

**DATE PRESENTING CLINICAL SIGNS**

8.3.23 Weight loss/good appetite.

**PATIENT**

Willow Bair

Current Medications: Treated for fleas 8/1 with Capstar and Advantix.  
 Date of Previous IntraPet Ultrasound: No previous.  
 Sedation: Not required to complete full diagnostic ultrasound.  
 Stat Report: Not requested.  
 Imaging Performed By: Rachel Brillhart, RDMS.

**SPECIES**

Canine

**BREED**

Komondor

**SEX**

Female Spayed

**AGE**

4/6/2012

**WEIGHT**

74 lbs

**INTERPRETED BY**

Andrea Nicastro, DMV,  
 Diplomate DACVIM  
 (Small Animal  
 Internal Medicine)

**HOSPITAL NAME**

Honeygo AH

**REFERRING VET**

Dr. Wright

**INVOICE**

13932

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (5.74 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.52 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size (0.79 cm at cranial pole) (0.81 cm at caudal pole) (2.88 cm in length) with a normal shape and 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 in normal size (0.75 cm at cranial pole) (0.57 cm at caudal pole) (2.81 cm in length) with a normal shape and 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 (1.56 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is diffusely mottled with ill-defined hypoechoic nodules/areas. One of the larger hypoechoic nodules measures 0.64 cm in diameter. 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 isoechoic relative to the spleen and exhibits mild heterogeneity. A few small hyperechoic nodules are seen. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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 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. 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. The abdominal lymph nodes are normal/not visible.

### ***Other***

A brief echocardiogram reveals no evidence of pericardial effusion.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

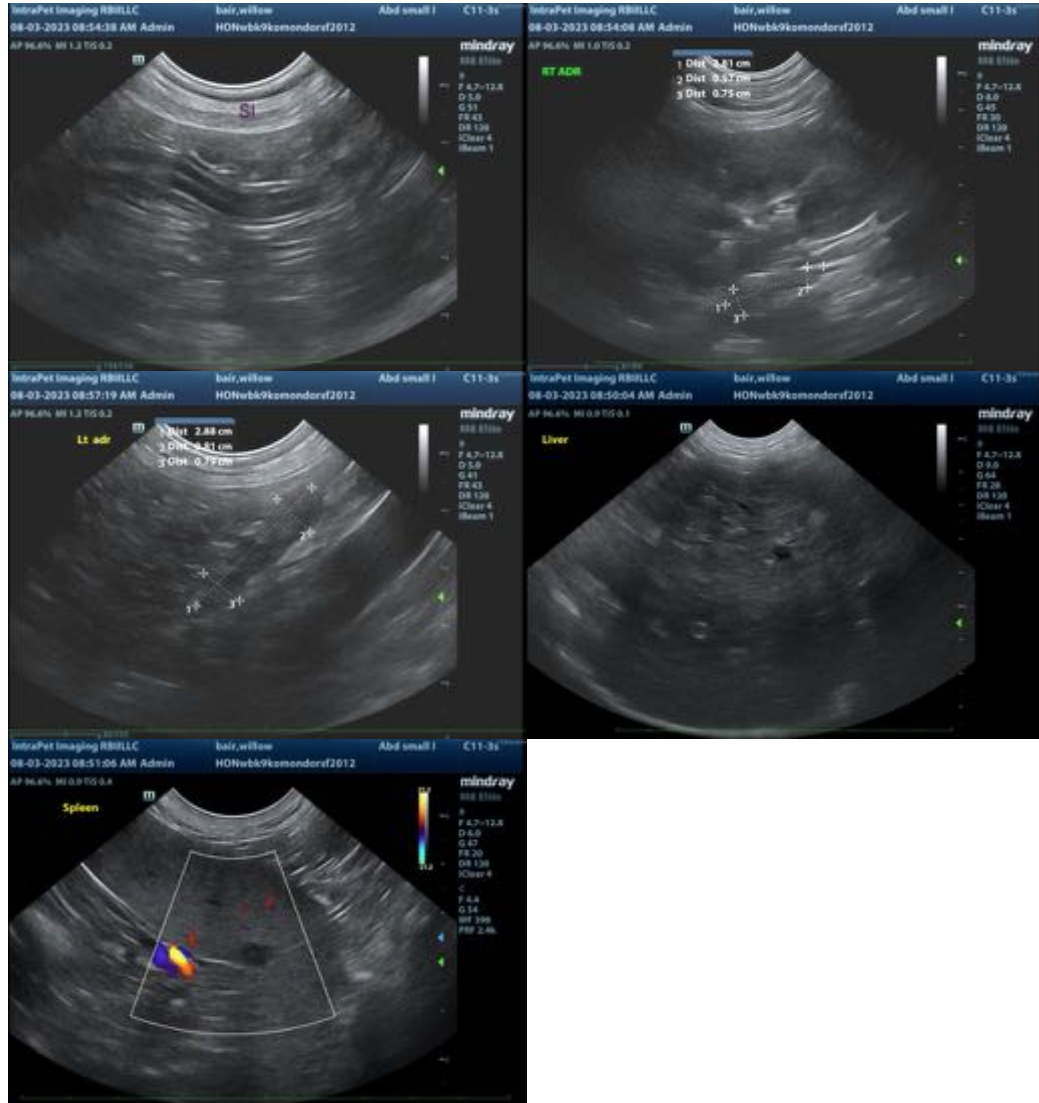
- The splenic parenchymal changes could be consistent with a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation) or emerging neoplasia (i.e., round cell tumor).
- Mild bilateral chronic renal changes

### **Secondary Findings**

- 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.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Given the patient's history and sonographic changes, consider the following:
  1. Three-view thoracic radiographs to assess for occult pathology in the chest.
  2. Fine-needle aspiration of the spleen (if clotting status is appropriate). A 25-gauge needle should be used.
  3. Baseline lab work, including a CBC, chemistry panel, urinalysis and T4, to assess overall metabolic function (if not already performed).
  4. If the above diagnostics are inconclusive, consider a Texas GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level.



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.

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