

PATIENT

Dot Ferrell

PRESENTING CLINICAL SIGNS

Patient has a recent history of hyporexia. Bloodwork unremarkable.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Spitz Miz

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. The bladder is mildly- to moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

SEX

Female Spayed

The left kidney is normal in size (3.81 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. At least one, small, cortical cyst is seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

14

The right kidney is normal in size (4.19 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Trace pyelectasia is present (0.15 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

20.8 lbs

Adrenal Glands

The left adrenal gland is mildly enlarged (0.67 cm at cranial pole) (0.55 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.

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

The right adrenal gland is normal in size (0.59 cm at cranial pole) (0.43 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

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Spleen

The spleen is normal in size (1.22 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

HOSPITAL NAME

Sun Dog Cat Moon

Liver

The liver is normal- to prominent-in-size with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen. A few, ill-defined, hypoechoic nodules are observed within the parenchyma. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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The gallbladder lumen is moderately distended. The wall is thin and smooth. A scant amount of mobile echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

The gastric lumen is not distended. The gastric wall is moderately thickened (up to 1.02 cm) with retention of the normal layering pattern. The mesentery effacing the serosal surface at the gastroduodenal junction is hyperechoic. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

DATE

4-23-26



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Pancreas

The right limb of the pancreas is normal-in-size 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.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

Other

A brief echocardiogram reveals no evidence of cardiac masses or pericardial effusion. A moderate amount of echogenic pleural effusion is noted. There is suspected consolidation of lung in the left and right caudal thorax.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Pleural effusion with consolidated lung parenchyma. Neoplasia (i.e., pulmonary carcinoma) is of top concern. However, infection or other benign processes cannot be excluded.
- The gastric wall changes are most consistent with gastritis. Mild adjacent peritonitis is present, likely sterile.

Secondary Findings

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory disease, infiltrative neoplasia and other hepatopathies are considered less likely.
- Bilateral nonspecific age-related renal changes with trace right pyelectasia
- Mild left adrenomegaly
- Minor pancreatic parenchymal remodeling in the right limb.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A radiology consultation is recommended on thoracic radiographs.
- Fine-needle aspiration of the consolidated lung lobe +/- the pleural fluid can be considered for further evaluation.
- Ultimately, a thoracic CT scan may be indicated.
- In the meantime, symptomatic care is recommended.



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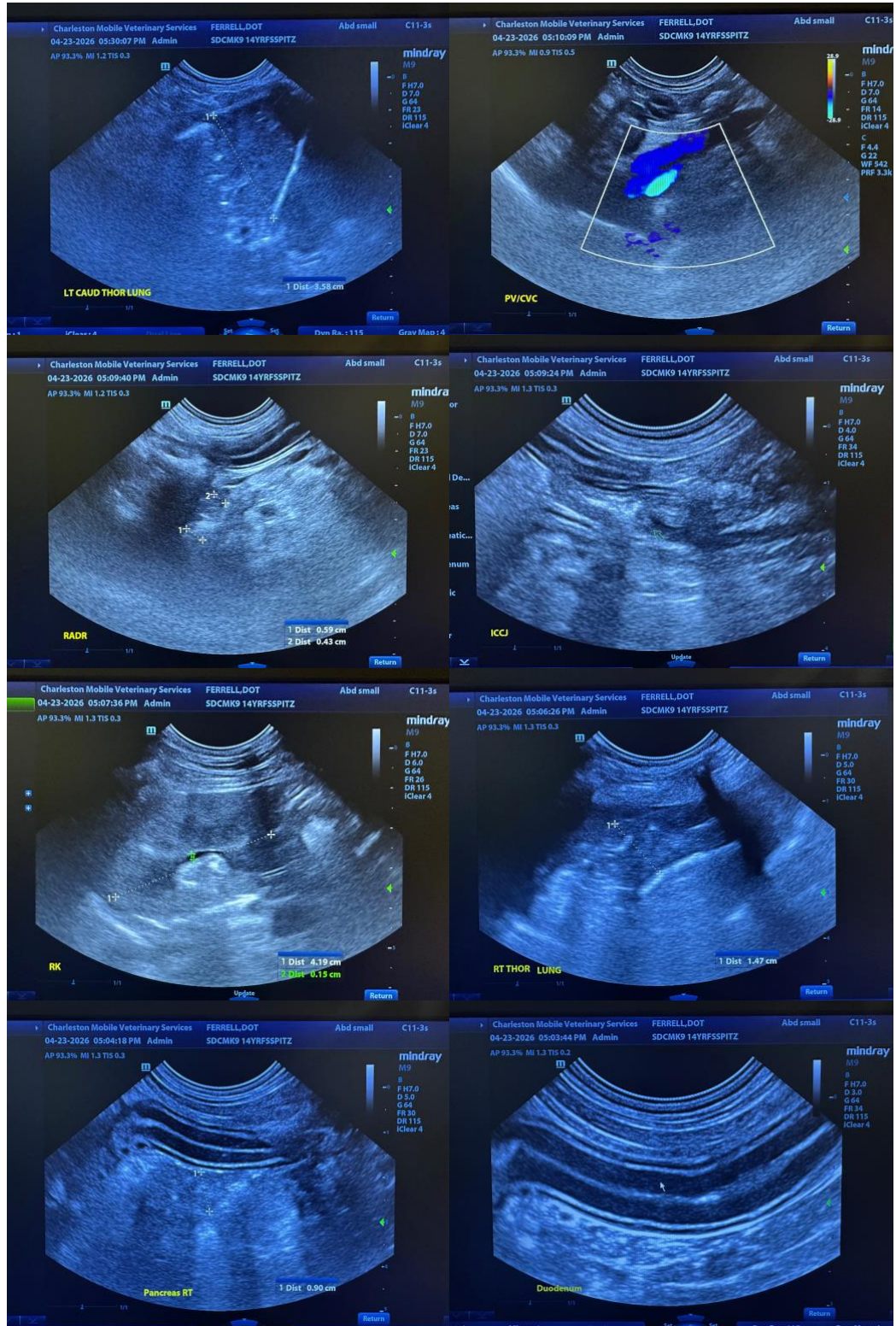
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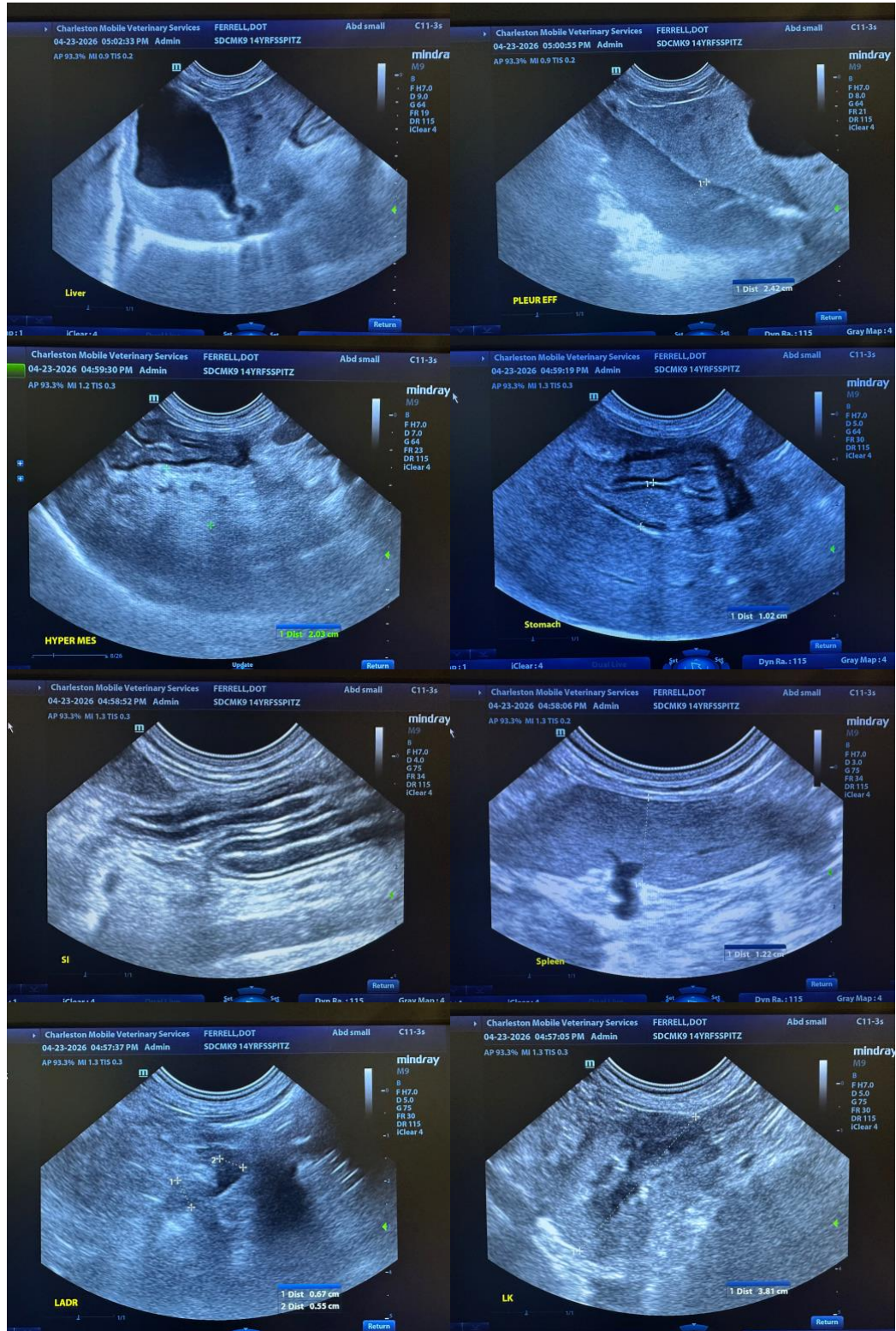
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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