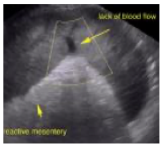
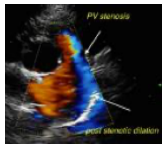
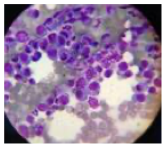
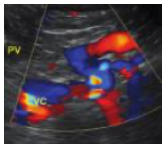
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Stella Brach

SPECIES
Canine

BREED
Golden Retriever

SEX
Spayed Female

AGE
11 years, 5 mos

WEIGHT
33.8 kg

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

IMAGING PERFORMED BY
Dr Brian Barnes

HOSPITAL NAME
Westview VH

REFERRING VET
Dr Brian Barnes

INVOICE
11633

DATE
9.14.22

PRESENTING CLINICAL SIGNS

History: Losing weight, eating poorly, vomiting History of Increased cardiopet BNP 2305 (n 0-900) with a normal echohad Echo, April/May 2020 Diagnosed with Hypothyroidism in April 2020. on Thyro tabs

Abnormal PE/Chem/CBC/UA Results: CBC Patelecrit 0.47 (N 8.7-13.2) Chem; WNL Snap cPl Abnormal U/A: Free catch, dark yellow, cloudy, USG 1.041, pH 6.5, Leu 25, Pro 100, Glu/ Ket/ Bil Negative, UBG 1, Bld 25. SEDI: WBC 3/HPF, RBC 1/HPF, Bac 0, Non-SEC 1-2/HPF, Cast 0, Crystals 0

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 mostly anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The **left kidney** is normal size (6.77 cm in length); normal shape and architecture with 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.

The **right kidney** is normal size (6.92 cm in length); normal shape and architecture with 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.

Adrenal Glands

The **left adrenal gland** is normal size (0.53 cm at cranial pole) (0.65 cm at caudal pole) (2.48 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 (0.42 cm at cranial pole) (0.48 cm at caudal pole) (2.58 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 (2.09 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The **liver** is subjectively prominent to enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely heterogenous in appearance. Deep on the right side, adjacent to the diaphragm, there is an ill-defined, isoechoic, swelling (6.60 cm). 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. A small amount of echogenic debris is observed within the lumen, most of which is gravity dependent and some of which is suspended. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is mildly distended with ingesta. 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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The right hepatic swelling could be consistent with a benign process (i.e., regenerative nodular hyperplasia) or may represent an emerging tumor (i.e., adenoma, adenocarcinoma). The diffuse hepatic parenchymal changes trend toward the benign (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy).

Secondary Findings

- The splenic parenchymal changes likely represent a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, or similar), with a lower possibility of emerging neoplasia (i.e., round cell tumor).

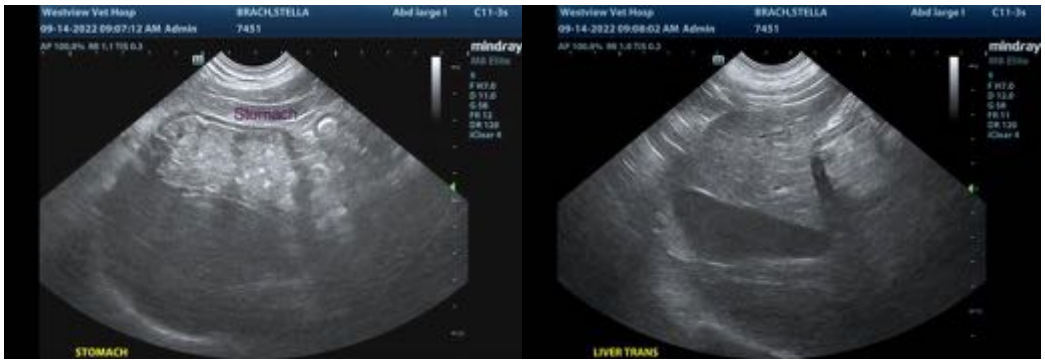
- Minor bilateral age-related renal changes

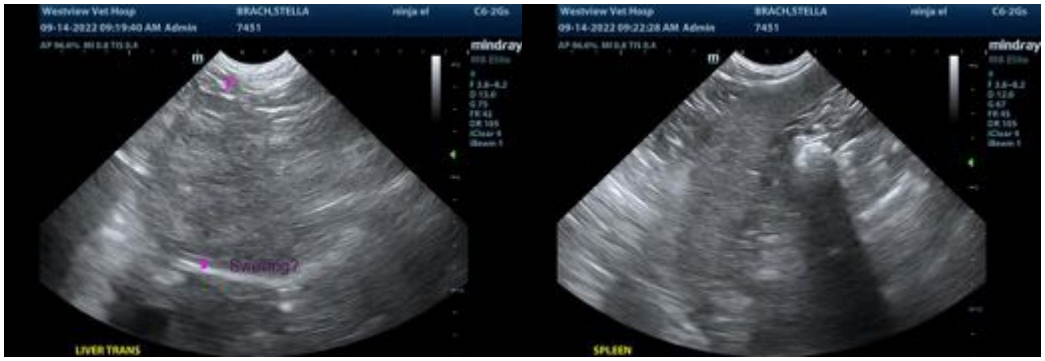
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regarding the hepatic swelling, cytology evaluation and/or an abdominal CT scan maybe be beneficial in further characterizing this lesion. Alternatively, a repeat ultrasound can be considered in 4-6 weeks to assess for progression.

Regarding the patient's clinical signs, consider the following:

1. Three-view thoracic radiographs are recommended to assess for occult disease in the chest.
2. A malabsorption panel, including serum cobalamin and folate, TLI and PLI is also recommended.
3. Consider a resting cortisol level to screen for hypoadrenocorticism. However, given the patient's age, this disease is considered less likely.
4. Depending on the results of the above diagnostics, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis.





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