

**DATE PRESENTING CLINICAL SIGNS**

4/6/2022

Luna, a 7y 9m old FS Basenji, is presented for V/D concerns. Didn't eat for 1 day, not eating about half of normal amount, Drinking normal. On and off diarrhea for 4 days, vomited 3-4 times in last 4 days. Urinating about 30 min after going outside and urinating. Pet is having accidents through the night. HX of splenectomy (lymphoma) August 2022. QAR, T: 101.8, HR: 150, RR: 60 panting/shaking, BCS: 6/9. ABOVE IDEAL, Wt: 51.20 lbs (DOWN 5 POUNDS FROM 3/12/22) /23.22 kgs, CRT/MM: <2s/moist/pink, H/L: no murmur, normal rhythm and lung auscultation
 Coat/Skin: C-SHAPE SCAR/HAIRLOSS RIGHT ARMPIT, MOIST EXUDATE IN ABDOMINAL SKIN FOLD,
 Eyes: No discharge, pupils equal and reactive, OU ICTERIC SCLERA, Ears: No abnormal discharge/inflammation, LEFT PINNAE HAS DEFECT (NOTCH)
 N/T: No discharge, Dental Calc: UNDERBITE, MILD TARTAR, ABD: POTBELLY APPEARANCE, VERY TENSE, GI/UG: NSF, LN: no palpable enlargements, M/S: Normal ambulation, no pain on palpation, Neuro: NSF, Rectal: SOFT BROWN-YELLOW STOOL

PATIENT

Luna Argo

SPECIES

Canine

BREED

Basenji

SEX

Spayed Female

AGE

6/22/2014

WEIGHT

51.2 lbs

Current Medications: Cerenia 60 mg tablets: 1 tab sid po #4 ct, FIRST DOSE GIVEN IN HOSPITAL 4/5/22, Metronidazole 250 mg tablets: 1.5 tab bid po #15, FIRST DOSE GIVEN IN HOSPITAL 4/5/22.

Lab Results: Super chem / CBC: ALKP H 301 (up from 28), ALT H 310 (up from 33), GGT H 15 (up from 0), RBC low normal, HCT low normal, PLT L 51.

Radiographs: liver extends past rib cage margin, large soft tissue mass effect cranial abdomen- appears to be associated with liver.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, RDMS.

INTERPRETED BY

Andrea Nicastro, DMV,
 Diplomate DACVIM
 (Small Animal
 Internal Medicine)

HOSPITAL NAME

Banfield Westminster

REFERRING VET

Dr. Stephens

INVOICE

10699

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 mostly 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.

The left kidney is enlarged (9.32 cm in length); with an irregular shape. The cortex is variably thickened and heterogenous, with a nodular appearance. There is a poor corticomedullary distinction. Nonobstructive, mineralized foci/areas are present. A 1.25 cm cortical cyst is observed at the cranial pole. Mild pyelectasia (0.32 cm in the longitudinal plane) is seen. There is no evidence of hydroureter.

The right kidney is normal in size (7.82 cm in length); with a slightly irregular shape. The cortex is heterogenous, variably thickened and irregular, bordering on a nodular appearance. There is poor corticomedullary distinction. Mild to moderate pyelectasia is present (0.34 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter.

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed.

The right adrenal gland is normal size (0.48 cm at cranial pole) (0.68 cm at caudal pole) (3.05 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

Previously splenectomized in August of 2022 (lymphoma).

Liver

The liver is subjectively enlarged with irregular, peripheral contours. A 2.87 x 2.63 cm irregular, echogenic mass is observed on the left side. The remaining parenchyma is isoechoic relative to the spleen, mottled and mildly heterogenous in appearance. A 3.00 cm ill-defined, hypoechoic area is also seen, as well as a few hypoechoic nodules. A 1.96 x 1.21 cm hypoechoic-to-anechoic lesion is observed on the right lateral lobe. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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

Gastrointestinal

The gastric lumen is not distended. The gastric 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 colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas

The right limb is visible, with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

Trace free fluid is observed. At least one sublumbar lymph node, measuring 1.80 x 0.98 cm) is visualized.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

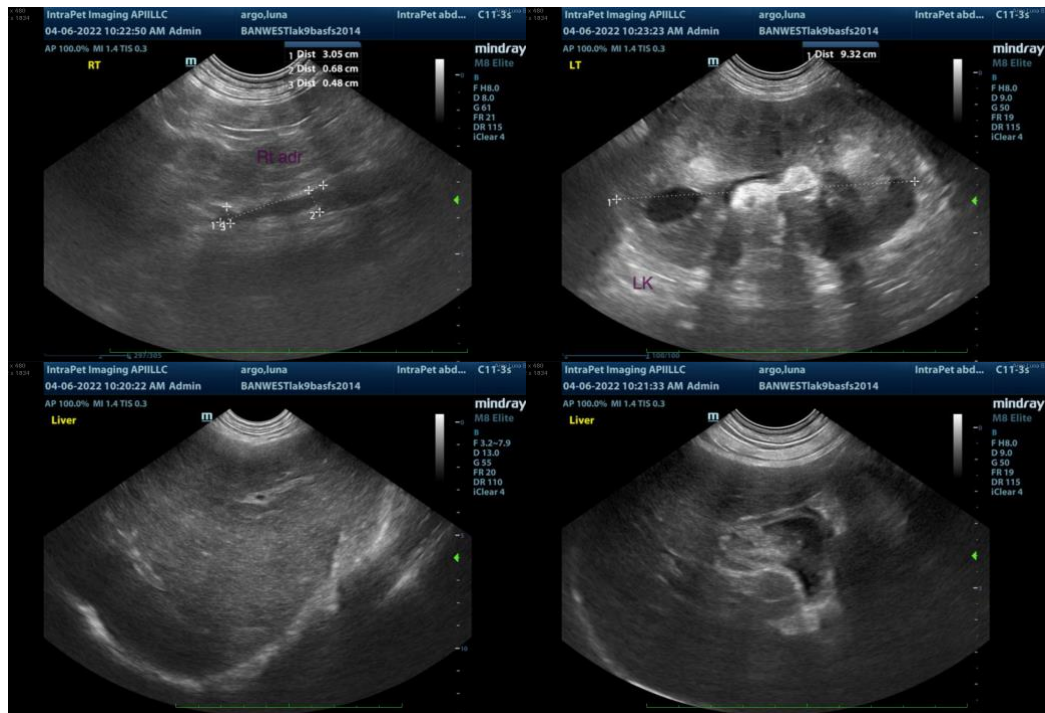
- The bilateral renal changes are concerning for infiltrative neoplasia. However, an inflammatory process (i.e., interstitial nephritis) cannot be excluded. The bilateral pyelectasia may be secondary to pyelonephritis, age-related remodeling, or a combination thereof.
- Left liver mass with smaller hypoechoic nodules. Again, neoplasia is suspected, with a lower possibility of a benign process (i.e., regenerative nodular hyperplasia).
- The sublumbar lymphadenopathy could be consistent with emerging lymphoma, reactive lymphadenitis, or lymphoid hyperplasia.
- Trace ascites

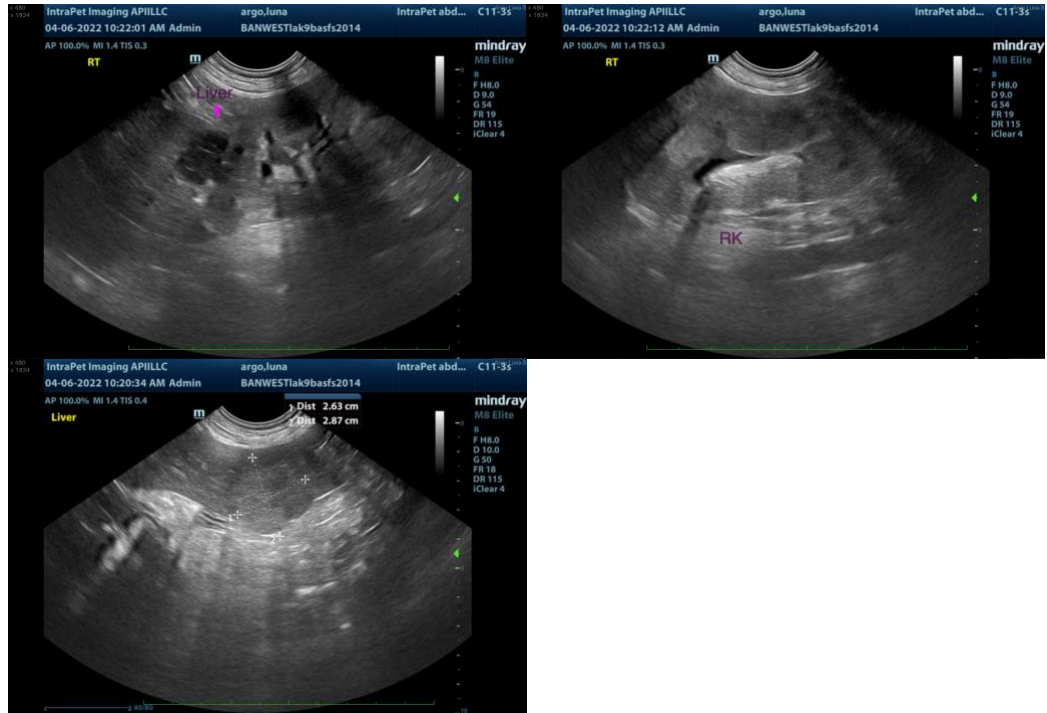
Secondary Findings

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine-needle aspirates of the kidneys and left liver mass, if clotting status is appropriate. Twenty-five gauge-needles should be used. If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.
- Also consider a urine culture and sensitivity.





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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