


PATIENT PRESENTING CLINICAL SIGNS

Otto Faucher History: Recheck abdominal ultrasound to assess for changes since previous ultrasound performed on 1-5-22. Interested in adrenal glands, liver nodule, spleen, gallbladder, and kidneys. Current med: Denamarin.
 Abnormal PE/Chem/CBC/UA Results: CBC/Chem: pending.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System
BREED

Labradoodle

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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Neutered Male

The prostate is normal in size (1.40 cm in length) (0.82 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

13 years

The left kidney is normal in size (5.51 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild to moderate pyelectasia is present (0.42 cm in the longitudinal plane). There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

38.6 lbs

The right kidney is normal in size (5.83 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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 Medicine)

Adrenal Glands
IMAGING PERFORMED BY

Kelly Vazquez

The left adrenal gland is normal size (0.86 cm at cranial pole) (0.55 cm at caudal pole) (2.33 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.

HOSPITAL NAME

 Animal General on
 Hudson

The right adrenal gland is mildly enlarged (0.94 cm at cranial pole) (1.04 cm at caudal pole) (1.69 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.

REFERRING VET

Dr. Vivian Ng

Spleen

The spleen is normal in size (2.38 cm in width at the level of the hilus) with a normal capsular contour. A light micronodular pattern is present throughout the parenchyma. No focal lesions are observed. Splenic vasculature is normal.

INVOICE

10963

Liver
DATE

5/25/22

The liver is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and heterogenous in appearance, with a few, ill-defined hyperechoic nodules/areas, the largest measuring approximately 1.40 cm in diameter. 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. A moderate amount of aggregated, echogenic, gravity dependent debris/sludge is observed within the lumen. 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 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 1.86 x 1.07 cm left, medial iliac lymph node is visualized.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic parenchyma changes are nonspecific and are most consistent with a benign age-related hepatopathy (i.e., regenerative nodular hyperplasia, age-related remodeling, and/or vacuolar hepatopathy). However, inflammatory or other hepatopathies cannot be completely excluded. Correlation with clinical findings is recommended with the patient's most-recent bloodwork is recommended. The previously observed hypoechoic hepatic nodule is not appreciated on today's scan.
- Gall bladder debris/sludge – non-mucocele
- Mild right adrenomegaly. This finding is suggestive of early hyperplastic change, although an emerging tumor cannot be completely excluded.

Secondary Findings

- Bilateral, chronic, age-related renal changes with dystrophic mineralization and right pyelectasia. The pyelectasia is a new finding.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation, or splenitis with a low possibility

of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia). Changes are similar to the previous sonogram

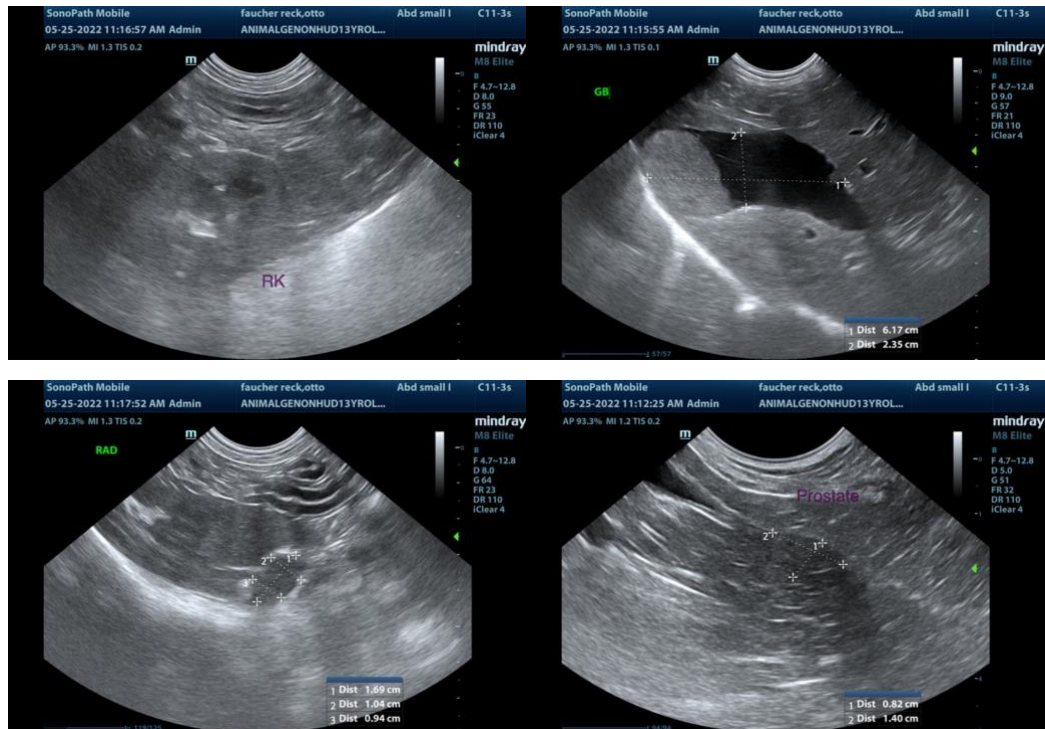
- The prominent medial iliac lymph nodes may be secondary to reactive lymphadenitis, lymphoid hyperplasia, or less likely, infiltrative neoplasia.

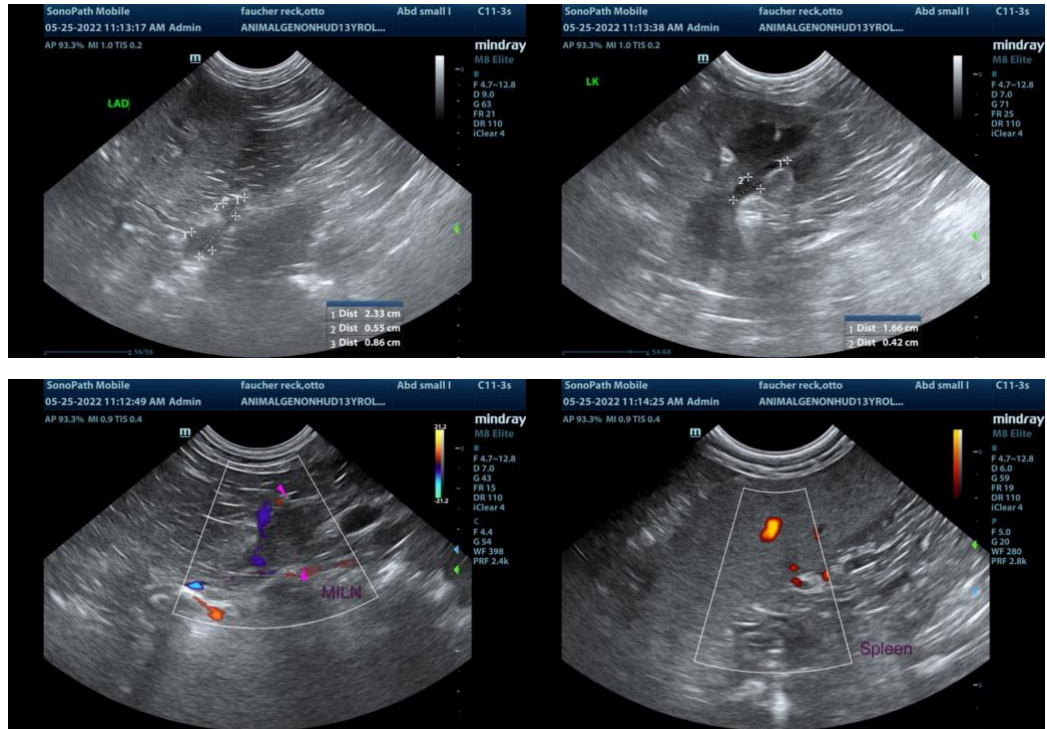
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient has developed clinical signs of Cushing's disease, consider further testing (i.e., low-dose dexamethasone suppression test).

If the patient's liver values have increased since the previous sonograph, hepatic tissue sampling (i.e., fine-needle aspirate or surgical biopsy) may be warranted.

Given the development of pyelectasia in the right kidney, consider a urinalysis and urine culture and sensitivity to assess for pyelonephritis.





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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