IMAGING PERFORMED BY

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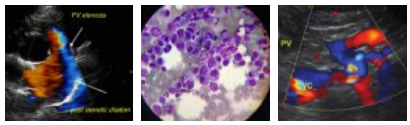

SonoPath
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DATE

9/13/2021

PATIENT

Buttercup Watts

SPECIES

Canine

BREED

Beagle

SEX

Female, spayed

AGE

3/9/2012

WEIGHT

35 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Alexander AH

REFERRING VET

Dr. Alexander

INVOICE

12068

PRESENTING CLINICAL SIGNS

History: History of mastectomy at other Vet hospital. Here for a post op met check and bloodwork?? Pt noted to have heart murmur with x-rays showing cardiomegaly as well as hepatomegaly and splenomegaly. Bloodwork-WNL.
Current Medications: Galliprant-20mg-1 SID.
Lab Results: WNL. BUN 38, CBC and T4 normal.
Radiographs: cardiomegaly as well as hepatomegaly and splenomegaly.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not needed.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended with anechoic urine. A 0.70 x 0.48 cm focal wall thickening is observed in the region of the apex. The remaining wall is normal to borderline thickened (up to 0.40 cm) with an irregular mucosal surface. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (6.91 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is variably thickened and there is mild loss of corticomedullary distinction. A few small cortical cysts are seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.74 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is variably thickened and there is mild loss of corticomedullary distinction. At least one cortical cyst is seen. Trace pyelectasia is present (0.23 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.57 cm at cranial pole) (0.59 cm at caudal pole) (1.62 cm in length); 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 (0.85 cm at cranial pole) (0.69 cm at caudal pole) (2.31 cm in length); 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 (1.39 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogeneous in appearance. A 3.35 x 1.35 cm isoechoic to slightly heterogeneous vascular nodule/mass is observed in the left side. (A fine needle aspirate of this lesion was performed during the sonogram. No obvious bleeding was noted post aspiration.) The lesion does not appear to cause capsular expansion. In addition, a 1.00 x 0.96 cm septated cystic lesion is seen on the left. Hepatic vascular is normal to slightly prominent. Intrahepatic biliary tracts are of normal volume with no

evidence of congestion. The gall bladder lumen is moderately distended. The wall is normal in thickness. A moderate amount of aggregated echogenic suspended sludge in a partially stellate pattern is observed within the lumen. 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. No obstructive disease is noted.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 1.91 x 1.25 cm cystic lymph node is observed in the mid-abdominal cavity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The left hepatic nodule/mass could be consistent with a neoplastic process. Alternatively, a benign (i.e., regenerative) nodule is also possible.
- The gallbladder changes are suggestive of an emerging mucocele.
- The focal urinary bladder wall thickening could be consistent with neoplasia (i.e., transitional cell carcinoma) or polypoid cystitis.

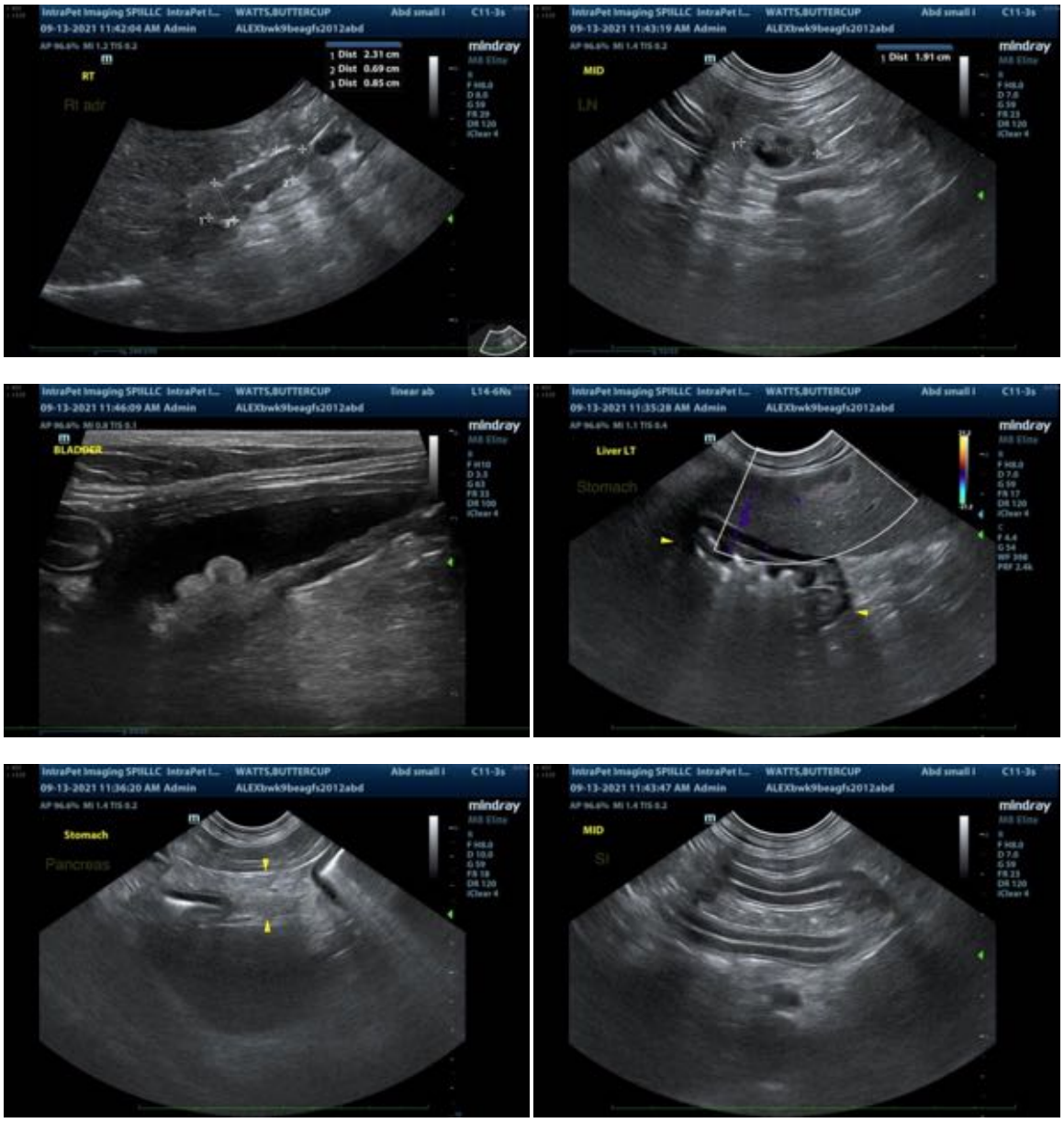
Secondary Findings:

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The significance of the cystic lymph node in the mid-abdominal cavity is unclear. It is likely an incidental finding or a reactive node.
- The bilateral renal changes are consistent with chronic interstitial nephrosis/nephritis with cortical cysts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If the cytology results from the hepatic nodule are inconclusive, consider surgical biopsy.
- A urine BRAF test is recommended to further assess for lower urinary tract neoplasia. If results are inconclusive, a biopsy of the bladder wall thickening may be necessary to get a definitive diagnosis.

- Given the gall bladder changes, Ursodeoxycholic acid (Ursodiol) at 10-15 mg/kg once a day is recommended. Serial sonographic monitoring (e.g., every 6-8 weeks) of the gall bladder is recommended to assess for progression to a fully-formed mucocele.



The information and recommendations provided are based on the images presented by the referring veterinarian. 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, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

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