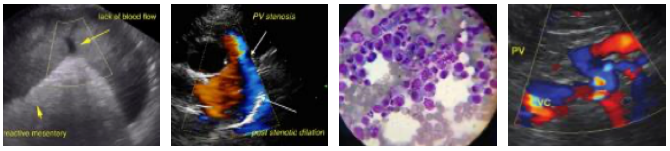
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
SonoPath.com
1-800-838-4268 info@sonopath.com



PATIENT
Kenna Heine

SPECIES
Canine

BREED
Shetland Sheepdog

SEX
Female, spayed

AGE
12 Yrs.

WEIGHT
27.9 lbs.

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

IMAGING PERFORMED BY
Rachel Runnells

HOSPITAL NAME
SVS Imaging Kansas City

REFERRING VET
Dr. Wilcox

INVOICE
13731

DATE
7/18/22

PRESENTING CLINICAL SIGNS

History: Mass on caudal abdomen that feels to be subcutaneous, and does not seem to be involving mammary glands. Wanting to check if invasive or for metastasis before scheduling dental cleaning. Has hx of problems with sight and hearing.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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 left kidney is normal size (5.07 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.20 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A few foci of mineralization are visualized. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.38 cm at cranial pole) (0.40 cm at caudal pole); 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 (0.75 cm at cranial pole) (0.59 cm at caudal pole); 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.

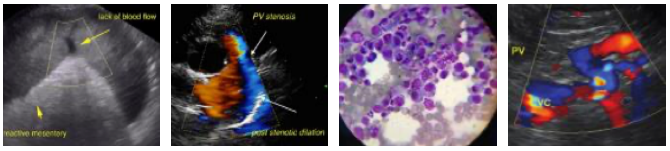
Spleen

The spleen is normal in size (2.08 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. A 1.02 x 0.88 cm ill-defined hyperechoic to slightly heterogeneous nodule is observed approximately mid-spleen. Splenic vasculature is normal.

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 to moderate amount of aggregated, echogenic debris, most of which is gravity-dependent and some of which is suspended, is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Kenna Heine

SPECIES
Canine

BREED
Shetland Sheepdog

SEX
Female, spayed

AGE
12 Yrs.

WEIGHT
27.9 lbs.

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

IMAGING PERFORMED BY
Rachel Runnells

HOSPITAL NAME
SVS Imaging Kansas City

REFERRING VET
Dr. Wilcox

INVOICE
13731

DATE
7/18/22

The gastric lumen is not distended. The gastric wall is 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 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. The abdominal lymph nodes are normal/not visible.

Other

There is no obvious evidence of disruption of the ventral abdominal wall. Ill-defined hyperechoic tissue of fat opacity is observed within the subcutaneous space in the ventral abdomen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- There is no obvious evidence of disruption/infiltration of the ventral abdominal wall.

Secondary Findings:

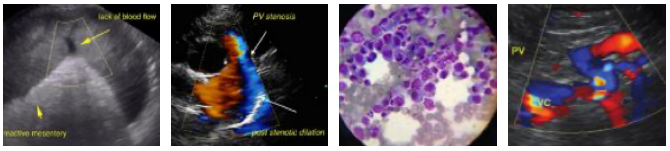
- Bilateral, chronic, age-related renal changes with a right non-obstructive nephrolithiasis.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely. However, correlation with the patient's liver values is recommended.
- Gallbladder debris could be consistent with cholestasis, fasting or less likely, early mucocele formation.
- The splenic nodule trends toward to the benign (i.e., myelolipoma) with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Baseline labwork including a CBC chemistry panel, urinalysis and T4 is recommended prior to anesthesia.

Given the patient's age, thoracic radiographs should also be considered prior to the dental prophylaxis to assess cardiopulmonary status.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Kenna Heine

SPECIES

Canine

BREED

Shetland Sheepdog

SEX

Female, spayed

AGE

12 Yrs.

WEIGHT

27.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells

HOSPITAL NAME

SVS Imaging Kansas City

REFERRING VET

Dr. Wilcox

INVOICE

13731

DATE

7/18/22

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 ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com