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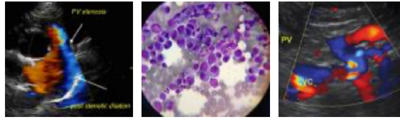

SonoPath
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DATE
7/19/22

PATIENT
Daphne Metz

SPECIES
Canine

BREED
English Bulldog

SEX
Female, spayed

AGE
11/16/12

WEIGHT
60 lbs.

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

HOSPITAL NAME
Nexus VS

REFERRING VET
Dr. Steele

INVOICE
13746

PRESENTING CLINICAL SIGNS

History of chronic diarrhea. Episode of pneumonia in June (aspiration vs infectious). Recently episode of upper airway noise and reduced appetite that seemed to get better with antibiotics (true improvement vs coincidental). R/O chronic GI disease as a risk factor for aspiration.
History of adrenal nodule (L) seen on AUS 2/2021. Report from radiologist for 3v chest rads pending.

Current Medications: Clindamycin 300mg BID (will stop today), Osteo tru benefits 2 tabs daily, Salmon oil 1000mg cap once daily, Pepcid 10mg daily. Today: changing from Pepcid to omeprazole 20mg BID, adding metoclopramide 10mg q8h.
Lab Results: Mild neutrophilia 14K, Mild lymphopenia 0.69
Historic ALP elevation most recently 768 (previously up to ~1800)
Mild hypercholesterolemia 393
Radiographs:
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

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.

In the visualized portion of the left kidney, it appears normal in size (5.57 cm) with smooth curvilinear peripheral contours. There is a normal 1:3 cortex: medulla ratio with moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized.

The right kidney is normal in size (6.83 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is mildly enlarged (1.17 cm at cranial pole) (1.09 cm at caudal pole) (2.97 cm in length) with a slightly irregular shape. A 1.07 x 1.01 cm irregular isoechoic nodule is observed at the cranial pole. In the caudal pole, the parenchyma is mildly heterogeneous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (0.70 cm at cranial pole) (1.08 cm at caudal pole) (2.68 cm in length) with a slightly irregular shape. The parenchyma is subtly heterogeneous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature appear normal.

Spleen

The spleen is normal in size (1.53 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is normal to slightly prominent in size with normal 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 small amount of aggregated echogenic partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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 pancreas is prominent to enlarged with irregular peripheral contours. In the region of the right limb, a 2.72 x 1.71 cm irregular hypoechoic to slightly heterogeneous mass is present. The mesentery surrounding the lesion is hyperechoic. In the remainder of the organ, the parenchyma is largely isoechoic relative to surrounding omental fat and mottled in appearance. The pancreatic duct is not overtly dilated.

Free Abdomen

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Right pancreatic mass. Differentials include neoplasia (i.e., adenocarcinoma) is suspected with a lower possibility of a benign process (i.e., severe inflammation, nodular hyperplasia). Mild adjacent peritonitis is present. The remaining pancreatic changes are consistent with age-related remodeling +/- fibrosis. Concurrent chronic pancreatitis is also possible. Correlation with the patient's clinical history is recommended.

Secondary Findings:

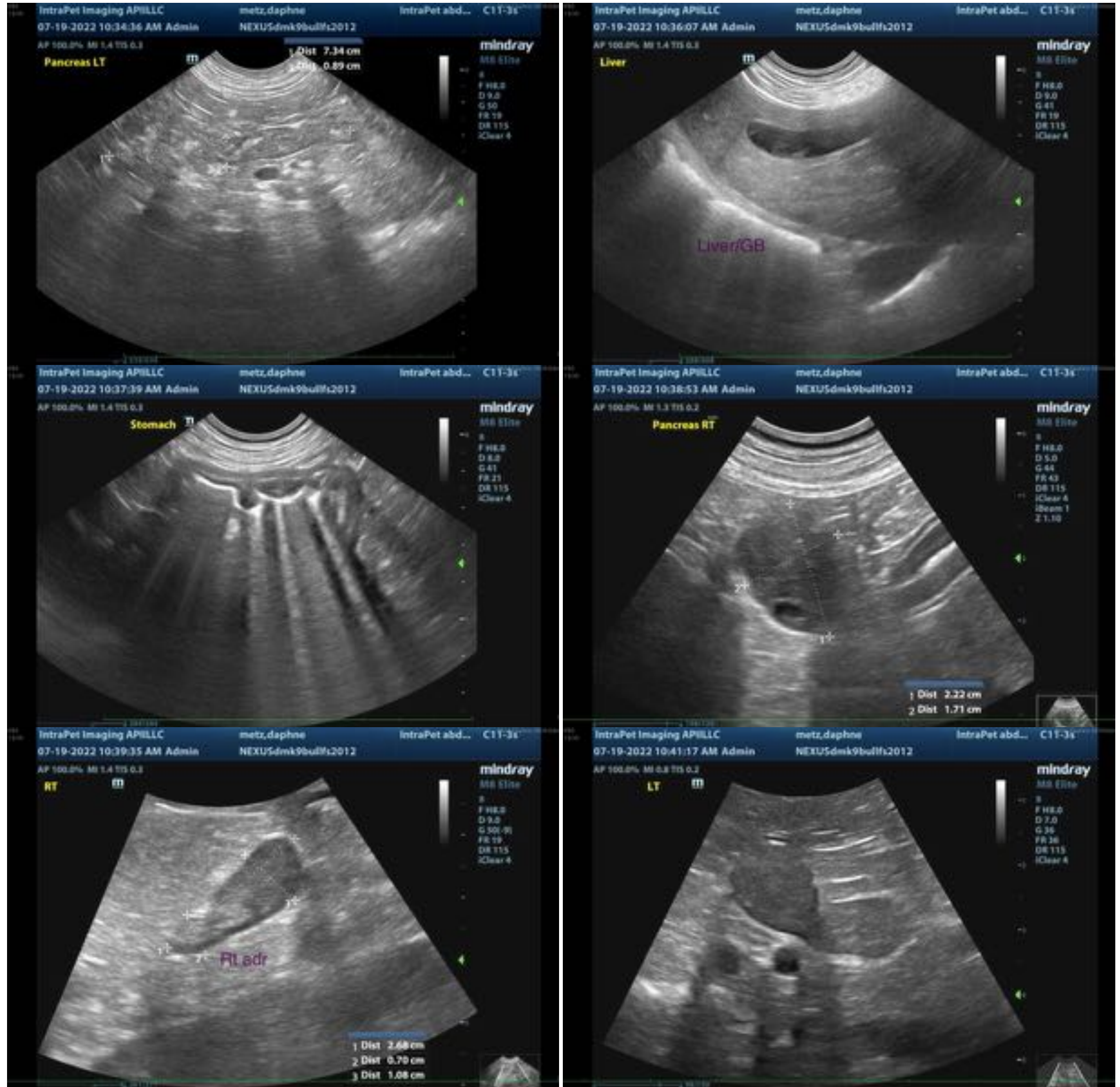
- Bilateral chronic age-related renal changes with dystrophic mineralization.

- Mild bilateral adrenomegaly. The right adrenal nodule is similar in size compared to the previous sonogram and likely represents a benign process (i.e., nodular hyperplasia) with a lower possibility of emerging neoplasia.

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. In light of the normal ALT, inflammatory is considered less likely. Infiltrative neoplasia is also possible but is thought to be less likely given the sonographic appearance of the liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Diagnostic and treatment recommendations to be implemented by Dr. Cara Steele.



The information and recommendations provided are based on the images presented by the referring veterinarian. 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