



PATIENT PRESENTING CLINICAL SIGNS

Ella Savaglio History: Currently has pancreatitis, hypothyroidism, UTI. Suspect Cushing's Very lethargic, decreased appetite, no vomiting, inappropriate urination in house meds: Cerenia, Sucralfate, Prazosin, Forti Flora, Clavaseptin, Metronidazole

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: BW- Mild increase ALKP & LIPA. cPL abnormal. Otherwise, unremarkable UA- WBC & RBC >50 /hpf, Crystal non sq 3-5 /hpf please see attached rads and labs ALP 278. USG 1.028. Proteinuria. Active urine sediment.

BREED

Poodle X

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is mostly anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

AGE

6 years

The left kidney is normal size (5.39 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

17.2 kg

The right kidney is normal size (5.16 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.34 cm at cranial pole) (0.36 cm at caudal pole) (0.93 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.

IMAGING PERFORMED BY

Kelly Reschny

The right adrenal gland is normal size (1.22 cm at cranial pole) (0.48 cm at caudal pole) (2.59 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

Beattie PH Burlington

Spleen

A 3.53 x 3.40 cm heterogenous, slightly cavitated mass is observed at the cranial pole. The mass causes capsular expansion. The remaining peripheral margins are curvilinear. The parenchyma is subtly mottled in appearance. Splenic vasculature is normal with no evidence of thrombosis.

REFERRING VET

Dr. Kazienko

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. 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.

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DATE

6/10/22



PATIENT

Ella Savaglio

The gall bladder lumen is distended. The wall is normal in thickness. A large amount of aggregated, echogenic suspended sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

SPECIES

Canine

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. There is no evidence of an obstructive pattern.

BREED

Poodle X

SEX

Spayed Female

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.

AGE

6 years

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

WEIGHT

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Other

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Splenic mass. Neoplasia (i.e., sarcoma, round cell tumor) is suspected with a lower possibility of a benign process.
- The gall bladder changes are consistent with a developing mucocele.
- Suspected, benign, diffuse hepatopathy. Top differentials include vacuolar hepatopathy and regenerative nodular hyperplasia. Inflammatory disease is considered less likely given the normal ALT. Infiltrative neoplasia is also possible, but considered less likely, given the sonographic appearance.

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HOSPITAL NAME

Beattie PH Burlington

Secondary Findings

- Age-related pancreatic remodeling

*It is unclear whether the splenic mass and/or the gall bladder changes are causing the patient's current clinical signs, or if another underlying disease process is present.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

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If an aggressive approach is desired, consider splenectomy with submission of the spleen for histopathology. Also consider a prophylactic cholecystectomy at the time of surgery. If surgery is pursued, consider referral to a board-certified surgeon due to the potential for perioperative complications.

SPECIES

Canine

If surgery is not pursued, consider initiation of ursodiol therapy for the gall bladder changes, with a recheck ultrasound of the abdomen in 4-6 weeks to reevaluate the gall bladder and spleen.

BREED

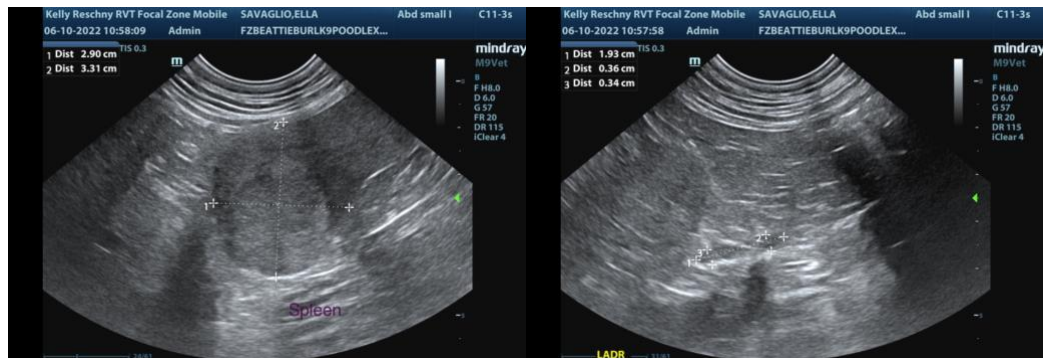
Poodle X

Other diagnostics considerations include a malabsorption panel (send to Texas A&M) as well as a fecal evaluation for ova and Giardia.

Given the active urine sediment, a urine culture and sensitivity is also recommended.

SEX

Spayed Female



AGE

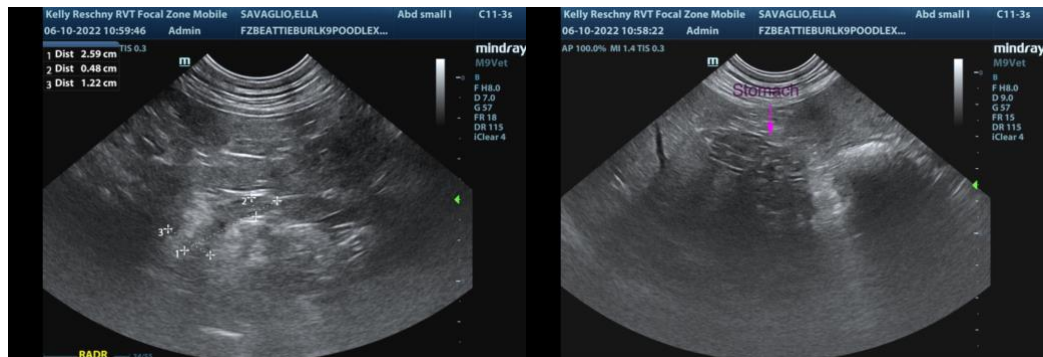
6 years

WEIGHT

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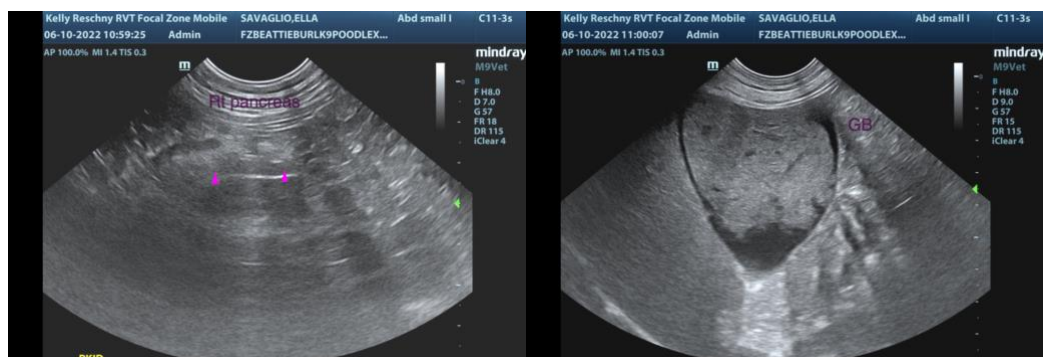


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HOSPITAL NAME

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Dr. Kazienko

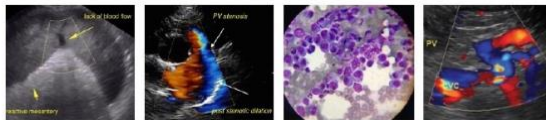
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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