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Clinical Sonography & Telecytology
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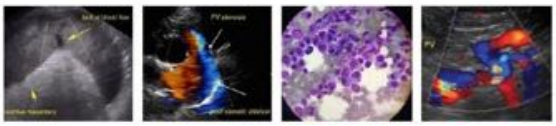


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Lex Hughes

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

11 years

WEIGHT

18.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

The Maples AH

REFERRING VET

Dr. Kazienko

INVOICE

11427

DATE

8.17.22

PRESENTING CLINICAL SIGNS

History: Has been on Clinacin and Melatonin. Suspect poss abd mass? Bloodwork normal other than elevated ALKPHOS.

Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is contracted. The wall is of appropriate thickness for the level or repletion. Lumina contents are mostly anechoic. No cystic calculi are observed. The cystourethral junction and the visible portion of the proximal urethra are normal.

The **prostate** is normal in size (0.65 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The **left kidney** is normal in size (4.28 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. Pinpoint hyperechoic foci are observed within the cortex. Several small, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The **right kidney** is normal size (4.21 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. Pinpoint hyperechoic foci are observed within the cortex. Several small, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.47 cm at cranial pole) (0.42 cm at caudal pole) (1.35 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.

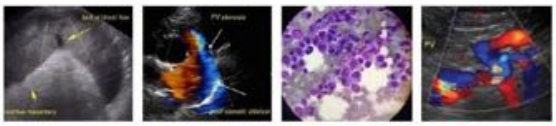
The **right adrenal gland** is normal size (1.19 cm at cranial pole) (0.49 cm at caudal pole) (1.66 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is enlarged with irregular peripheral contours. An approximately 4.10 cm, slightly vascular, hypoechoic to heterogenous mass, with hyperechoic areas, is arising from the cranial aspect. In addition, a 2.00-2.50 cm hypoechoic to heterogenous mass is observed approximately mid-spleen. The remaining parenchyma is slightly mottled in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The **liver** is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen. A 1.66 cm hyperechoic to heterogenous nodule is observed in the region of the right, medial lobe. In addition, several small hyperechoic to heterogenous nodules are seen throughout the organ. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.



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The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A moderate to large amount of aggregated, echogenic suspended sludge, in a partially stellate pattern. is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is mildly distended with ingesta and soft, shadowing material. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears 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

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

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Splenic masses. Neoplasia (i.e., round cell neoplasia, sarcoma) is suspected, with a lower possibility of a benign process.
- The hepatic nodules, particularly the heterogenous lesions, could be consistent with metastatic disease. However, benign regenerative nodular hyperplasia cannot be completely excluded. The diffuse hepatic parenchymal changes trend toward the benign (i.e., vacuolar hepatopathy), with a lower possibility of more insidious pathology.
- The gall bladder changes are consistent with a developing mucocele.

Secondary Findings

- Bilateral degenerative renal changes with nonobstructive nephrocalcinosis.
- The shadowing material within the gastric lumen may represent a foreign substance (i.e., grass). However, it appears nonobstructive at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for pulmonary metastases. If there is no evidence of pulmonary metastatic disease, consider a splenectomy with submission of the spleen for histopathology. Biopsies of the hepatic nodules should also be obtained to assess for metastatic disease. The client should be warned prior to surgery about the possibility of metastatic disease in the liver.

Regarding the gall bladder changes, consider initiation of Ursodiol with serial sonographic monitoring (i.e., every 6-8 weeks) to assess for progression.

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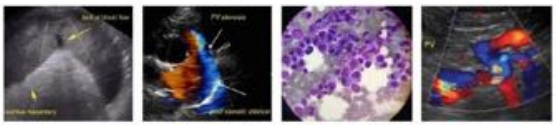

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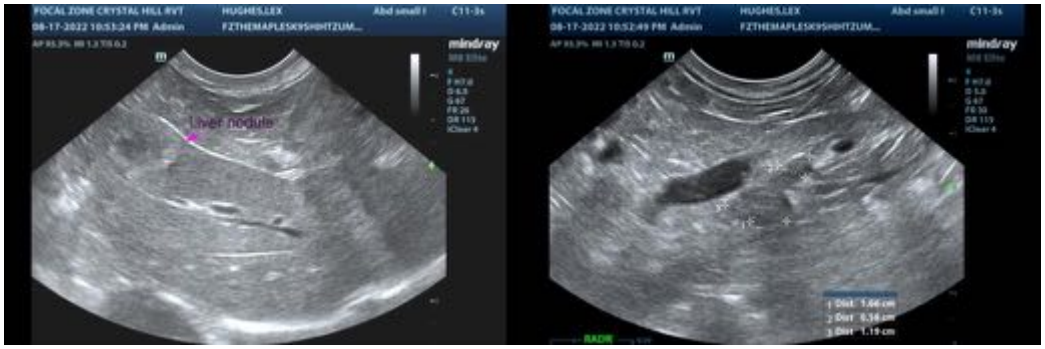

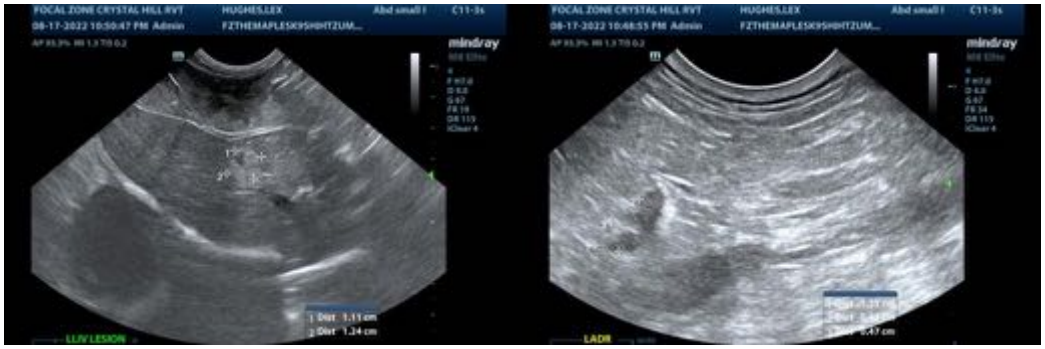

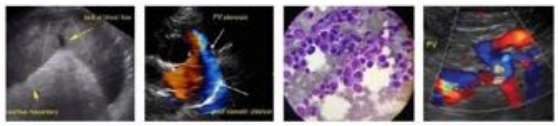

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com