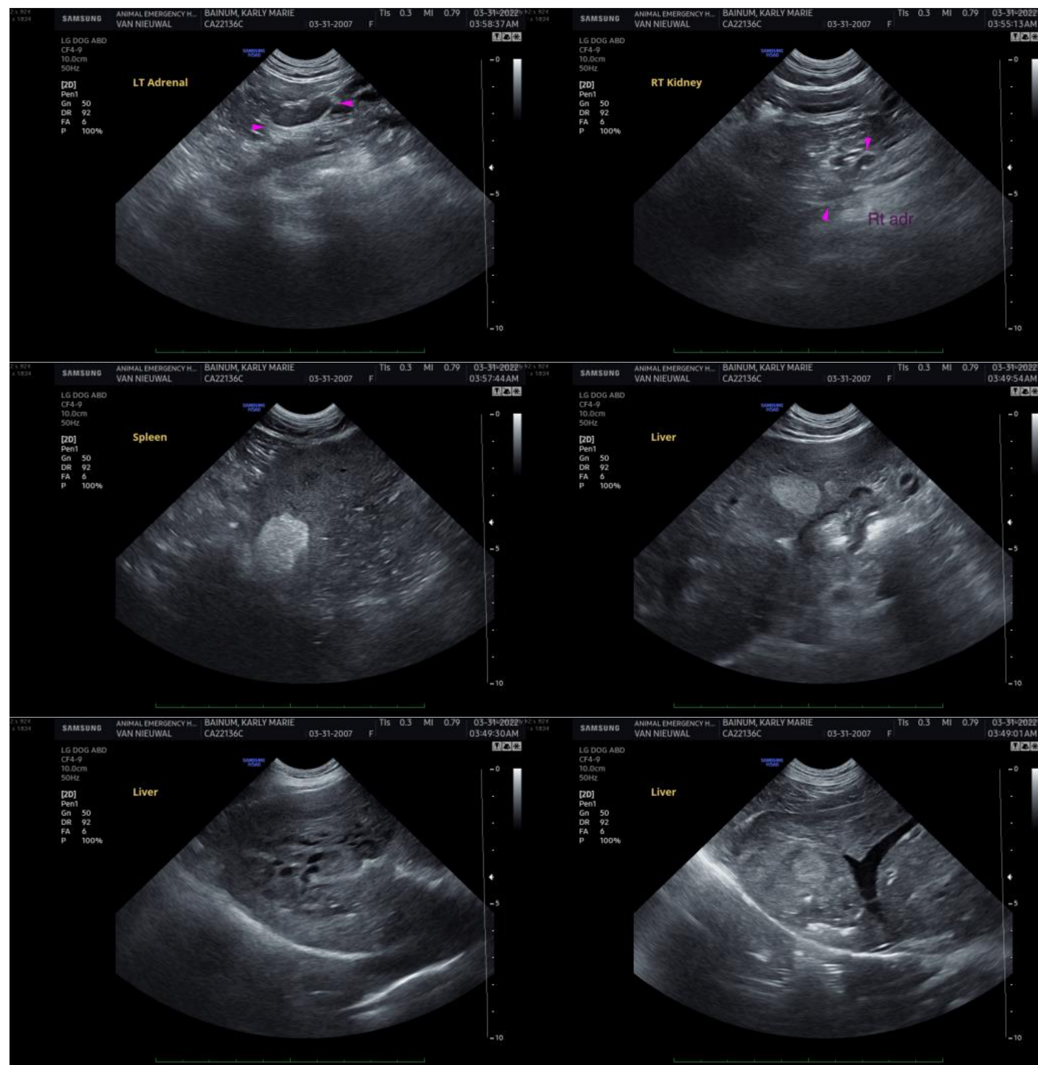
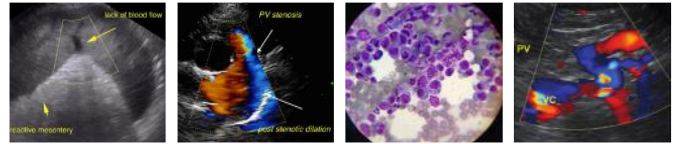
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

To get a definitive diagnosis, an abdominal exploratory and removal of the hepatic lesion with submission for histopathology +/- aerobic and anaerobic bile cultures should be considered. Evaluation of the spleen +/- biopsy or splenectomy should also be considered. If surgery is pursued, referral to a board-certified surgeon is recommended due to the potential for perioperative complications. An abdominal CT scan would be useful in presurgical planning, as would an echocardiogram (to assess for evidence of right atrial/auricular masses and pericardial effusion).





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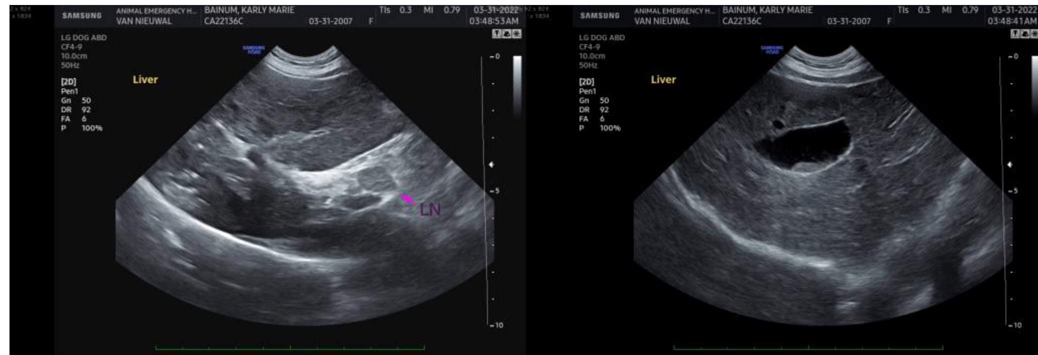

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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