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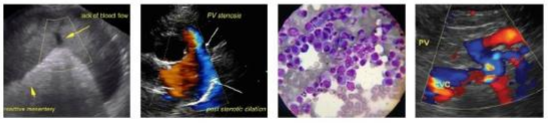


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Charlie Gray

SPECIES

Canine

BREED

Terrier

SEX

Neutered Male

AGE

8 years

WEIGHT

47.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT LVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr. Robin Janeway

INVOICE

11084

DATE

6.15.22

PRESENTING CLINICAL SIGNS

History: SEDATION: 0.05ml dexdormitor/0.1ml butorphanol IV History: recheck U/S from June 21 and November 21: Cystic structure in right cranial abdomen is similar compared to last scan. DDX cystic LN, cyst in mesentery, or small cavitated tumor growing slowly. Age related chronic renal changes. Splenic parenchyma changes consistent with benign process likely. Recommend to continue to monitor renal values and UPC. Recheck U/S 3-6 months for cystic structure and monitor spleen

Physical exam findings: currently on Benazepril 20mg 1/2TSID Abnormal CBC values: WNL Abnormal Chemistry Values: WNL Abnormal UA Values: proteinuria, UPCR 0.5 on benazapril Radiograph Findings (email radiographs if available): none performed Reason for Ultrasound: recheck 4-month scan

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 penile urethra is evaluated. No obvious pathology is seen.

The prostate is normal in size (1.10 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 (6.49 cm in length); with a slightly irregular shape. The cortex is variably thickened. There is mild to moderate loss of corticomedullary distinction. A 1.91 x 1.71 cm heterogenous nodule is observed at the lateral aspect. The lesion causes mild capsular expansion. Minor hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.17 cm in length); with a slightly irregular shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A 0.34 cm cortical cyst is observed at the lateral aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

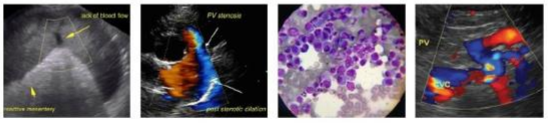
Adrenal Glands

The left adrenal gland is normal size (0.62 cm at cranial pole) (0.65 cm at caudal pole) (2.11 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 normal size (0.98 cm at cranial pole) (0.54 cm at caudal pole) (1.67 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 subjectively normal in size (2.43 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is of appropriate echogenicity and echotexture. In two still images, a 0.95 x 0.53 cm heterogenous nodule is visualized. The remaining parenchyma is



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homogenous. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. 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. There is no evidence of an obstructive pattern.

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.

Lymph nodes

A 1.10 cm mesenteric lymph node is visualized (see “Other” category).

Other

Adjacent to the left adrenal gland, a 1.63 x 1.03 cm irregular, cystic lesion is visualized.

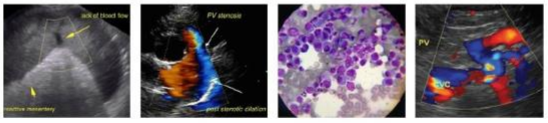
A 2.95 x 0.91 cm irregular, multiseptated cystic lesion is also observed just cranial to the right, renal artery (previously observed).

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The left, renal nodule could be consistent with an emerging tumor, an inflammatory focus, granuloma, other. There are also bilateral age-renal changes that are similar to the previous sonogram.



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- The splenic nodule may represent a benign process (i.e., focus of lymphoid hyperplasia, extramedullary hematopoiesis or similar). Alternatively, an emerging tumor cannot be completely excluded.

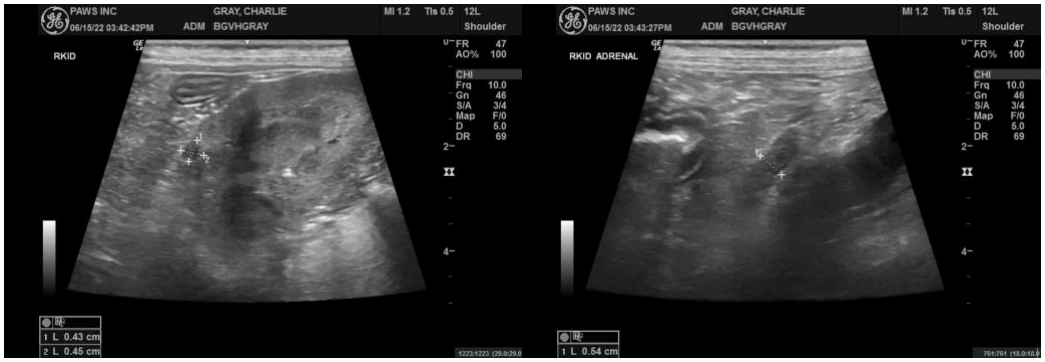
Secondary Findings

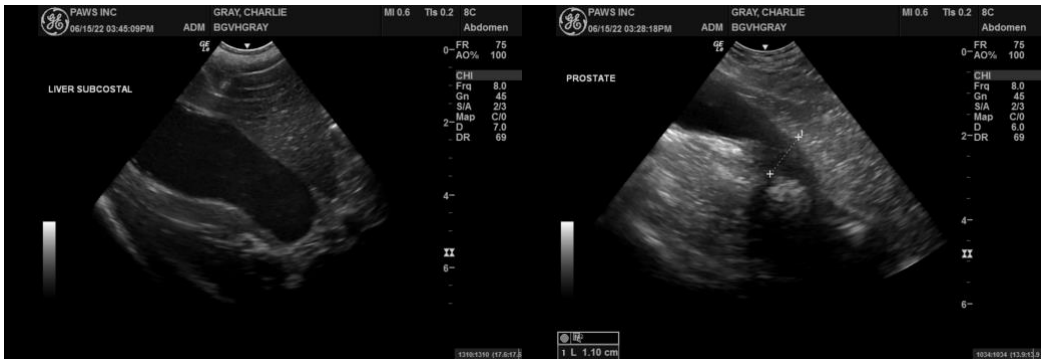
- The prominent mesenteric lymph node is likely reactive.
- The cystic lesions adjacent to the left and right adrenal glands may represent cystic lymph nodes, cysts within the mesentery or emerging vascular tumors. The right cystic lesion is similar in appearance compared to the previous sonogram and is likely benign. The left lesion also trends toward the benign (i.e., cystic lymph node).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regarding the left renal nodule, consider the following:

1. Three-view thoracic radiographs to assess for pulmonary metastatic disease
2. Ultrasound-guided fine-needle aspirate (if clotting times and blood pressure are normal)
3. If a more conservative approach is desired, consider a repeat ultrasound in 3-4 weeks to assess for progression. The splenic nodule can also be reassessed at this time.





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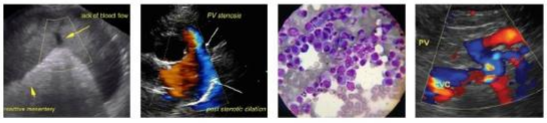

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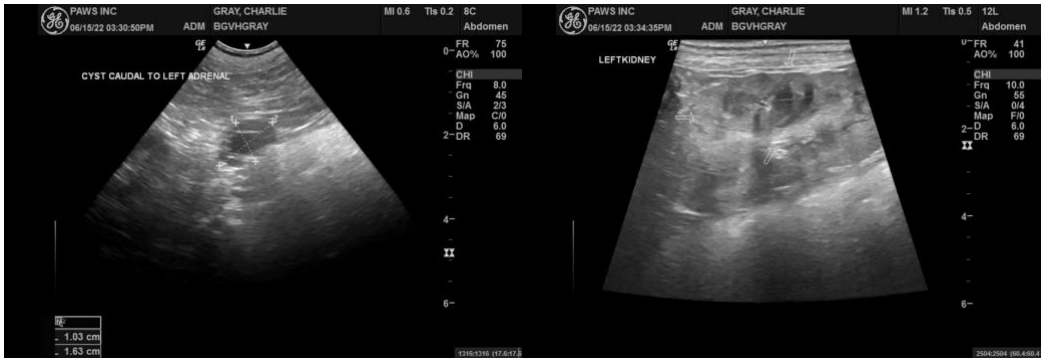

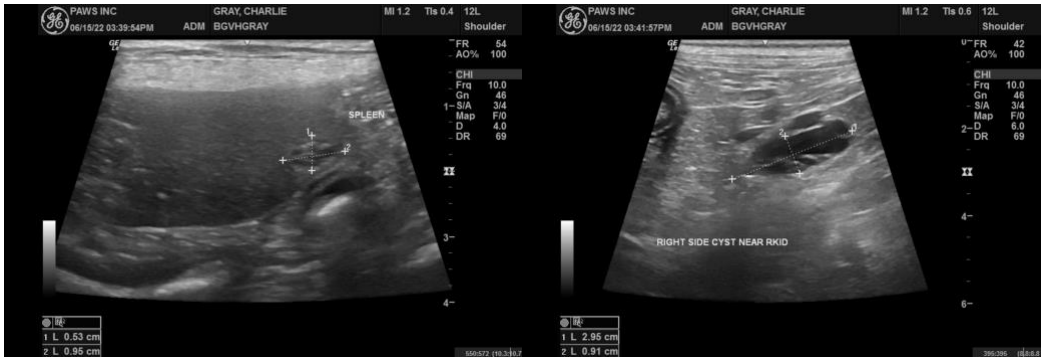

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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