



PATIENT

Charlie Miller

PRESENTING CLINICAL SIGNS

History: Approximate week hx V/D and lethargy. Current meds: Cerenia, Metronidazole.
Abnormal PE/Chem/CBC/UA Results: ALP 206, ALB 2.4, Amylase 1574, Lipase 854, Cpl 903

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Lab Retriever

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly 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 2 cm, are normal.

SEX

Neutered Male

The prostate is normal in size (1.15 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

13 years

The left kidney presented normal size (6.80 cm in length); normal shape and architecture with 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. Renal vasculature is normal.

WEIGHT

56 lbs

The right kidney presented normal size (5.74 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A small cortical cyst is observed at the lateral aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland is mildly enlarged (0.86 cm at cranial pole) (0.94 cm at caudal pole) (2.78 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 region of the right adrenal gland is evaluated. No obvious abnormalities are observed in this region.

IMAGING PERFORMED BY

Shari Reffi, CVT

Spleen

The spleen is normal enlarged with irregular peripheral contours. A >3 cm heterogenous cavitated mass is arising from the medial aspect near the hilus. In addition, a 1.37 cm heterogenous nodule is also seen. Both lesions cause capsular expansion. The remaining parenchyma is mottled in appearance. Splenic vasculature is normal with no evidence of thrombosis.

HOSPITAL NAME

Millburn VH & Laser

Liver

The liver is subjectively enlarged with irregular peripheral contours. The parenchyma is isoechoic relative to the spleen. Numerous, varying-sized coalescing heterogenous to cavitated nodules/masses are observed throughout the organ. There is minimal normal-appearing hepatic tissue. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

REFERRING VET

Dr. Turowsky

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

INVOICE

10782

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with fluid and/or chyme. The small

DATE

4/21/22

intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. 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

Trace free fluid is observed. A focal area of reactive mesentery is observed in the left cranial abdomen. The 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

- Hepatic and splenic masses. Metastatic neoplasia (i.e., sarcoma, round cell tumor, adenocarcinoma) is suspected with a low possibility of multi-focal inflammatory disease (i.e., pyogranulomatous).
- The reactive mesentery in the left cranial abdomen may be secondary to hepatic, splenic and/or bowel pathology.

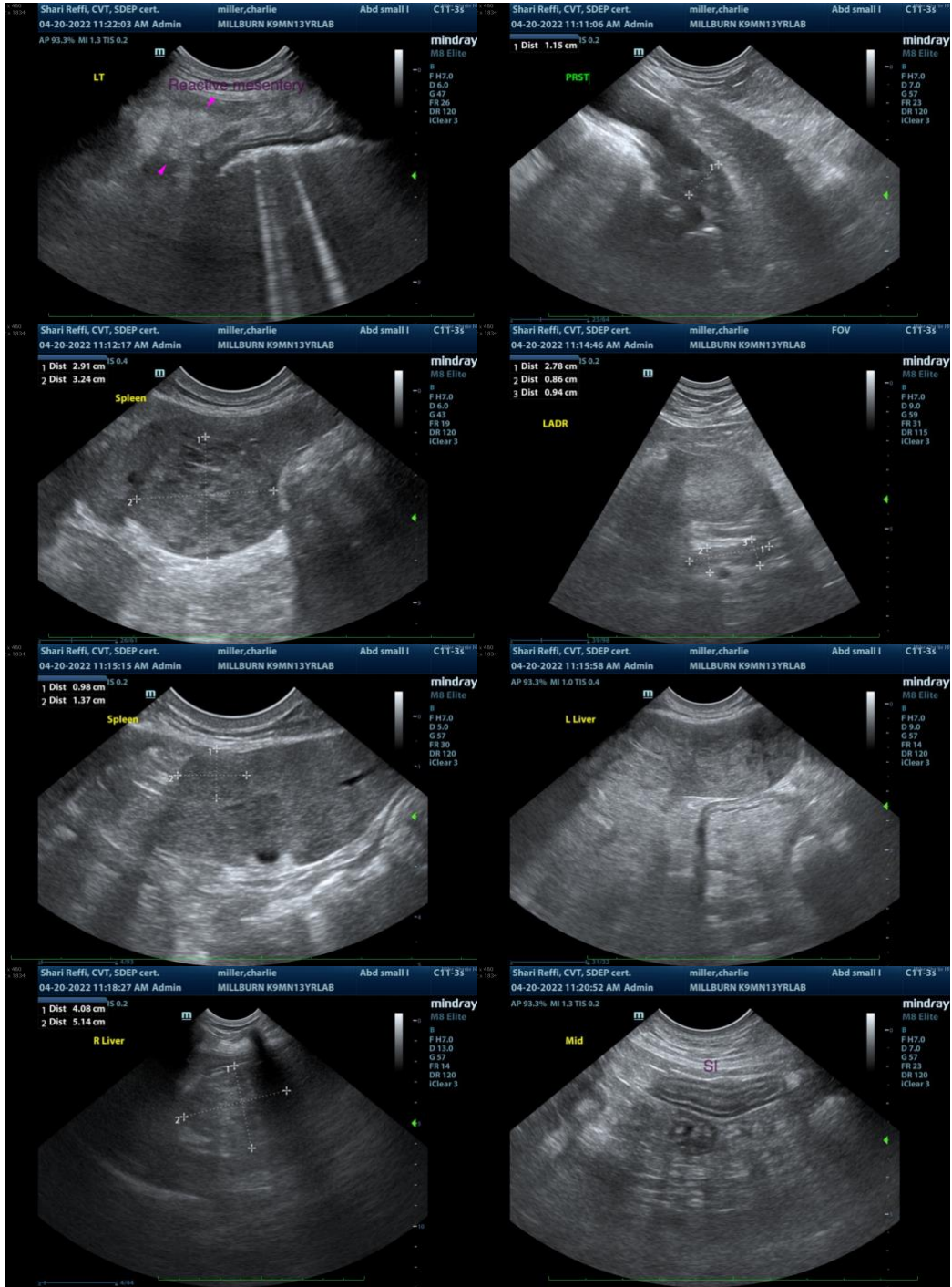
Secondary Findings

- Bilateral, chronic age-related renal changes.
- Mild left adrenomegaly.
- Bowel pattern suggestive of inflammatory bowel disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

Given the likelihood of multi-organ neoplasia, palliative care should be considered in lieu of aggressive diagnostics. However, if a definitive diagnosis is desired, surgical biopsies would be necessary. Fine-needle aspirates would be risky in this patient due to the cavitated nature of the lesions.



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.

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