

PATIENT

Ruka Moore

SPECIES

Canine

BREED

Border Collie Mix

SEX

Spayed Female

AGE

11 years

WEIGHT

57 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
RVT LVT

HOSPITAL NAME

Lakeside AH

REFERRING VET

Dr Gonzales VCA

INVOICE

11697

DATE

9.22.22

PRESENTING CLINICAL SIGNS

History: Sedation- Alfaxalone/Butrophanol IV- dermal mass...MAST CELL TUMOR- Met Check and liver check- planning for compete surgical removal of 3 dermal masses
Abnormal PE/Chem/CBC/UA Results: AST (SGOT) 216 ALT (SGPT) 908 BG 63

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 2 cm, are normal.

The **left kidney** is normal size (6.96 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 (6.70 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 (0.55 cm at cranial pole) (0.51 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 (1.00 cm at cranial pole) (0.46 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 normal in size (2.27 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.75 cm hypoechoic nodule is observed at the medial aspect. Splenic vasculature is normal.

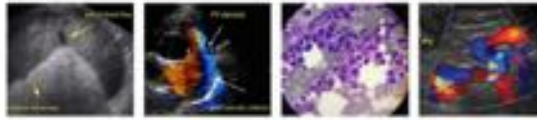
Liver

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** is of normal contours and contains some dependent echogenic debris. A scant amount of echogenic debris is present within the lumen. No choleliths are observed. 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



PATIENT

Ruka Moore 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.

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Pancreas

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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.

BREED

Free Abdomen

Border Collie Mix

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. Two **lymph nodes** are visible at the aortic trifurcation, the largest measuring 2.18 cm in length. The nodes are normal in shape and echogenicity.

SEX

ULTRASONOGRAPHIC FINDINGS

Spayed Female

Primary Findings

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- The hypoechoic splenic nodule trends toward the benign (i.e., focus of lymphoid hyperplasia, extramedullary hematopoiesis, or similar) with a lower possibility of emerging neoplasia.

- An obvious cause for the elevated liver enzymes is not identified sonographically. Considerations include inflammatory disease, hepatotoxicosis (i.e., copper), infiltrative neoplasia, Leptospirosis or other hepatopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Fine-needle aspirates of the spleen and liver can be considered if clotting status is appropriate. 25-gauge needles should be used. The patient should be pretreated with diphenhydramine 15 minute prior to aspiration. If liver aspirates are inconclusive, surgical biopsies along with bile cultures and copper quantitation may be warranted.

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Three-view thoracic radiographs are also recommended to complete the metastatic check.

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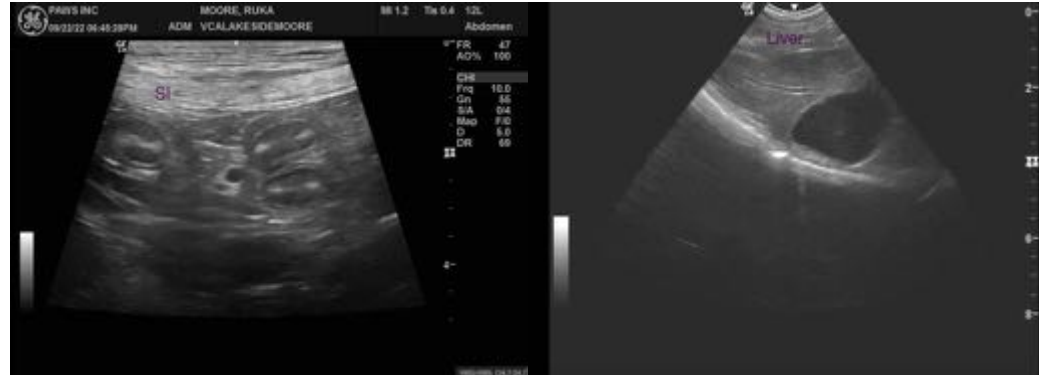
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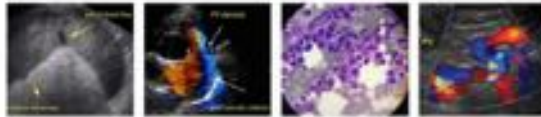
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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