


PATIENT PRESENTING CLINICAL SIGNS

Bella Jaffe

History: Patient presented for poor mobility, fecal and urinary incontinence, and just generally doing poorly. Radiographs were obtained that indicated a possible abdominal mass. Blood work indicates dehydration and possible pancreatitis, Patient started on metronidazole, clavamox and galliprant and given supportive care pending results of diagnostics.

SPECIES

Canine

BREED

Labrador Retriever

Abnormal PE/Chem/CBC/UA Results: Patient was dehydrated and hypotensive on exam, painful and weak in hind limbs. Cataracts. Stools loose. Coat unkempt, cataracts, periodontal disease and perivalvar discoloration/dermatitis present. Full chem/cbc/UA/T4: ALT: 149 BUN: 59 Creat: 1.7 Triglycerides 782 Amylase 1632 Precision PSL 362 T4 elevated Otherwise lab work WNL Giardia test negative

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
AGE

13 years

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 mostly anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

WEIGHT

57 lbs

The left kidney is normal in size, with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. A 0.69 cm irregular cortical cyst is observed at the caudal pole. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

The right kidney is subjectively normal in size, with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. A 0.69 cm irregular cortical cyst is observed at the caudal pole. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

IMAGING PERFORMED BY

Charlie Rodriguez

Adrenal Glands

The left adrenal gland is enlarged (0.68 cm at cranial pole) (0.96 cm at caudal pole); with a slightly irregular shape. The parenchyma is subtly heterogenous, with some loss of glandular detail. Surrounding vasculature appears normal.

HOSPITAL NAME

Bethany Family PC

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

REFERRING VET

Dr. George M.
 Norman

Spleen

The spleen is subjectively normal in size (1.48 cm in width at the level of the hilus) with slightly undulating peripheral contours. The parenchyma is subtly heterogenous in appearance. Several, irregular, hyperechoic nodules are observed throughout the organ, the largest measuring 0.89 cm in diameter. Splenic vasculature is normal with no evidence of thrombosis.

INVOICE

10560

DATE

5/26/22

Liver

The liver is subjectively normal in size with peripheral margins that are curvilinear. The parenchyma is isoechoic relative to the spleen. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is moderately distended. The wall is normal in thickness. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach is mildly distended with ingesta. The wall in the region of the fundus, the wall is normal to borderline thickened (up to 0.53 cm) with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. The ileocecolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

Pancreas

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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

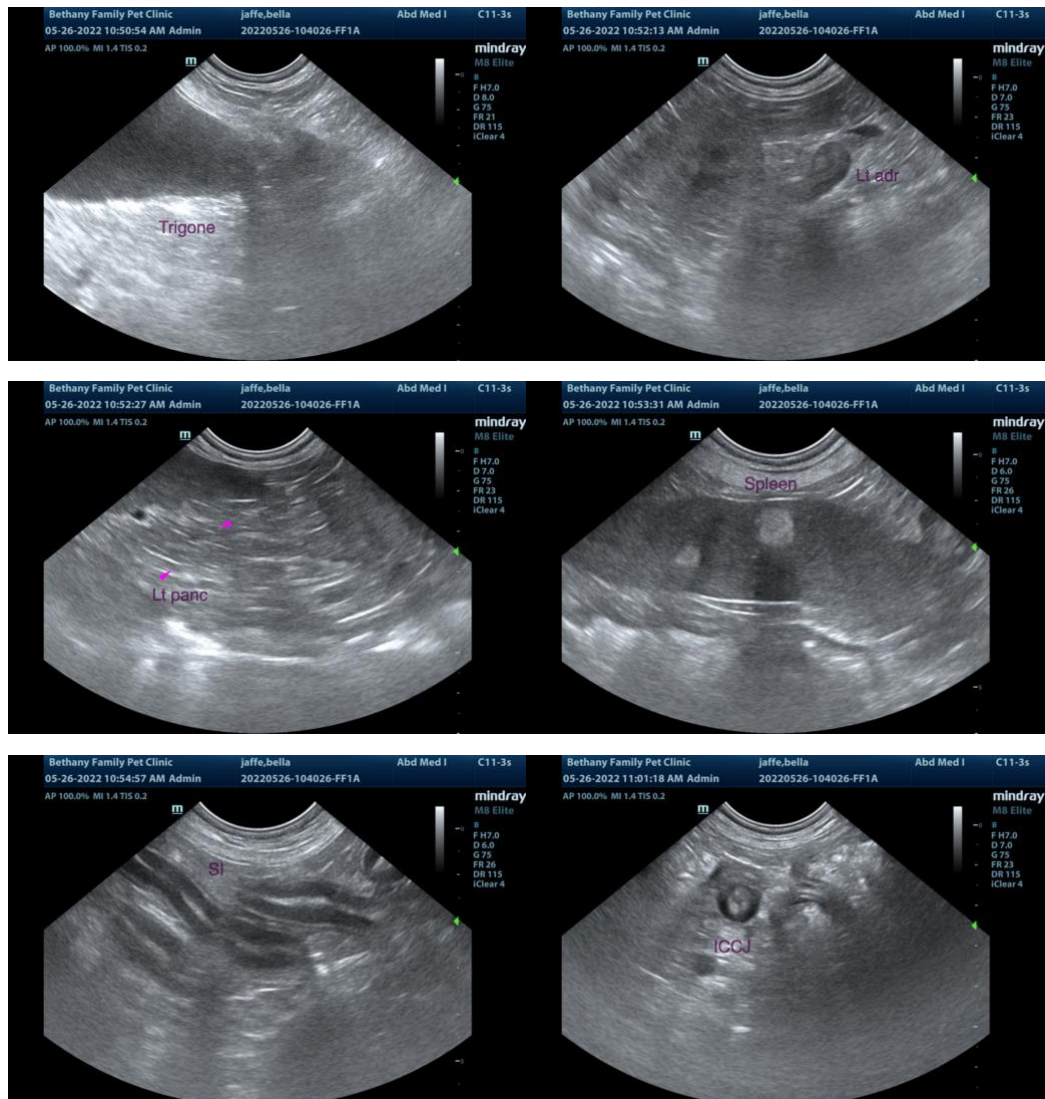
Primary Findings

- Minor, bilateral, chronic renal changes with dystrophic mineralization
- Mild left adrenomegaly
- The splenic parenchymal changes are consistent with a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis or similar). The hyperechoic nodules are most likely benign (i.e., myelolipomas) with a low possibility of emerging neoplasia.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include orthopedic or neurologic disease, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Thorough orthopedic and neurologic examinations are recommended, along with spinal radiographs, if warranted.
- Also consider thoracic radiographs (three-view) to assess for occult disease in the chest.
- Consider a T4/free T4 by equilibrium dialysis is also recommended, as hypothyroidism can be associated with polyneuropathies.
- Given the azotemia, consider a urine culture and sensitivity, UPC (if proteinuria is present), and fluid therapy as needed.



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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