

PATIENT

Neddie Mae Mullis

SPECIES

Canine

BREED

Aussie Mix

SEX

Spayed Female

AGE

6/29/2008

WEIGHT

38.5 lb

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Polydipsia - metabolic vs endocrine vs neoplasia vs other

Overall Health and Body score -- 5/9, BAR Hydration: Appears well hydrated

Eyes -- Normal OU. No ocular discharge noted

Ears -- Normal AU. No discharge noted

Oral cavity -- mm: pink CRT < 2 seconds. Moderate dental calculus (Grade 2/3)

Integument-- Haircoat is smooth and shiny. No dermal lesions noted. No palpable masses or ectoparasites appreciated.

Lymphatics -- Submandibular and popliteal lymph nodes are unremarkable. Prescapular, axillary or inguinal lymph nodes are not palpable

Cardiovascular -- Normal sinus rhythm. No murmur, no arrhythmia auscultated. Pulses are strong and synchronous.

Respiratory -- No nasal discharge observed. Eupenic. Normal bronchovesicular sounds in all quadrants.

Abdominal -- Soft and non-painful abdomen. No palpable masses or organomegaly

Urogenital -- Normal

Musculoskeletal -- Ambulatory x 4. No apparent lameness

Neurologic -- No obvious neurological deficits. A full neuro exam was not performed.

Pain Assessment (Ranked 0-4) -- 0

Abnormal lab-work values: ALKP 152, ALT 120,
Current Medications: Sentinel Spectrum Q 30 days

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

INTERPRETED BY

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

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.

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The **left kidney** is normal size (5.67 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 hydronephrosis. Renal vasculature is normal.

The **right kidney** is normal size (5.69 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 hydronephrosis. Renal vasculature is normal.

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Adrenal Glands

The **left adrenal gland** is normal size (0.38 cm at cranial pole) (0.34 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.

REFERRING VET

Magenta Kline

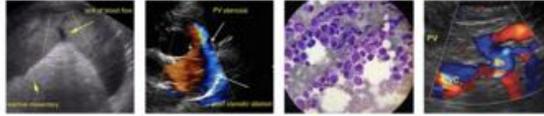
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The **right adrenal gland** is prominent in size at the cranial pole and normal in size at the caudal pole (1.43 cm at cranial pole) (0.69 cm at caudal pole) (2.30 cm in length); with a slightly irregular shape. The parenchyma is slightly heterogenous with mild loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

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Spleen

The **spleen** is enlarged with irregular peripheral contours. Numerous irregular hyperechoic to attenuating masses/nodules are observed throughout the organ, the largest measuring >5.00 cm. The remaining parenchyma is mottled in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The **liver** is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly 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

A portion of the **pancreas** is obscured by the splenomegaly. In the visualized portions, no obvious pathology is observed.

Free Abdomen

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. 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

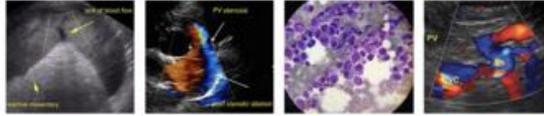
Primary Findings

- The hyperechoic splenic nodules/masses trend toward the benign (i.e., myelolipomas). However, emerging neoplasia cannot be completely excluded.
- The mild right adrenomegaly is most consistent with early hyperplastic change, with a lower possibility of an emerging tumor.
- The hepatic parenchymal changes are nonspecific and may be secondary to benign age-related remodeling and/or regenerative nodular hyperplasia. However, an emerging hepatopathy (i.e., chronic active hepatitis, bacterial cholangiohepatitis, hepatotoxicity (i.e., copper), Leptospirosis, other, is also possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regarding the mild liver enzyme elevations, consider the following:

1. Pre- and postprandial serum bile acids



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2. Leptospirosis testing (i.e., blood and urine PCR, serology)
3. If advanced testing is not to be pursued at this time, consider rechecking liver values in 3-4 weeks to assess for further elevations. If this occurs, a more advanced work-up, including hepatic tissue sampling, may be warranted.

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Regarding the splenic lesions, fine-needle aspirates can be considered if clotting status is appropriate. If aspirates are not performed at this time, consider a repeat ultrasound in 1-2 months to assess for growth.

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Regarding the polydipsia, consider a repeat urine specific gravity +/- urine culture and sensitivity.

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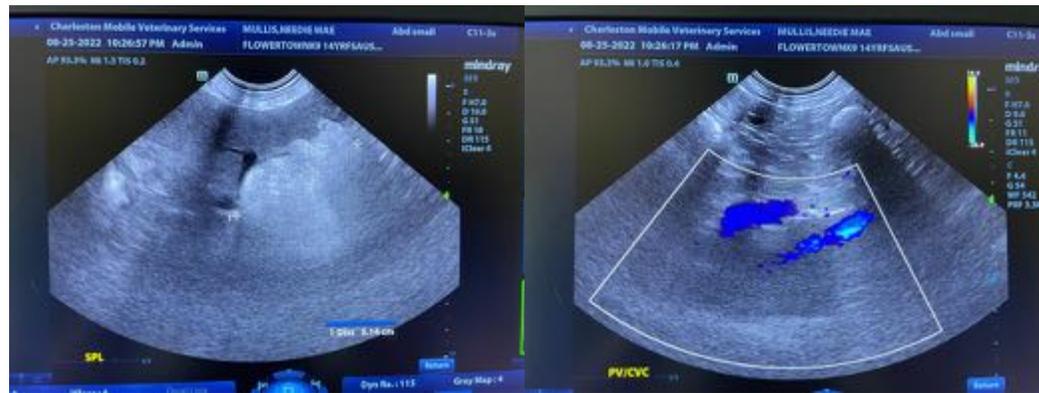
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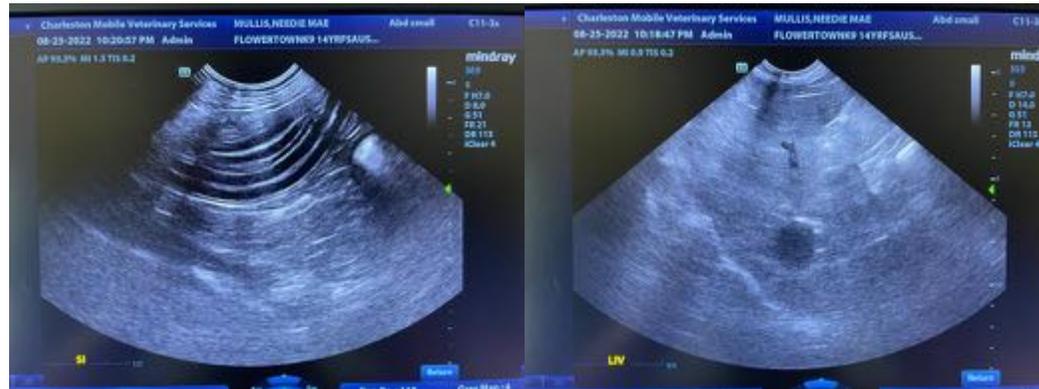
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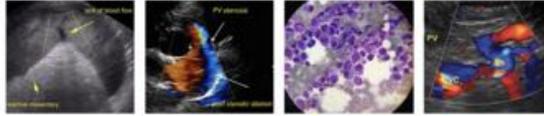
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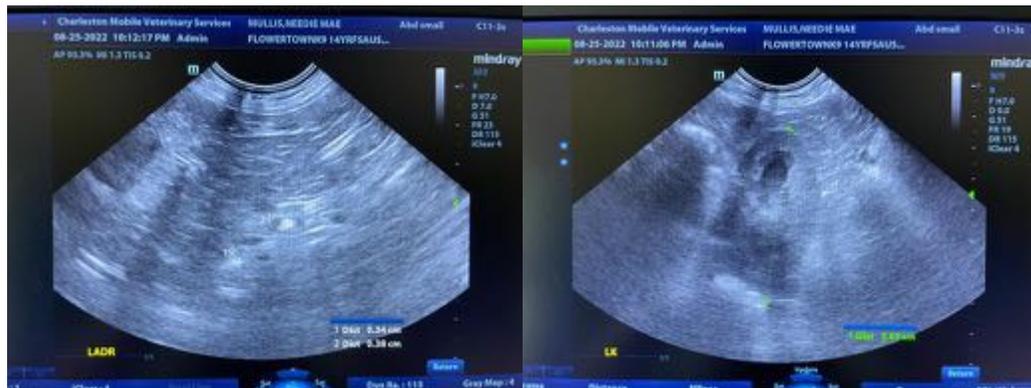
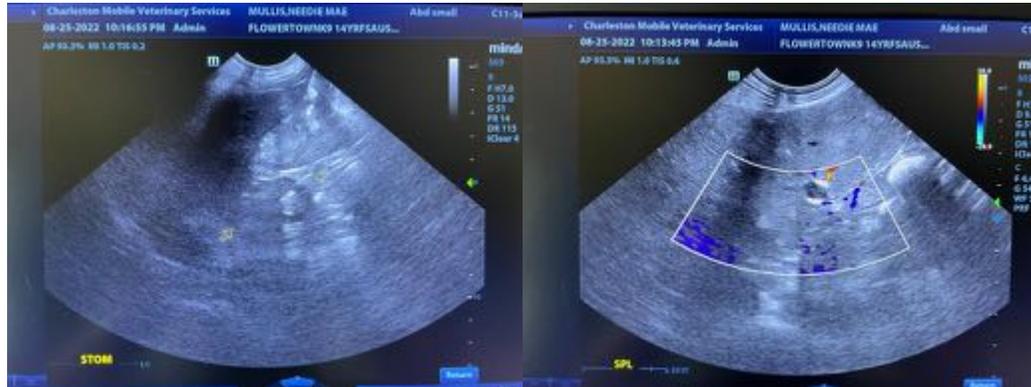
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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