



PATIENT PRESENTING CLINICAL SIGNS

Palomo Gomez Santiago History: The patient presented as a referral for an abdominal focus ultrasound. Dx of Lymphedema since February 25, 2023, current tx of Furosemide 40 mg 1 tab BID, Prednisone 20 mg 1 tab SID.

SPECIES Abnormal PE/Chem/CBC/UA Results: PE: Lymphedema in all 4 extremities. CBC: RBC:4.42 (5.65-8.87) HCT: 31.5 (37.3-61.7) HGB: 10.8 (13.1-20.5) NEU: 13 (2.95-11) CHEM: BUN: 51 (7-27) Rest wnl including TP: 6.2, ALB: 2.8

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Siberian Husky Mix

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of gravity-dependent echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Intact Male

The prostate is normal in size (3.37 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

6 years

The left kidney is enlarged (7.53 cm in length) with a slightly irregular peripheral contour. The parenchyma is mildly hyperechoic relative to surrounding omental fat and slightly heterogenous in appearance. Several small, ill-defined cystic areas are observed throughout the gland. The prostatic urethra is not overtly dilated.

WEIGHT

69.4 lbs

The right kidney is normal in size (6.99 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

INTERPRETED BY

Andrea Nicastro, DVM,
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The left adrenal gland is normal in size (0.29 cm at cranial pole) (0.38 cm at caudal pole) (2.26 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 appear normal.

IMAGING PERFORMED BY

Dr. Ferrer, DVM

The right adrenal gland is in normal size (0.32 cm at cranial pole) (0.40 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 appear normal.

HOSPITAL NAME

Paseos VC

Spleen

The spleen is normal in size (1.43 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 appears normal.

REFERRING VET

Dra Marilyn Davila

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

INVOICE

12637

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

DATE

4.3.23

Gastrointestinal

The gastric lumen is mildly fluid-distended. The gastric wall is 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 ileocecolic junction and colonic wall are 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. One to two prominent mesenteric lymph nodes are visualized (the largest measuring 3.90 cm in length).

Other

The testicles are subjectively normal in size (left: 1.97 x 1.68 cm) (right: 2.24 x 1.34 cm) and symmetrical with homogenous parenchyma. No obvious pathology is observed.

ULTRASONOGRAPHIC FINDINGS

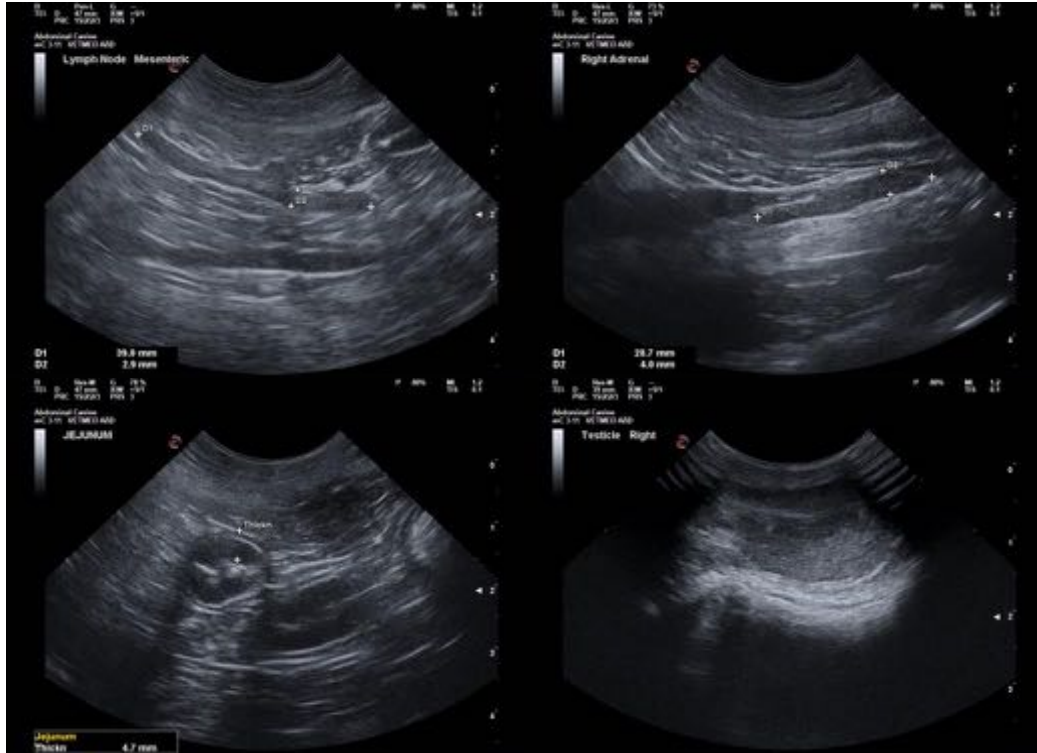
Primary Findings

- Mild bilateral chronic renal changes
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The prostate changes are consistent with cystic benign prostatic hyperplasia.

*An obvious cause for the patient's lymphedema is not definitively identified in this study. Considerations include low oncotic pressure, increased vascular permeability (i.e., vasculitis), increased hydrostatic pressure, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for cardiopulmonary status.
- Regarding the hypoalbuminemia, consider the following:
 1. UPC (if proteinuria is present in the absence of infection)
 2. Pre-and postprandial serum bile acids
 3. Resting cortisol level to assess for atypical hypoadrenocorticism
- Consider a comprehensive tick panel to assess for infection which can be a cause of vasculitis.
- Continuation of diuretics and corticosteroids is recommended if they prove beneficial.



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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