

PATIENT PRESENTING CLINICAL SIGNS

Parker Stanton

History: Low grade • Mast cell tumor (02-Jan-2021)- AUS routine exam/labs and found elevated liver values- otherwise doing well

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Alk Phosphatase 709, urine Protein 2+- Cortisol Serial 3 DEX (WNL) Time 1 PRE Time 2 4HR POST Time 3 8HR POST CORTISOL SAMPLE 1 2.3 1 - 5 ug/dL CORTISOL SAMPLE 2 DEX 0.5 0 - 1.4 ug/dL CORTISOL SAMPLE 3 DEX 0.3 0 - 1.4 ug/dL

BREED

Border Collie Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered Male

Urinary System

The urinary bladder is mildly distended. The wall is of appropriate thickness for the level of repletion. The mucosal surface is slightly irregular. A small amount of suspended echogenic debris is observed within the lumen. The region of the trigone and visible portion of the proximal urethra are normal.

AGE

10 years, 9 mos

The prostate is normal in size (0.86 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

WEIGHT

42 lbs

The left kidney is normal in size (6.14 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 hydronephrosis.

The right kidney is normal in size (6.54 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 hydronephrosis.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is mildly enlarged (0.78 cm at cranial pole) (0.82 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.

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

The right adrenal gland is mildly enlarged (0.81 cm at cranial pole) (0.79 cm at caudal pole) (2.87 cm in length) 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.

HOSPITAL NAME

VCA Lakeside AH

Spleen

The spleen is normal in size (1.62 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. A few small myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

REFERRING VET

Dr Gonzales

Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly mottled in appearance, with a few ill-defined hypoechoic nodules (the largest measuring 1.27 cm) deep on the right side, adjacent to the diaphragm. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

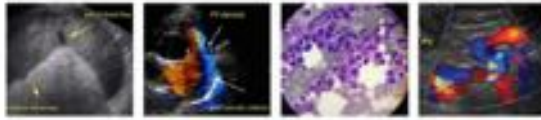
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DATE

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The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of partially dependent echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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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 pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme (mild). 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 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

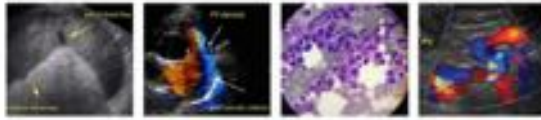
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

Secondary Findings

- Mild bilateral adrenomegaly
- Minor bilateral age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for evidence of mast cell disease in the chest.
- Fine-needle aspirates of the liver and spleen can be considered (if clotting status is appropriate). Twenty-five gauge-needles should be used. If pursued, the patient should be pretreated with diphenhydramine 15 minute prior to the procedure to reduce the risk of mast cell degranulation. It should be noted, however, that cytology results may be of low yield in this patient as mast cell disease is considered of low likelihood based on the sonographic changes.



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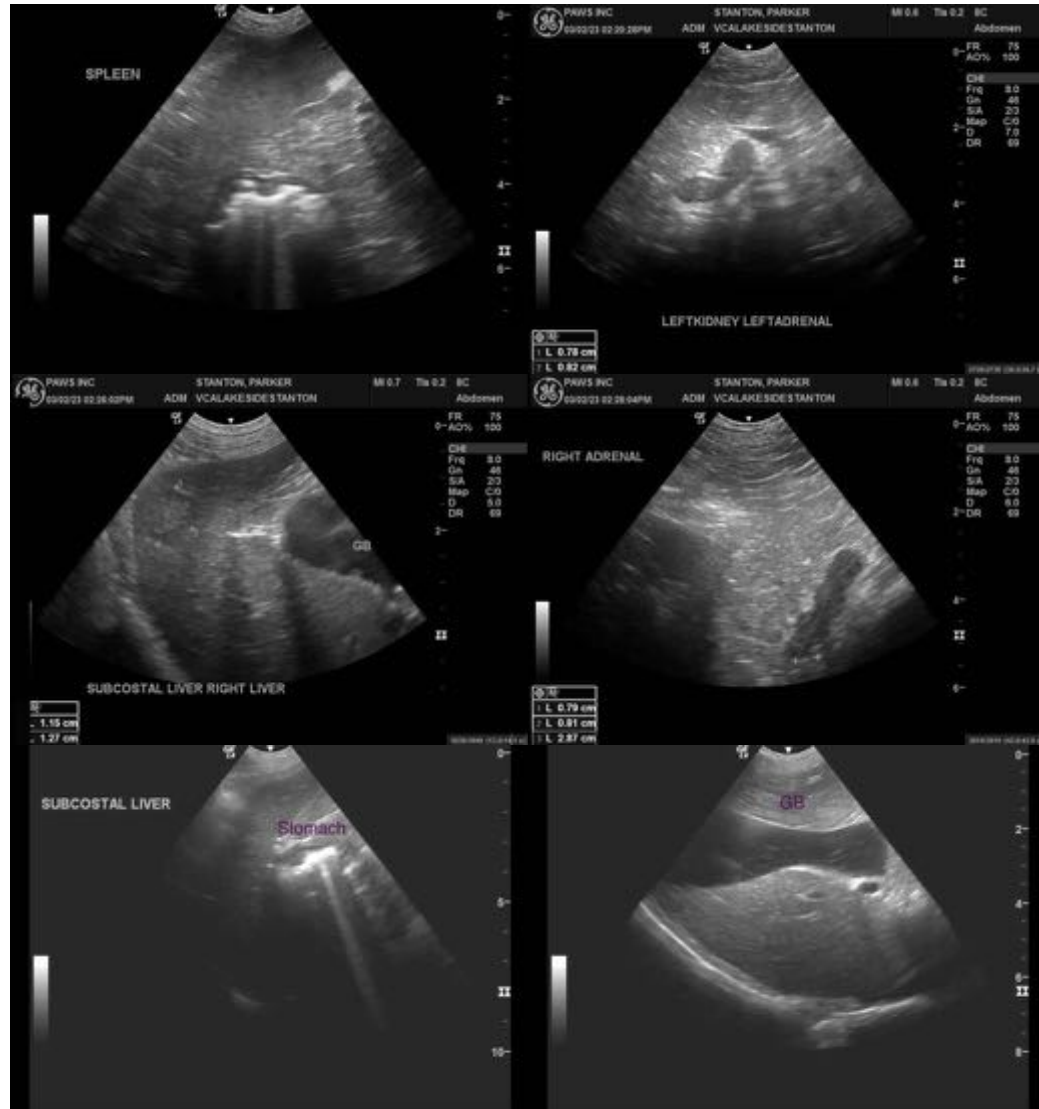
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com