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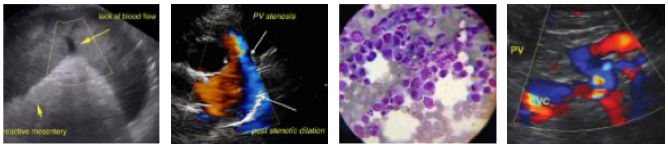

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1-800-838-4268 info@sonopath.com

PATIENT

Asia Parasmo

SPECIES

Canine

BREED

Mix

SEX

Female Spayed

AGE

10 years, 2 mos

WEIGHT

67.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Wantage VH

REFERRING VET

Bullock

INVOICE

12661

DATE

4.4.23

PRESENTING CLINICAL SIGNS

History: Possible abdominal tumor

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is of appropriate thickness for the level of repletion. The ls is irregular. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone appears normal.

The left kidney is normal in size (6.68 cm in length) normal shape and architecture with 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.

The right kidney is normal in size (6.04 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged at the cranial pole (0.91 cm) and normal in size at the caudal pole (0.51). A 1.40 x 0.92 cm hypoechoic-to-heterogenous nodule is observed at the cranial aspect, causing capsular expansion. Within the nodule, a few small hypoechoic-to-anechoic areas are seen. Glandular echogenicity and detail at the caudal aspect are normal. Surrounding vasculature appears normal.

The right adrenal gland is in normal size (1.33 cm at cranial pole) (0.51 cm at caudal pole) (2.93 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.

Spleen

The spleen is enlarged (4.22 cm in width at the level of the hilus) with swollen peripheral contours. The parenchyma is diffusely and severely mottled and heterogenous in appearance. No distinct focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is prominent in size with normal curvilinear peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

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 pyloric outflow tract is patent. The small intestinal lumen segmentally dilated with chyme. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is 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
There is no obvious evidence of free fluid. A 2.13 cm medial iliac lymph node is visualized. The node is normal in shape and echogenicity.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic parenchymal changes are most concerning for infiltrative neoplasia (i.e., round cell tumor). However, a benign process (i.e., extramedullary hematopoiesis, lymphoid hyperplasia, splenitis, antigenic stimulation, or similar) cannot be excluded.

- Left adrenal nodule at the cranial pole. This may represent and emerging tumor (i.e., adenoma, adenocarcinoma, pheochromocytoma) or a benign process (i.e., macronodular hyperplasia).

Secondary Findings

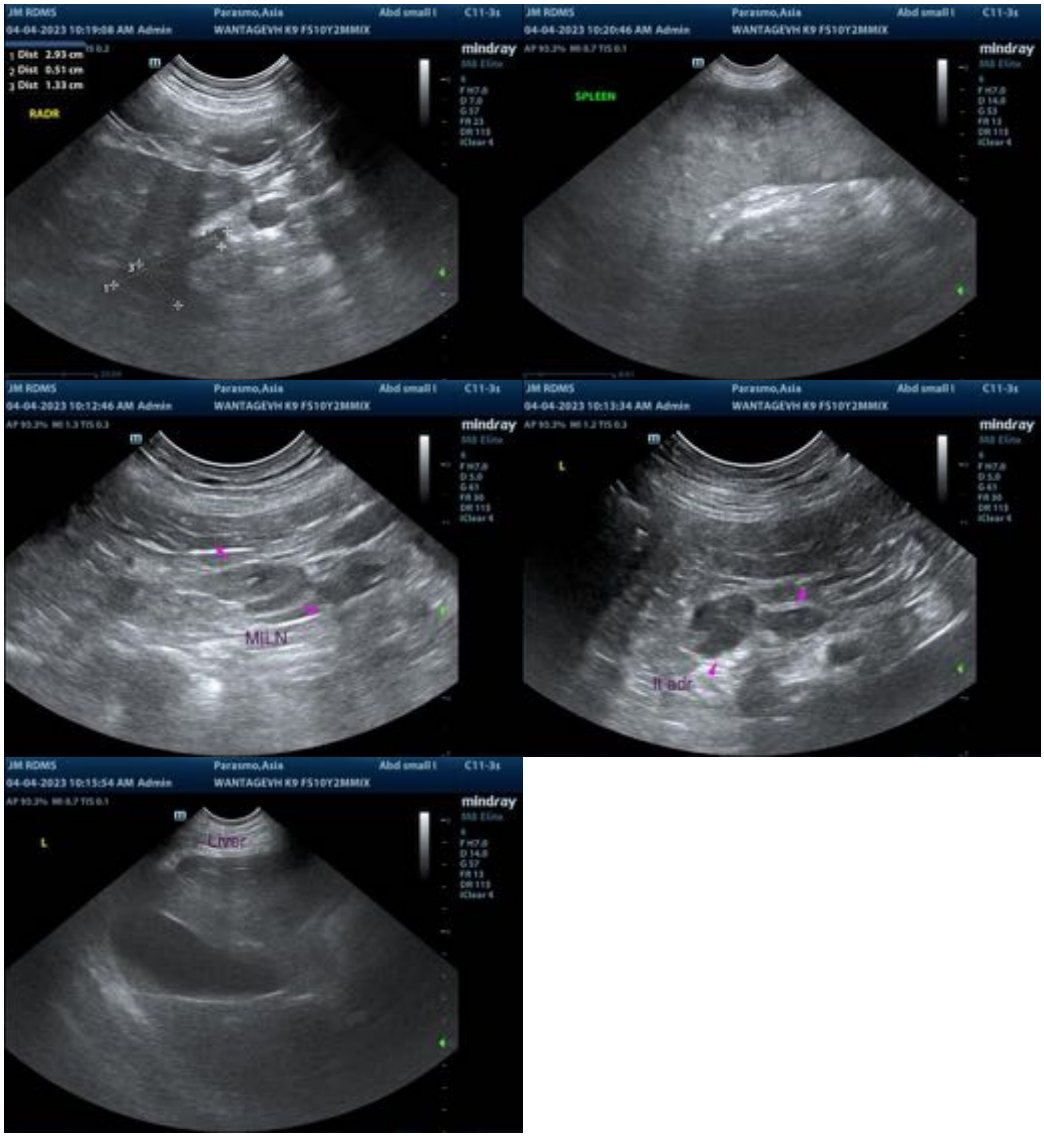
- Bilateral chronic renal changes with dystrophic mineralization and left pyelectasia

- The hepatic parenchymal changes are most consistent with a benign diffuse hepatopathy (i.e., vacuolar). However, more insidious hepatic disease (i.e., metastatic disease, inflammatory) cannot be completely excluded.

- The prominent medial iliac lymph node is likely reactive with a lower possibility of infiltrative neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ideally, thoracic radiographs and a fine-needle aspirate of the spleen would be performed to look for pulmonary metastatic disease and get a definitive diagnosis, respectively. If further diagnostics are not pursued, palliative care is recommended.



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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