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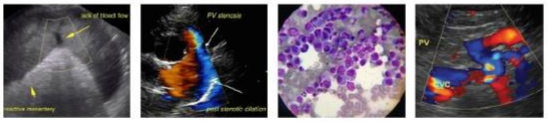

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Moe Johnson

SPECIES

Canine

BREED

Maltese

SEX

Neutered Male

AGE

15 years

WEIGHT

7.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT LVT

HOSPITAL NAME

MountianView AH

REFERRING VET

Dr. Sarah Kalivoda

INVOICE

10992

DATE

5/26/22

PRESENTING CLINICAL SIGNS

History: no sedation Follow-up ultrasound, recheck nodule on L adrenal gland Anal Sac Nodule L side Chronic intermittent conjuncitivitis Recent blood work showed slight worsening of azotemia. Current medications (include full name, dosage and frequency): Current medications (include full name, dosage and frequency): Welactin 3TA Fish Oil - 1/2 scoop daily NeoPolyDex for chronic intermittent conjunctivitis, Kan Rehmannia 8 - 1/4th tab Po BID for kidney support, Losartan 2mg/mL - 0.5mls PO SID (owner admits to giving just ever so slightly less than 0.5mls every day); Received acupuncture / chiropractics every ~4 weeks CARDIAC: Grade 3/6 left-sided murmur. History of valvular disease, recheck echocardiogram Asymptomatic for heart disease at this time. Known degenerative mitral valvular disease.

Abnormal PE/Chem/CBC/UA Results: Weight 7.1 pounds BodyScor e9 4 - Ideal - 4 Temp 100.1 Pulse 130 Resp 40 CRT <2 sec BP 132/140/138/138 rlat/lfront/4-8cm

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

The prostate is normal in size (0.71 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (30.6 cm in length); with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. The cortex is heterogenous with focus of mineralization. Hyperechoic shadowing diverticular foci are also visualized. Several cortical cysts are observed, the largest measuring 0.49 cm. A smaller cortical cyst at the lateral aspect causes slight capsular expansion. Mild pyelectasia is present (0.25 in the transverse plane). There is no evidence of hydroureter.

The right kidney presented normal size (30.6 cm in length); with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. The cortex is heterogenous with focus of mineralization. Hyperechoic shadowing diverticular foci are also visualized. Several cortical cysts are observed, the largest measuring 0.36 cm and causes slight capsular expansion. There is no evidence of pyelectasia or hydroureter.

Adrenal Glands

The left adrenal gland is enlarged (0.44 cm at cranial pole) (0.79 cm at caudal pole). A 0.79 x 0.61 cm heterogenous nodule is observed at the caudal aspect. Glandular echogenicity and detail at the cranial aspect are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.

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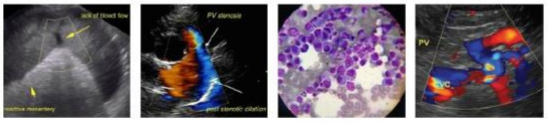

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The right adrenal gland is enlarged (0.86 cm at cranial pole) (0.57 cm at caudal pole) (1.86 cm in length); with an irregular shape. The parenchyma is heterogenous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature appear normal.

Spleen

The spleen is subjectively normal in size (0.67 cm in width at the level of the hilus). A 1.57 x 1.34 cm irregular, hyperechoic to heterogenous nodule is observed. The lesion causes mild capsular expansion. The remaining parenchyma is homogenous. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature 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 moderate amount of gravity dependent, echogenic to mineralized debris is observed within the lumen. The cystic and common bile ducts are normal.

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 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 ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The right 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

- Splenic nodule (new finding). This lesion is concerning for neoplasia (i.e., sarcoma, round cell tumor). However, a benign process (i.e., focus of lymphoid hyperplasia, extramedullary hematopoiesis or similar) cannot be completely excluded.
- Bilateral, chronic renal changes with nonobstructive nephrolithiasis and cortical cysts. Changes are similar to the previous sonogram.

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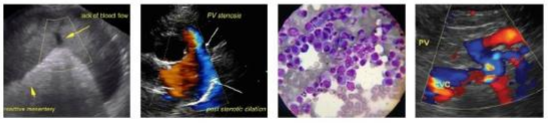

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- The left adrenal nodule is also similar to the previous study and could be consistent with nodular hyperplasia or emerging tumor (i.e., adenoma, adenocarcinoma, pheochromocytoma). The right adrenal changes are most consistent with hyperplastic change.

Secondary Findings

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
-

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the splenic nodule, thoracic radiographs (three-view) are recommended to assess for pulmonary metastatic disease. The lesion is not likely accessible for fine-needle aspiration. Therefore, if an aggressive approach is desired, consider a splenectomy with submission of the spleen for histopathology. Alternatively, consider a repeat ultrasound in 3-4 weeks to assess for progression.
- Regarding the worsening azotemia, consider the following (if not already performed):

  1. Urine culture and sensitivity
  2. UPC (if proteinuria is present)
  3. Baseline blood pressure measurement

- 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.

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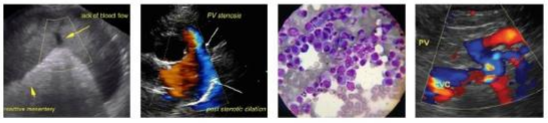

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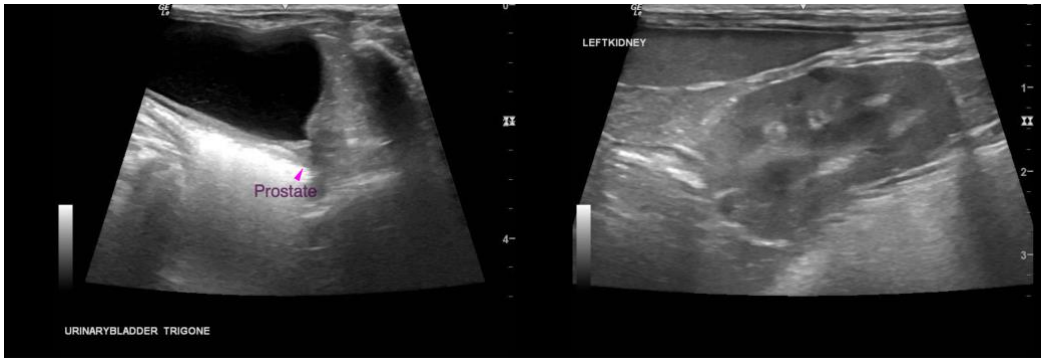

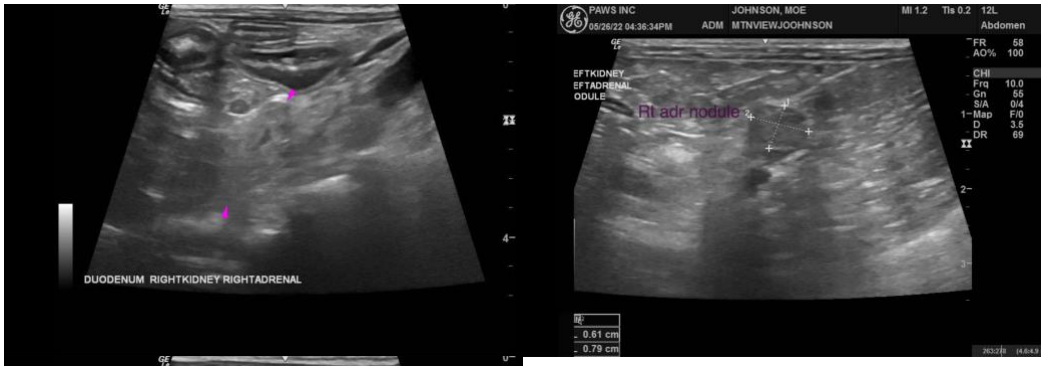

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 DACVIM (Small Animal Internal Medicine)
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