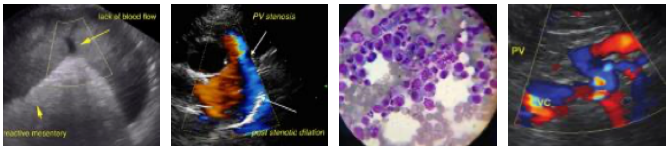


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Koko Silvers

SPECIES
Canine

BREED
Maltese

SEX
Female, intact

AGE
12 Yrs.

WEIGHT
10.2 lbs.

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

IMAGING PERFORMED BY
Dr. Sheldon

HOSPITAL NAME
Advanced PetCare of Oakland

REFERRING VET
Dr. Sheldon

INVOICE
13990

DATE
9/20/22

PRESENTING CLINICAL SIGNS

History: Pet present because owner just recently noted multiple mammary masses. Right mammary chain: 1st gland: 1 mm nodule between 2nd/third gland: firm irregular 1 inch nodule 4th gland: 3 mm nodule 5th gland: 1 cm nodule Left mammary chain: 1st gland: 1 mm nodule 3rd gland: 1 mm nodule

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall in the region of the apex is mildly thickened (up to 0.33 cm) and irregular. Cystic calculi are visualized, the largest measuring 1.11 cm in diameter. A small amount of suspended echogenic debris is also present. The region of the trigone and the proximal urethral wall appear normal. Tiny calculi vs mineralized debris are observed within the proximal urethral lumen.

The left kidney is normal size (3.73 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. A few small foci of mineralization are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.26 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.31 cm at cranial pole) (0.36 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 (0.48 cm at cranial pole) (0.30 cm at caudal pole)(1.60 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.

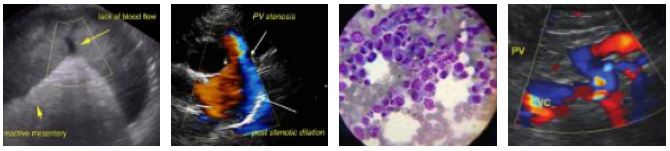
Spleen

The spleen is normal in size (0.88 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 enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is normal in thickness. Several cholelithsare visualized within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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 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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- There is no obvious evidence of metastatic disease in the abdomen.

Secondary Findings:

- Cystic +/- small urethral calculi with urinary bladder wall changes suggestive of cystitis.
- Bilateral, degenerative renal changes with non-obstructive nephrocalcinosis.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the mammary masses, consider consultation with a board certified surgeon and/or oncologist.
- Regarding the cystic calculi, consider a cystotomy with stone removal, analysis and culture, particularly if the patient is to undergo mammary mass removal. If a more conservative approach is desired, consider an attempt at medical dissolution (i.e., prescription urinary diet, broad spectrum antibiotics). If no improvement in stone size is seen within 4-6 weeks of initiating therapy, a cystotomy should be reconsidered.

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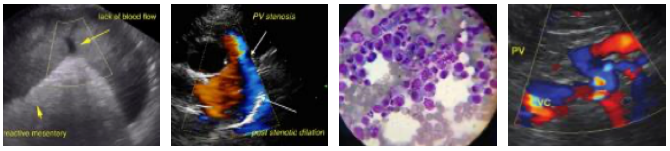

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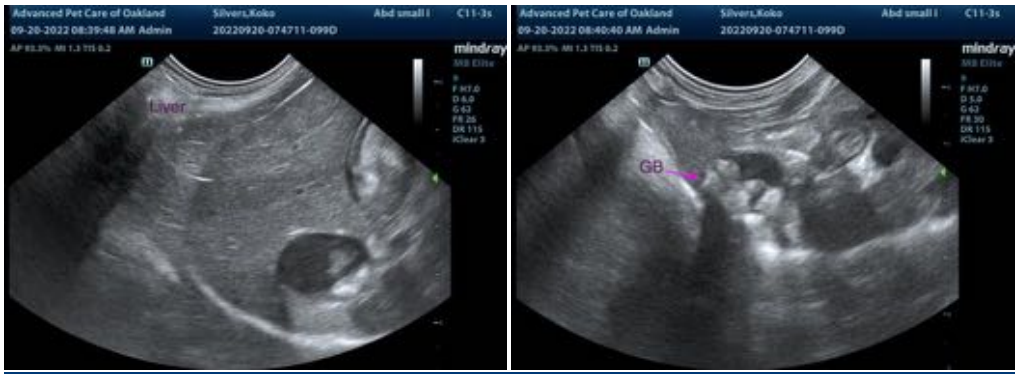

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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