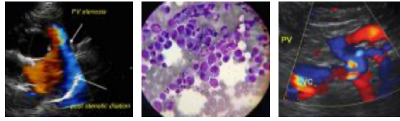

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DATE
5/2/22

PATIENT
Motley Giunta

SPECIES
Canine

BREED
Chihuahua

SEX
Male, neutered

AGE
3/24/2017

WEIGHT
18.6 lbs.

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

HOSPITAL NAME
Everhart VH

REFERRING VET
Dr. Hays

INVOICE
13295

PRESENTING CLINICAL SIGNS

In Sept of 2021 patient presented for routine skin mass removal (biopsy confirmed benign acanthoma, plasmoma, fibroadnexal dysplasia). Preanesthetic labs showed ALP elevation of 692. Anesthesia proceeded uneventfully. Patient presented in April of 2022 for routine wellness, owners interested in dental cleaning. Preanesthetic labs showed further elevation of ALP at 981. Owner does not report symptoms consistent with Cushings. Bile acids testing performed 4/24 normal pre/post at 16/12.

Current Medications: None at this time.
Lab Results: Sept 2021- ALP of 692, Apr 2022- ALP of 981.
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.

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. A scant amount of echogenic debris is suspended within the lumen. 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 prostate is normal in size (0.79 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (4.44 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter

The right kidney is normal size (4.73 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.56 cm at cranial pole) (0.72 cm at caudal pole) (1.85 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 mildly enlarged (0.67 cm at cranial pole) (0.73 cm at caudal pole) (2.10 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 (1.27 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.16 x 1.05 cm, irregular hypoechoic nodule is observed at the caudomedial aspect. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogeneous in appearance with a 0.71 x 0.55 cm irregular hyperechoic

nodule observed deep on the left side. 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 to moderate amount of aggregated echogenic, partially dependent 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 0.56 cm lymph node is observed in the cranial abdomen, just caudal to the fundus.

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

ULTRASONOGRAPHIC FINDINGS
Primary Findings:

- Splenic nodule. This may represent a neoplastic process (i.e., sarcoma, round cell tumor). Alternatively, a benign process (i.e., a focus of lymphoid hyperplasia, extramedullary hematopoiesis, granuloma, other) may be present.

- Suspected benign diffuse hepatopathy. The top differentials include vacuolar hepatopathy and regenerative nodular hyperplasia. Inflammatory disease is considered less likely given the normal ALT. Infiltrative neoplasia is possible but also considered unlikely given the sonographic appearance.

- The gallbladder debris/sludge could be consistent with fasting , cholestasis or early mucocele formation.

Secondary Findings:

- Mild bilateral adrenomegaly.

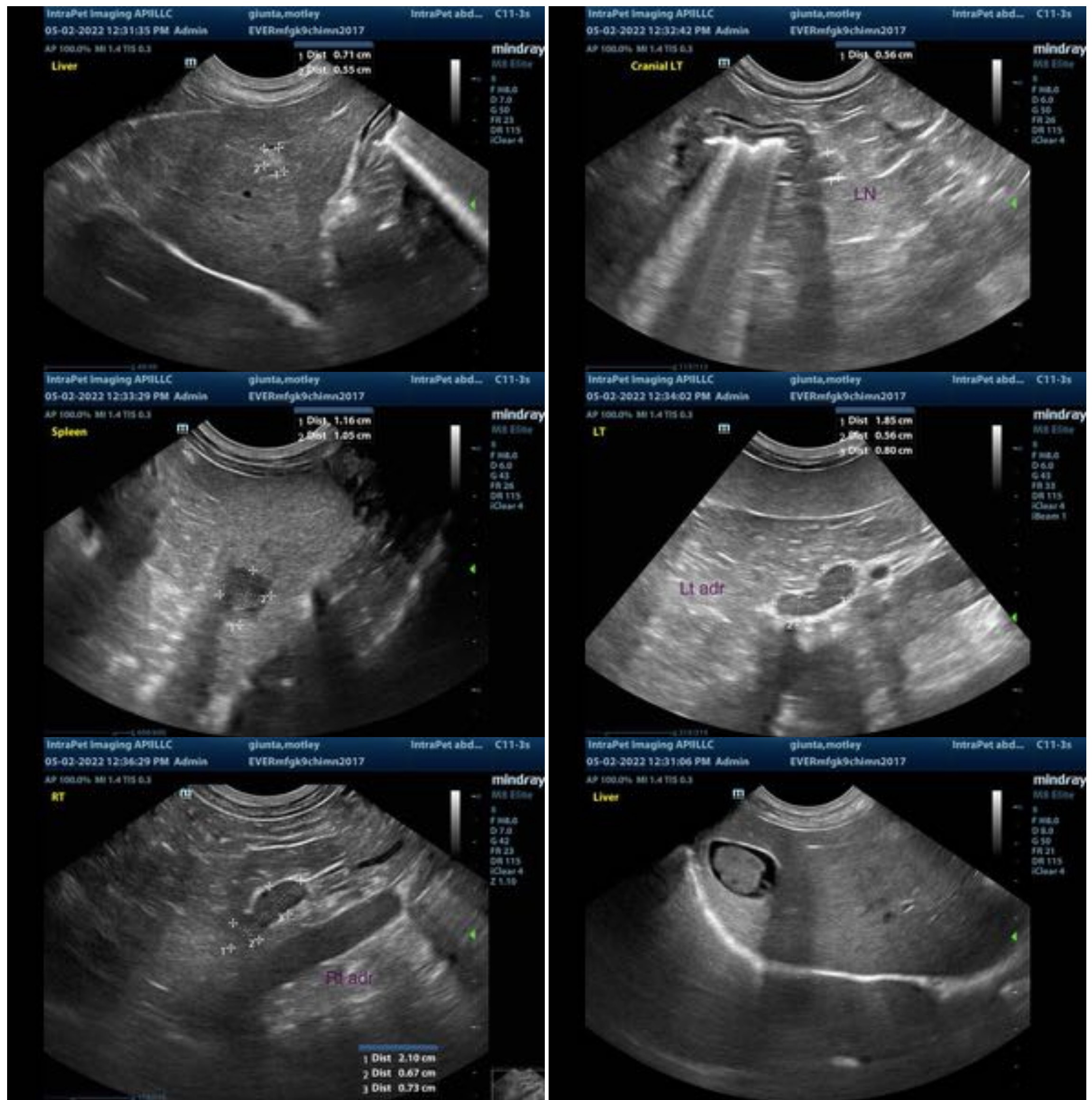
- Minor age-related renal changes.

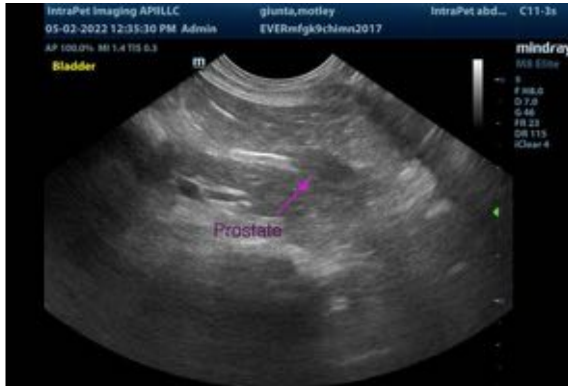
- The prominent cranial abdominal lymph node is likely reactive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
- Given the presence of the splenic nodule, consider three-view thoracic radiographs to assess for pulmonary metastatic disease and a fine needle aspirate of the splenic lesion, if accessible and if clotting status is appropriate. If cytology results are inconclusive or if the lesion is not accessible, consider a splenectomy with submission of the spleen for histopathology. If a more conservative approach is desired, consider a repeat ultrasound in 3-4 weeks to assess for growth of the nodule.

- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.

- Regarding the gallbladder debris/sludge, consider a repeat ultrasound in 4-6 weeks, preferably 2 hours post small meal, to determine if the sludge pattern is still present. If so, Ursodiol therapy can be initiated at that time.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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