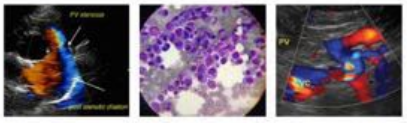
IMAGING PERFORMED BY
svsimagingqc.net 309-737-3070

SVS IMAGING



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Gracie Martin

SPECIES

Canine

BREED

Bearded Collie

SEX

Spayed Female

AGE

7 years

WEIGHT

42.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Rochester VH

INVOICE

11363

DATE

8.8.22

PRESENTING CLINICAL SIGNS

History: Hx of chronic resistant urinary tract infections. Mother passed of bladder cancer.

Abnormal PE/Chem/CBC/UA Results: Weight loss. Recent culture negative.
USG 1.046. Some proteinuria. Inactive sediment. CBC and chemistry panel in June were unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the proximal urethra, visible to a depth of 1-2 cm, are normal.

The **left kidney** is normal size (5.88 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

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 normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter

Adrenal Glands

The **left adrenal gland** is normal size (0.51 cm at cranial pole) (0.48 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.

The **right adrenal gland** is normal size (0.43 cm at cranial pole) (0.45 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.

Spleen

The **spleen** is subjectively normal in size (1.66 cm in width at the level of the hilus). A 1.26 x 0.98 cm hypoechoic nodule is observed at the craniolateral aspect. The lesion does not cause capsular expansion. The remaining parenchyma is slightly mottled in appearance, Splenic vasculature is normal with no evidence of thrombosis.

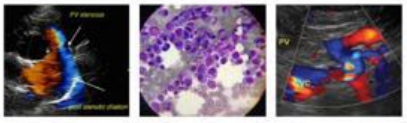
Liver

The **liver** is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

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 **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. The lumen of the descending colon contains shadowing fecal material. There is no obvious evidence of an obstructive pattern.



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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. A 0.98 cm medial iliac **lymph node** is visualized. In addition, a 3.18 cm mesentery lymph node is seen. Both nodes are normal in shape and echogenicity.

Other

A uterine stump is visible (0.57 cm in width). No obvious pathology is seen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Splenic nodule. Differentials include emerging neoplasia (i.e., round cell tumor, sarcoma) versus a benign focus (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or similar). The diffuse splenic parenchymal changes are nonspecific and trend toward the benign, with a lower possibility of emerging neoplasia.
- *An obvious cause for the recurring urinary tract infections is not identified in this study.

Secondary Findings

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Visible uterine stump – incidental

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Evaluation of the external genitalia is recommended to assess for predisposing factors.

Although lower urinary tract neoplasia is considered unlikely given the normal sonographic appearance, a urine BRAF test can be considered to further evaluate for cancer in this region. It should be noted however that a negative BRAF test does not completely rule out the possibility of cancer.

Regarding the splenic nodule, consider a fine-needle aspirate, if clotting status is appropriate. A 25-gauge needle should be used.

Regarding the weight loss, consider the following:

1. Three-view thoracic radiographs are recommended to assess for occult disease in the chest.
2. A fecal evaluation for ova and Giardia is recommended.
3. Malabsorption panel, including serum cobalamin and folate, TLI and PLI, is recommended.

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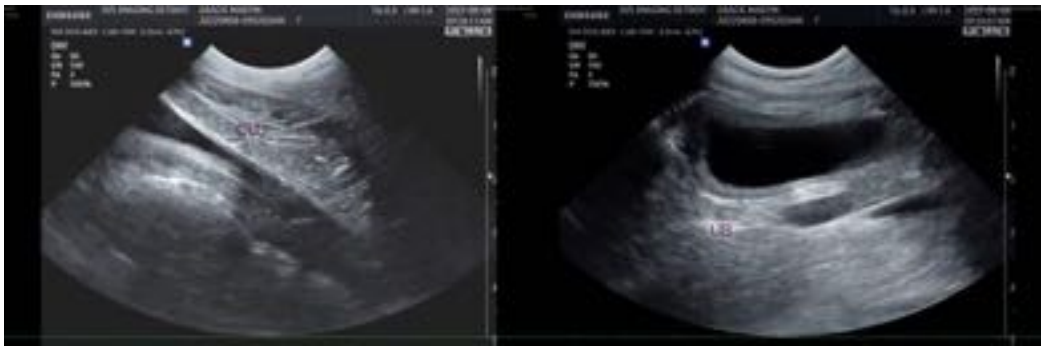

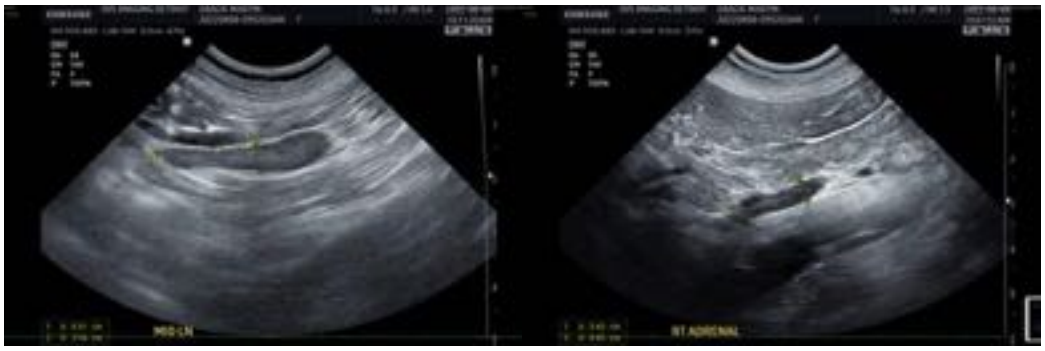

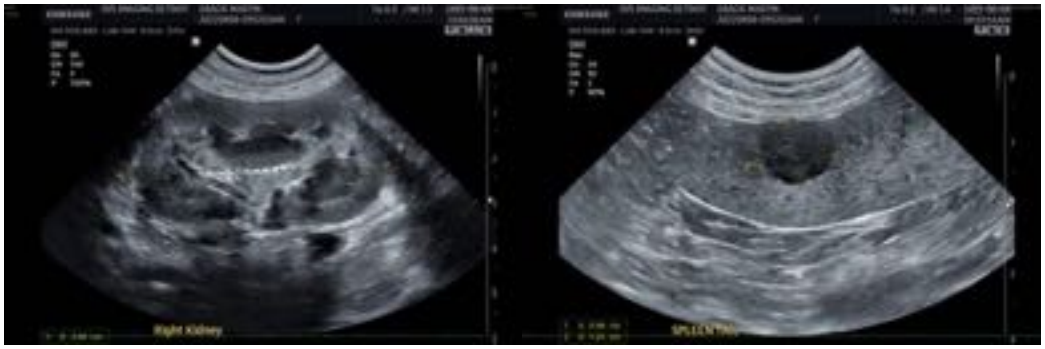

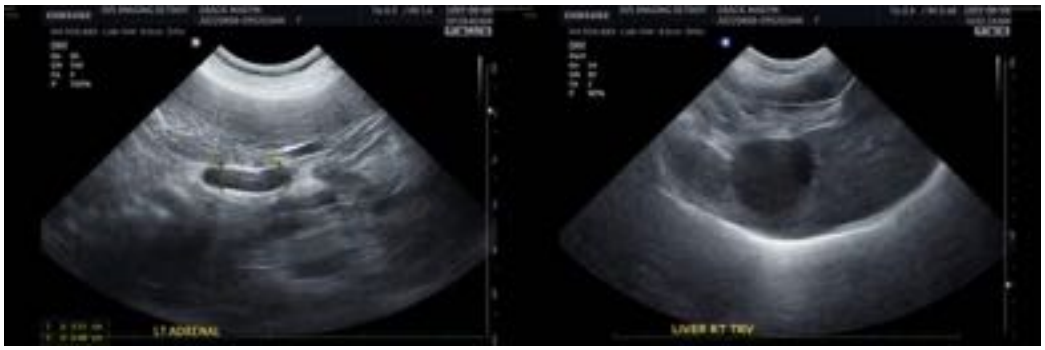

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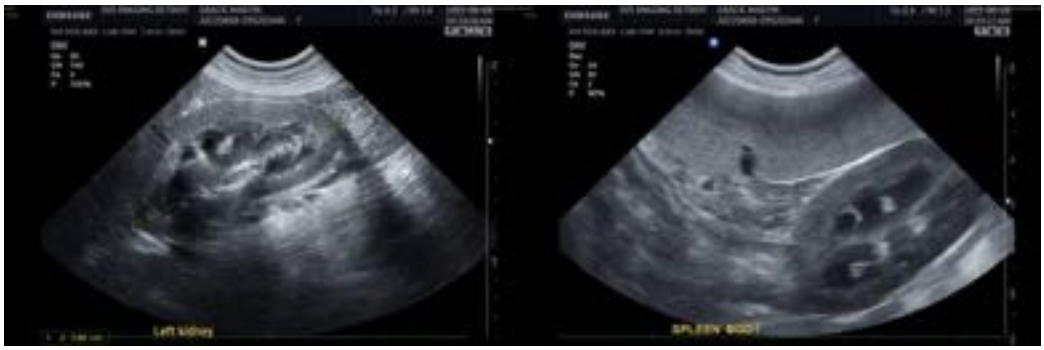

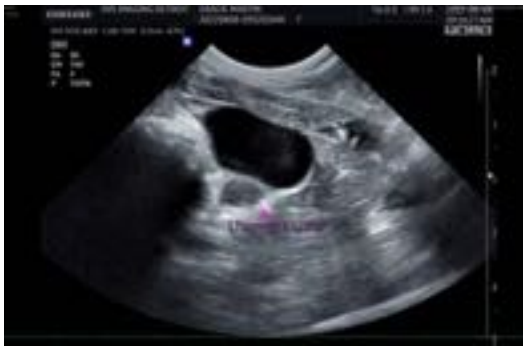

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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