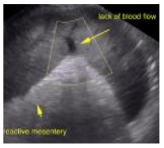
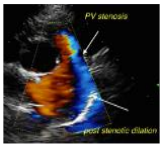
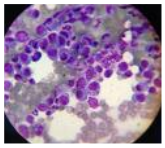
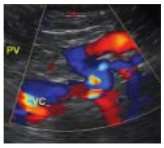
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Suna Makar

SPECIES

Canine

BREED

Australian Shep Mix

SEX

Spayed Female

AGE

13 years

WEIGHT

59 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Glaze

INVOICE

10937

DATE

5/19/22

PRESENTING CLINICAL SIGNS

History: PU/PD. Increased appetite. Pants occasionally at rest.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is distended. The wall is normal in thickness with a smooth mucosal surface. A 0.28 cm cystic calculus is observed. The remaining luminal contents are anechoic. The region of the trigone and the the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (6.87 cm in length); normal shape and architecture with smooth peripheral margins. There is minimal loss of corticomedullary distinction. A few, tiny nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.63 cm in length); normal shape and architecture with smooth peripheral margins. There is minimal loss of corticomedullary distinction. A few, tiny nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.50 cm at cranial pole) (0.52 cm at caudal pole) (3.23 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.

One still image is available for interpretation. The right adrenal gland is enlarged (1.54 cm at cranial pole) (0.87 cm at caudal pole) (2.96 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 (1.84 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 is normal.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. A 1.12 cm ill-defined, hypoechoic nodule is observed in the region of the right medial lobe. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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

Gastrointestinal

The gastric lumen is not 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 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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. 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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Suspected benign diffuse hepatopathy (i.e., vacuolar hepatopathy, regenerative nodular hyperplasia). However, other hepatopathies (i.e., inflammatory disease, hepatotoxicosis, or less likely, infiltrative neoplasia) are possible. Correlation with the patient's liver values is recommended.
- The hypoechoic hepatic nodule trends toward the benign (i.e., regenerative nodular hyperplasia) with a lower possibility of emerging neoplasia.
- Tiny, cystic calculus

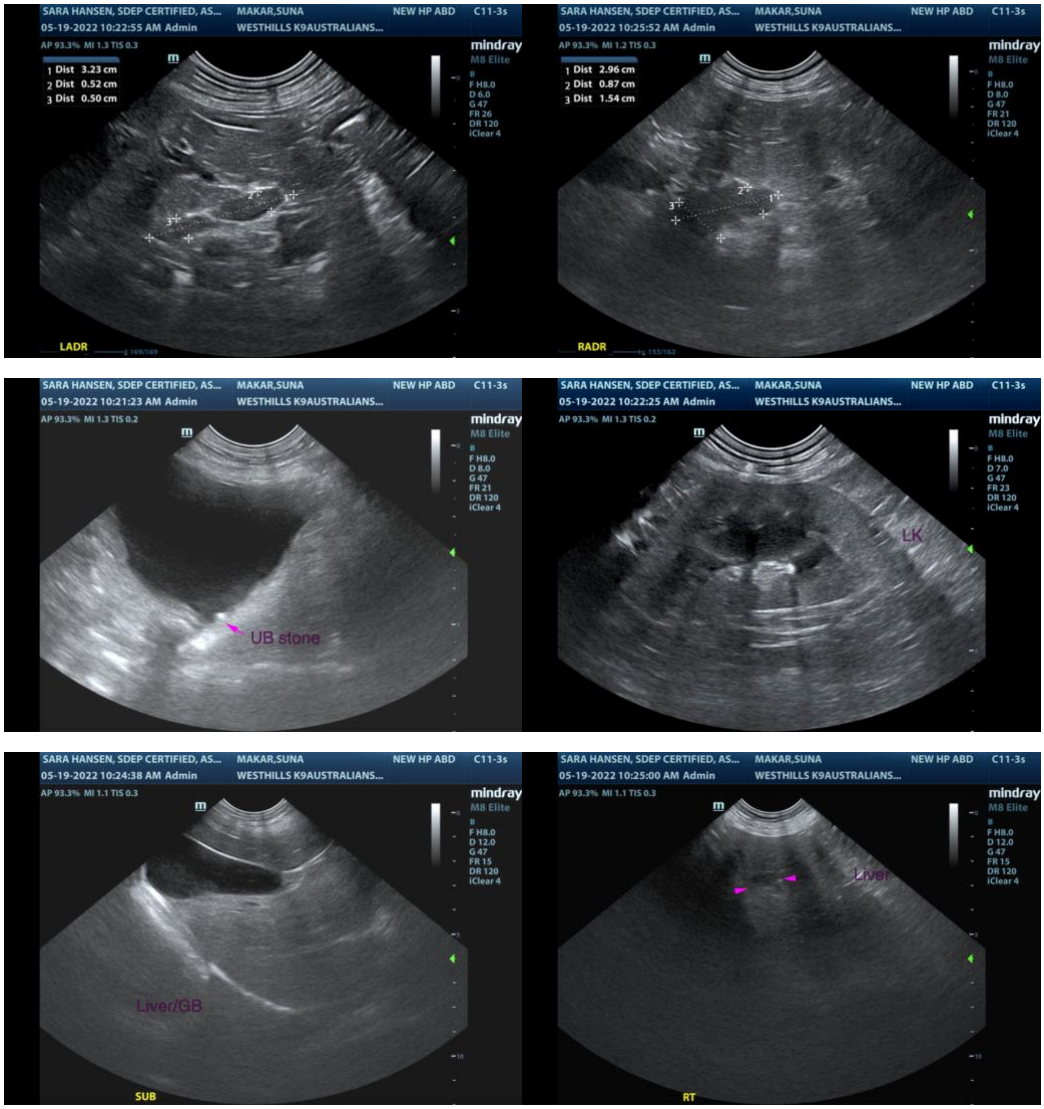
Secondary Findings

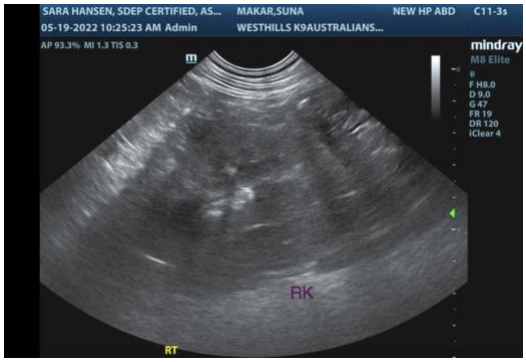
- Bilateral, small, nonobstructive nephroliths

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline lab work, including a CBC Chemistry panel, urinalysis and T4 is recommended, if not already performed.
- Given the presence of PU/PD, also consider a urine culture and sensitivity to assess for occult pyelonephritis.
- Consider further testing for Cushing's Disease (i.e., low-dose dexamethasone suppression test or ACTH stimulation test).

- Regarding the urinary bladder stone, given that this is a large-breed female, it may pass on its own. However, an attempt at medical dissolution (i.e., a prescription urinary diet, broad-spectrum antibiotic therapy, or a cystotomy with stone removal and analysis) can be considered. If a “watch and wait” approach is pursued, consider a repeat ultrasound in 4-6 weeks to see if the stone has passed on its own.





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