

PATIENT PRESENTING CLINICAL SIGNS

Baby Ryerson History: Patient presents for hepatomegaly +/- splenomegaly noted on routine wellness visit. No current meds.

SPECIES Abnormal PE/Chem/CBC/UA Results: ALT 130, ALP 168, BUN 37, K 5.9, PrePSL 151.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Cockapoo

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 1 cm, are normal.

SEX

Spayed Female

The left kidney presented normal size (5.13 cm in length); normal shape and architecture with 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. Renal vasculature is normal. (See also left adrenal gland).

AGE

14 years

One still image is available for interpretation. The right kidney presented normal in size (4.91 cm in length); with normal shape and architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

20.1 lbs

Adrenal Glands

Two masses are observed in the region of the left adrenal gland. The first mass is oval, echogenic and relatively homogenous (measuring 3.52 x 2.23 cm). The second mass is irregular, heterogenous, slightly cavitated and vascular (measuring 5.75 x 3.78 cm). There is questionable vascular invasion of the larger mass. The smaller mass is adjacent to +/- invading into the medial aspect of the left kidney

INTERPRETED BY

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

In the region of the right adrenal gland, multiple nodules/masses (or a multi-lobulated mass) are observed. The lesions are mildly heterogenous in appearance. The largest lesion measures 2.69 x 1.37 cm. Adjacent to the lesions, a 1.83 x 0.55 cm irregular, echogenic structure is observed within the cauda vena cava, likely extending from one of the lesions.

IMAGING PERFORMED BY

Kelly Vazquez

Spleen

The spleen is subjectively enlarged with irregular peripheral contours. Numerous heterogenous, cavitated nodules/masses are observed throughout the organ, the largest measuring approximately 3 cm. Several of the lesions cause capsular expansion. Splenic vasculature appears normal with no evidence of thrombosis.

HOSPITAL NAME

Midland Park VH

Liver

The liver is subjectively prominent to enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely mottled in appearance, with a few ill-defined cystic areas in the region of the right medial lobe. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

REFERRING VET

Dr. John Shokoff

INVOICE

10738

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated, echogenic, partially-dependent to suspended sludge, in a semi-stellate pattern is observed within the lumen. The cystic and common bile ducts are normal.

DATE

4/13/22

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 left limb is prominent in size with irregular peripheral contours. The parenchyma is hypoechoic and mottled, bordering on nodular in appearance, relative to surrounding omental fat. There is questionable extension of the mass effect from the left adrenal area into the region of the left limb. Adjacent mesentery is mildly hyperechoic.

Free Abdomen

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

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

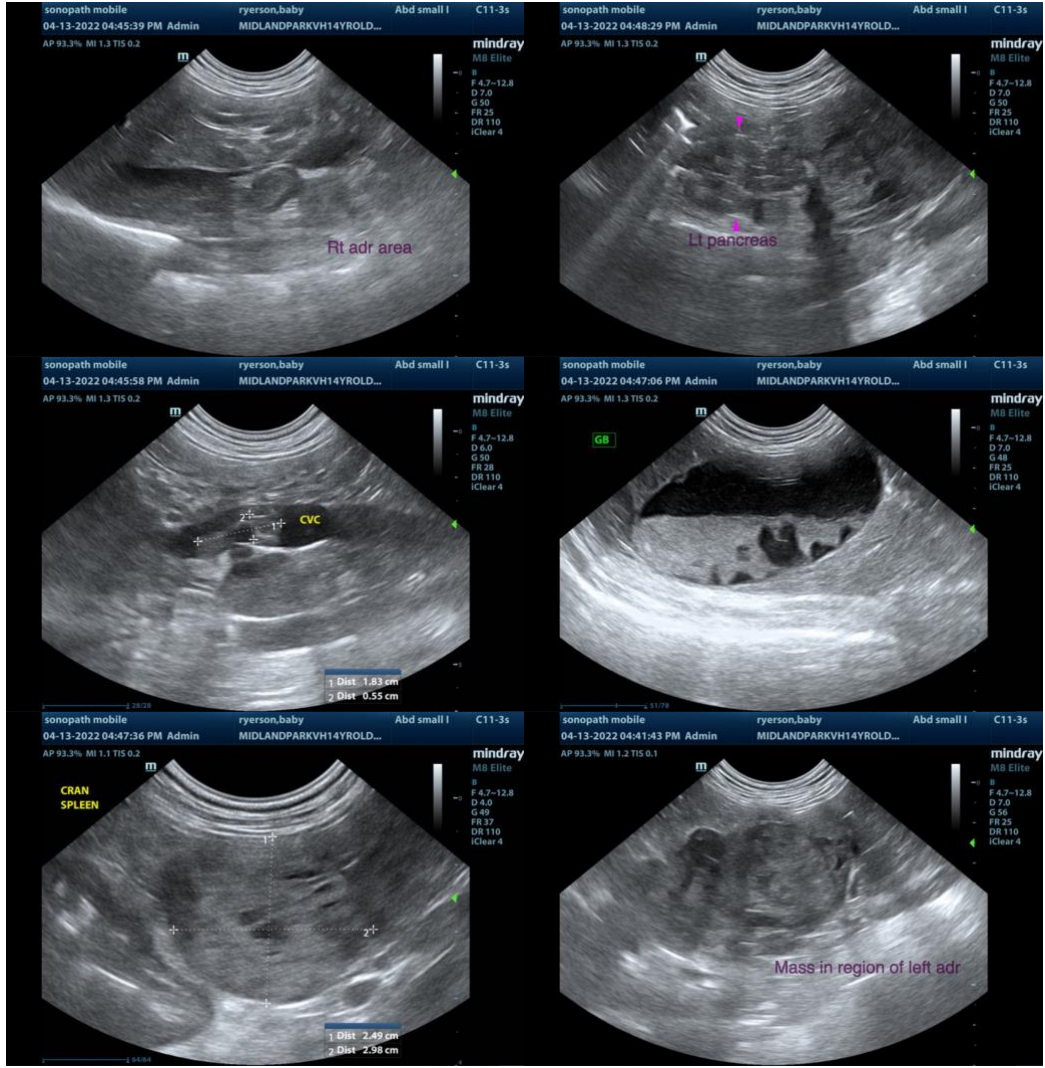
- Masses in the region of both adrenal glands with a suspected clot or tumor thrombus within the caudal vena cava. There is questionable extension of the mass effect in the left adrenal region into the left limb of the pancreas and left kidney.
- Multiple splenic masses.
- The hepatic parenchymal changes are nonspecific and could be secondary to a benign process (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy with benign cysts). Alternatively, infiltrative neoplasia is also possible.

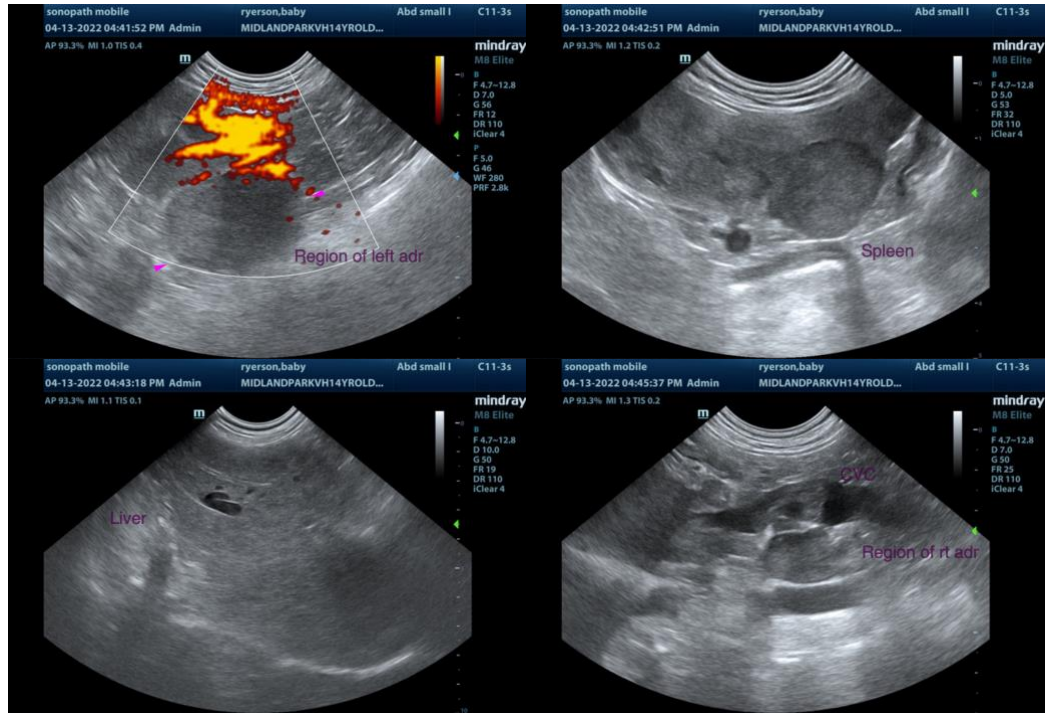
Secondary Findings

- The gall bladder changes are suggestive of a developing mucocele.
- Bilateral age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider three-view thoracic radiographs to assess for pulmonary metastatic disease. However, given the high likelihood of metastatic disease, palliative care should be favored over additional diagnostics.





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