



**PATIENT**

**PRESENTING CLINICAL SIGNS**

Precious Robinson

History: Was seen here a month ago for workup due to just adopting. Took rads, rads showed possible mass vs fold of spleen.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Bloodwork: wnl Rads: possible mas vs folded spleen.

**BREED**

Pomeranian

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A few cystic calculi are observed within the lumen. The region of the trigone and the visualized portion of the proximal urethra are normal.

**SEX**

Spayed Female

The left kidney is normal size (4.23 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Several nonobstructive nephroliths are visualized. Trace pyelectasia is present (0.13 cm in the transverse plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

**AGE**

9 years

The right kidney is normal size (4.28 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A few nonobstructive nephroliths are visualized. Mild pyelectasia is present (0.28 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

6.4 kg

**INTERPRETED BY**

**Adrenal Glands**

The left adrenal gland is normal size (0.33 cm at cranial pole) (0.42 cm at caudal pole) (1.89 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.

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

The right adrenal gland is normal size (0.76 cm at cranial pole) (0.36 cm at caudal pole) (1.61 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.

**IMAGING PERFORMED BY**

Erin Wicks

**Spleen**

The spleen is subjectively prominent in size (1.28 cm in width at the level of the hilus) with a slightly swollen peripheral contours The parenchyma is homogenous. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

**HOSPITAL NAME**

Shores Vet Emerg Ctr

**REFERRING VET**

Dr. Moser

**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. The portal vein to caudal vena cava ratio is approximately 1: 1.

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The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic, gravity dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

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4/6/22



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**Gastrointestinal**

The gastric lumen is not distended with ingesta. The gastric wall and pylorus are 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 portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious pathology is seen.

**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The splenic changes may be a normal variant for this patient or may be secondary to antigenic stimulation, extramedullary hematopoiesis, lymphoid hyperplasia, splenitis, or less likely, infiltrative neoplasia
- Cystic calculi
- Bilateral, age-related renal changes with nonobstructive nephrolithiasis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- A fine-needle aspirate of the spleen can be considered to further assess for infiltrative neoplasia, if clotting status is appropriate.
- A cystotomy with stone removal analysis and culture is recommended. Alternatively, medical dissolution of the stones can be considered with a prescription renal diet and broad-spectrum antibiotic therapy. If there is no improvement in stone size after 4 weeks of therapy, a cystotomy should be reconsidered. If the stone size is reduced, continue therapy until complete dissolution has been achieved.
- Given the patient's age, three-view thoracic radiographs are recommended prior to anesthesia.



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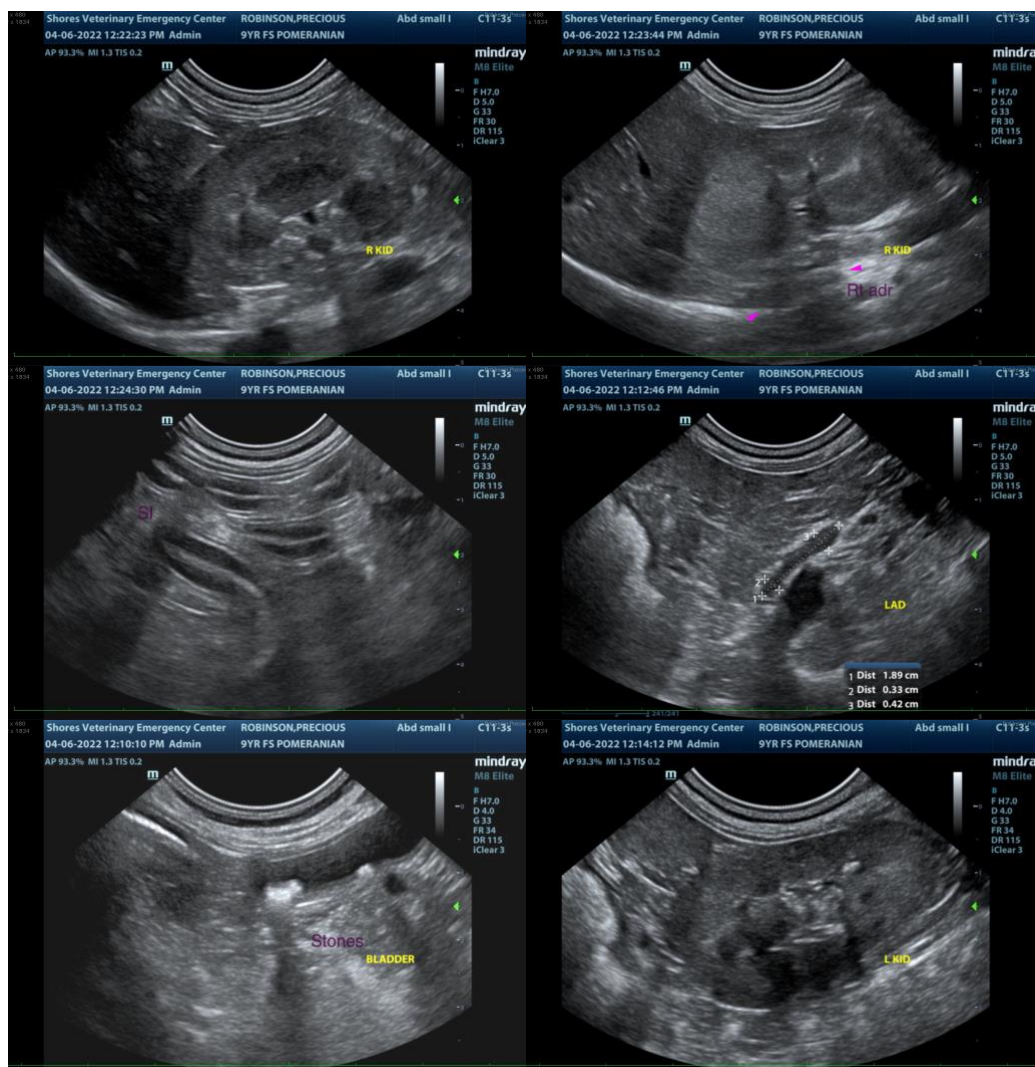
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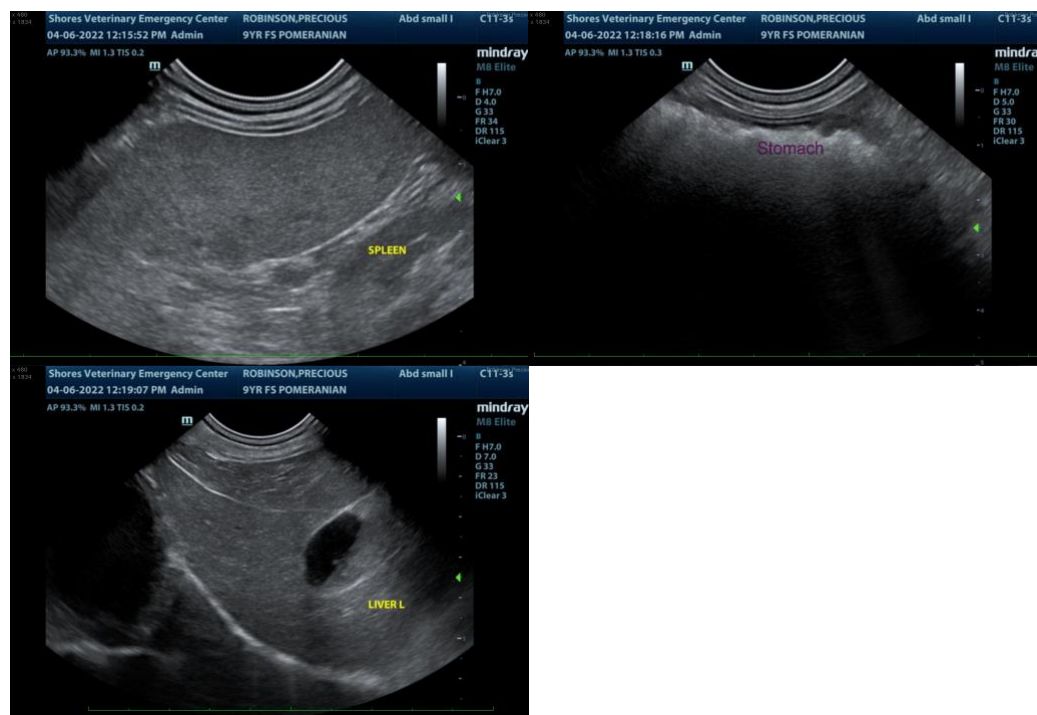
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
info@SonoPath.com