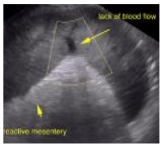
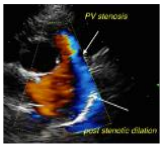
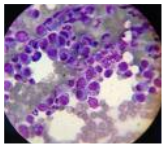
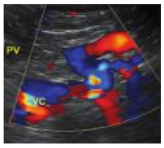
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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PATIENT

Sandy Bergman

SPECIES

Canine

BREED

Mini Poodle

SEX

Spayed Female

AGE

16 years

WEIGHT

7.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Animal General on Hudson

REFERRING VET

Dr. Zelinski

INVOICE

10783

DATE

4/20/22

PRESENTING CLINICAL SIGNS

History: Follow up on gallbladder sludge (did not start ursodiol), liver changes, hx splenic nodule (not seen on last U/S)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 1 cm, are normal.

The left kidney presented normal size (3.02 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Mild to moderate pyelectasia is present (0.28 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (3.30 cm in length); normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Mild to moderate pyelectasia is present (0.26 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.53 cm at cranial pole) (0.49 cm at caudal pole) (1.22 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 (0.59 cm at cranial pole) (0.49 cm at caudal pole) (1.49 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.

Spleen

The spleen is normal in size (0.85 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with a slightly irregular contour on the right side. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. A 1.28 x 1.11 cm isoechoic nodule is observed in the right lateral lobe. The lesion causes mild capsular expansion. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of mostly gravity dependent, echogenic to mineralized debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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 right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

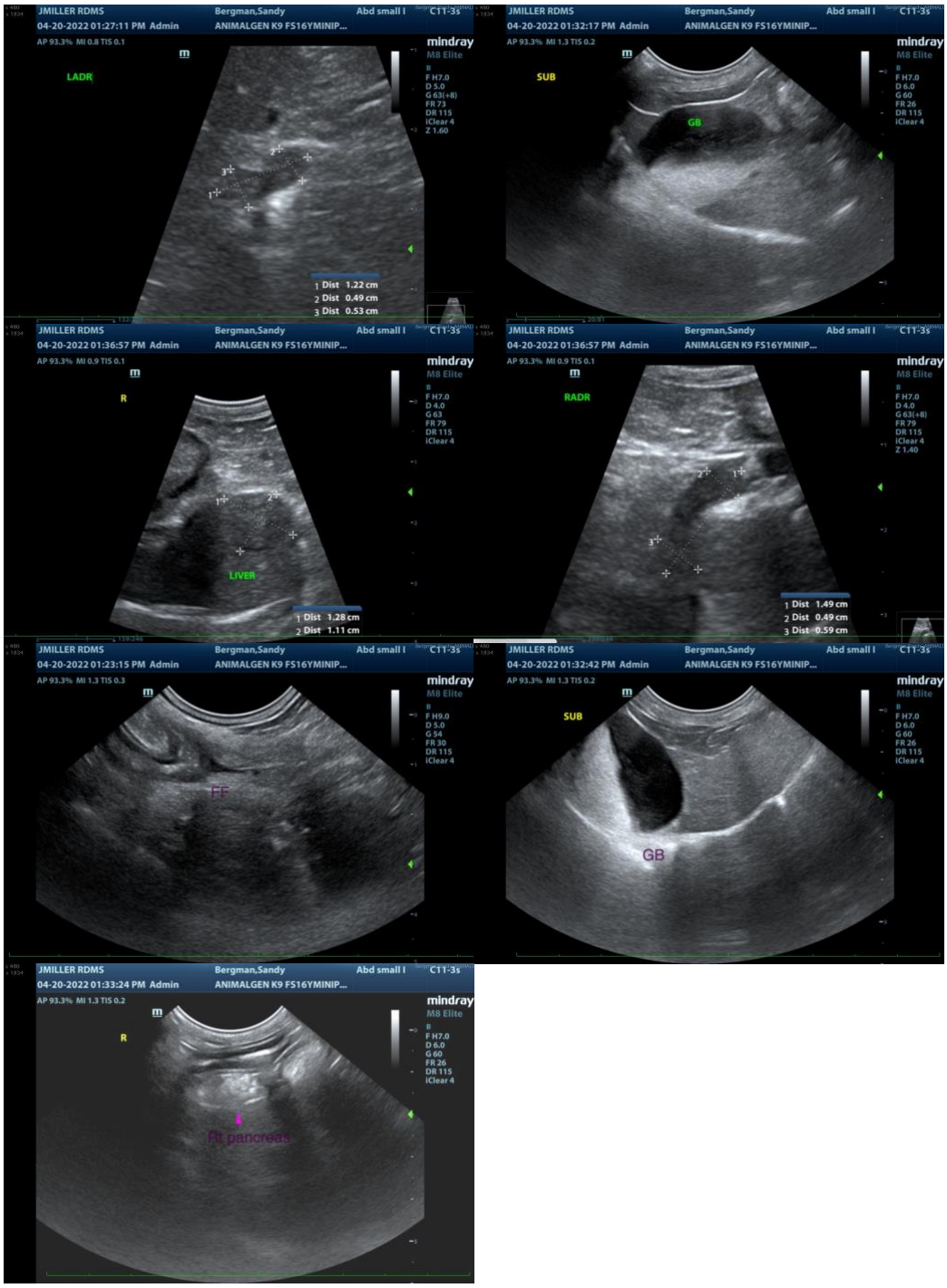
- Gall bladder debris, non-mucocele
- Right liver nodule (not previously observed). The lesion may represent a neoplastic process (i.e., adenoma, adenocarcinoma). Alternatively, a benign regenerative nodule or inflammatory focus cannot be completely excluded. The diffuse hepatic parenchyma changes are nonspecific and are likely secondary to a benign age-related process (i.e., vacuolar hepatopathy and/or regenerative nodular hyperplasia). The previously observed nodule (left- to mid-liver) is not visible on today's study.

Secondary Findings

- Bilateral age-related renal changes with dystrophic mineralization and pyelectasia. Changes are similar to the previous sonogram.
- Age-related pancreatic remodeling. Changes are similar to the previous sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the right hepatic nodule, consider thoracic radiographs to assess for pulmonary metastatic disease and a fine-needle aspirate of the lesion (if accessible and if clotting status is appropriate). It should be noted that cytologic evaluation of primary hepatic tumors is often inconclusive, and surgical biopsies may be necessary to get a definitive diagnosis. If a conservative approach is desired at this time, consider a repeat ultrasound in 1-2 months to assess for growth of the hepatic lesion.



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