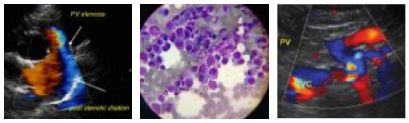
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

8.8.2022

PATIENT

Cruz Anderson

SPECIES

Canine

BREED

Pitbull Terrier

SEX

Neutered Male

AGE

7/29/12

WEIGHT

35.5 kg

INTERPRETED BY

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

HOSPITAL NAME

Nexus Veterinary Specialists

REFERRING VET

Dr. Steele

INVOICE

11365

PRESENTING CLINICAL SIGNS

Acute collapse (likely neuro based on today's consult and history), Mild ALP elevation and mild hepatomegaly on AXR at ER and on palpation today. Questionable splenomegaly. History of skin allergies, aural hematomas, bilateral TPLO.

Current Medications: Cytopoint, glucosamine.
Lab Results: ALP 295.
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 1-2 cm, are normal.

The **prostate** is not definitively visualized due to its pelvic location.

The **left kidney** is normal size (7.13 cm in length); with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The **right kidney** is normal size (7.51 cm in length); with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is borderline enlarged with an irregular shape. A 1.31 x 1.19 cm hypoechoic to heterogenous nodule is observed at the cranial pole. The lesion causes capsular expansion. Glandular echogenicity and detail at the caudal pole are relatively normal. There is no evidence of vascular invasion of the nodule.

The **right adrenal gland** is mildly enlarged (1.05 cm at cranial pole) (0.90 cm at caudal pole) (2.88 cm in length); with an irregular shape. The parenchyma is heterogenous with loss of glandular detail. Surrounding vasculature appears normal.

Spleen

The **spleen** is normal in size (1.89 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is diffusely mottled. No focal lesions are observed. Splenic vasculature is normal.

Liver

The **liver** is subjectively normal in size with slightly irregular peripheral contours. On the left side, an approximately 4.00 cm irregular, hypoechoic to heterogenous mass is visualized. A few ill-defined, hypoechoic areas are observed within the lesion. The lesion causes minimal capsular expansion. On the

right side, in the region of the right medial lobe, an approximately 3.40 cm round, isoechoic to slightly heterogenous mass is also seen. A few, small, ill-defined cavitated areas are seen within the lesion. Two to three additional nodules/masses are also observed within the parenchyma. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The **gall bladder** is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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

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 obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatic nodules/masses. Neoplasia (i.e., carcinoma, round cell neoplasia) is considered likely, with a lower possibility of multifocal Inflammatory disease (i.e., abscessation).

- The left adrenal nodule could be consistent with a benign process (i.e., nodular hyperplasia) or potentially, neoplasia (i.e., adenoma, adenocarcinoma, pheochromocytoma). The right adrenal changes trend more toward the benign (i.e., nodular hyperplasia). However, emerging neoplasia cannot be excluded.

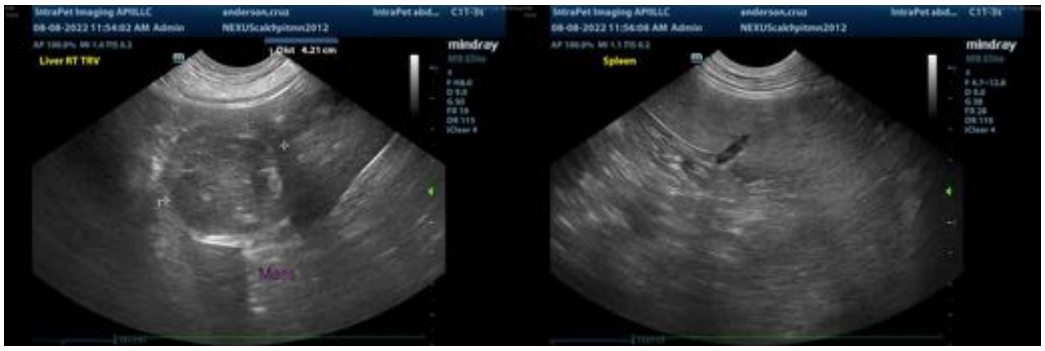
Secondary Findings

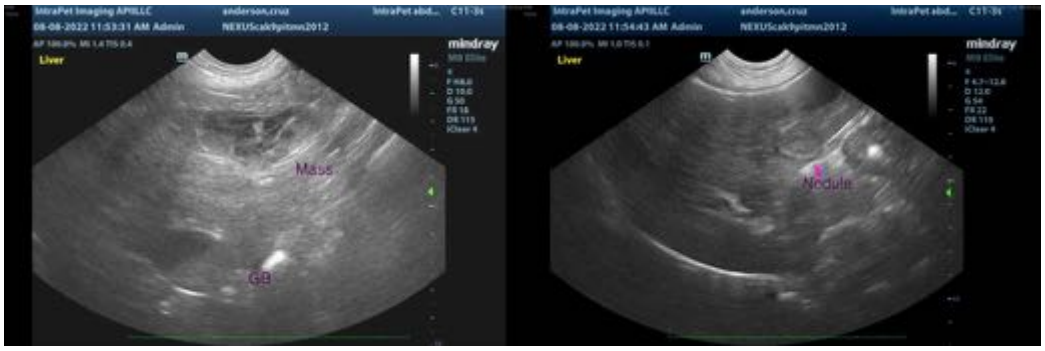
- Bilateral, chronic, age-related renal changes with dystrophic mineralization

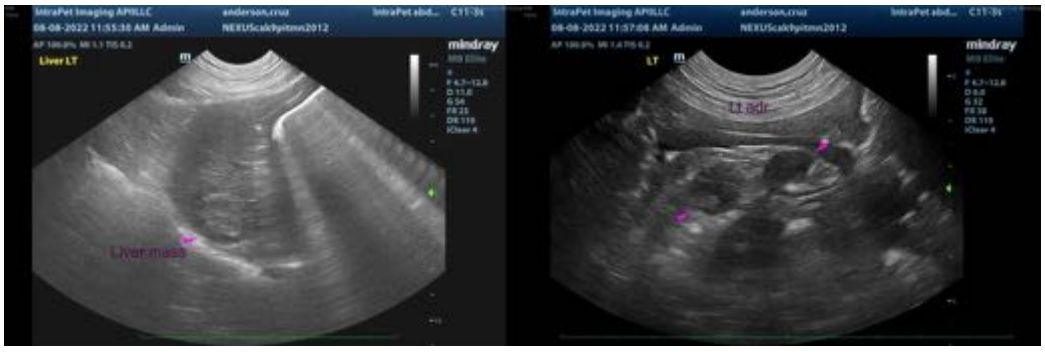
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further diagnostic and treatment recommended are to be implemented by Dr. Cara Steele.







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