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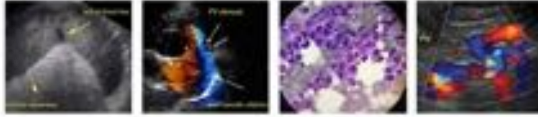


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Polu Aiona

SPECIES

Canine

BREED

Doberman

SEX

Female, spayed

AGE

9 Years

WEIGHT

100 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Monte Vista AH

REFERRING VET

Dr.Moore

INVOICE

13391

DATE

5/17/22

PRESENTING CLINICAL SIGNS

History: Lab Results (5/10/2022): CBC- All WNL. Chemistry Panel- All WNL. 1+ Hemolyis, In absence of anemia likely due to collection artifact. 1+ Lipemia Total T4- Normal (2.2) UA- Pending urine from O. SPECIALIST REPORT THORAX May 9, 2022: 3 radiographs are submitted for interpretation. FINDINGS: Cardiomegaly is questioned. The pulmonary vessels are normal in diameter. There is a mild, diffuse bronchointerstitial lung pattern. No focal pulmonary parenchymal abnormalities are seen. No evidence of thoracic lymphadenomegaly is detected. The discernible trachea is unremarkable. CONCLUSIONS: 1. No evidence of thoracic metastatic neoplasia is identified in this exam. In the absence of any reported respiratory signs, the bronchointerstitial lung pattern is likely an incidental age-related variant of normal. 2. Questionable generalized cardiomegaly. RECOMMENDATIONS: As clinically indicated, consider echocardiography. Abdominal ultrasound is recommended for further screening. A: Potential cardiomegaly on radiographs. Otherwise all results are WNL with no evidence of metastatic disease. P: Recommend referral to Marqueen or other specialty hospital (AEC) for consultation for surgical oncologist for radical excision ASAP and assess need for follow-up radiation/chemo. Recommend echocardiography, abdominal ultrasound and LN FNA/Cytology prior to Sx.

Abnormal PE/Chem/CBC/UA Results: Hx of mesenchymal tumor on ventral cranial thorax- met check- sedated dex/torb

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 anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (7.52 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (8.00 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

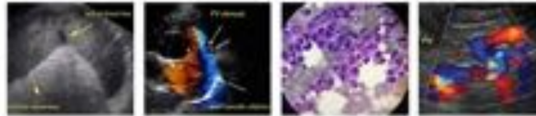
Adrenal Glands

The left adrenal gland is normal size (0.79 cm at cranial pole) (0.71 cm at caudal pole) (2.62 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.

The right adrenal gland is normal size (1.31 cm at cranial pole) (0.50 cm at caudal pole) (2.65 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

The spleen is normal in size (1.87 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 2.10 cm ill-defined slightly hyperechoic area is observed approximately mid-spleen. Splenic vasculature is normal.



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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 gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. 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 not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally gas distended. 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 disease is noted.

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 evidence of free fluid. The medial iliac lymph nodes are visualized, the left measuring 2.42 cm in length and the right measuring 2.09 cm in length. The nodes are normal in shape and echogenicity.

Other

The uterine stump is visible and is normal in size (0.57 cm in width). No obvious pathology is observed.

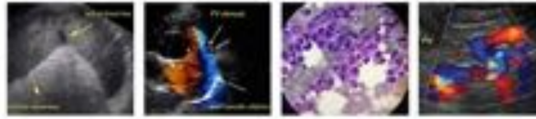
ULTRASONOGRAPHIC FINDINGS

- The caudal lymphadenopathy could be consistent with lymphoid hyperplasia, reactive lymphadenitis or less likely, infiltrative neoplasia.
- Visible uterine stump- incidental.
- The hyperechoic area in the spleen likely represents a benign process (i.e., lymphoid hyperplasia, myelolipoma or similar) with a low possibility of emerging neoplasia.

*There is no obvious evidence of metastatic disease in the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Follow up should be based on the surgical oncologist recommendations.
- Regarding the prominent medial iliac lymph nodes, consider a rectal examination and evaluation of the hind end for evidence of infection or masses that may be drained by these lymph nodes.



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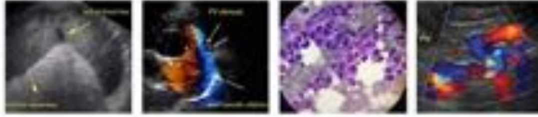

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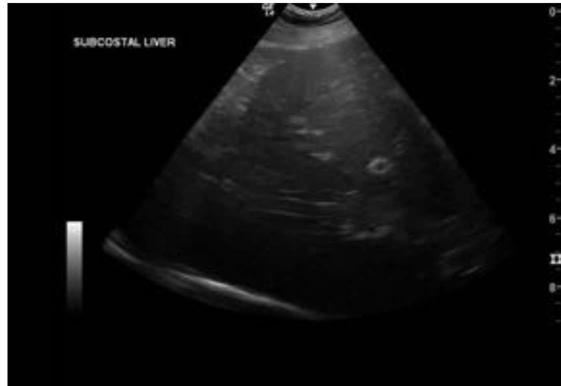

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

andrea.nicastro@sonopath.com