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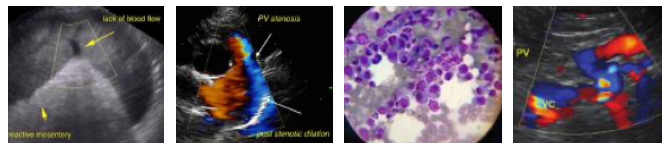
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Twinkie Defeis

SPECIES

Canine

BREED

Pomeranian

SEX

Male, intact

AGE

14 Yrs.

WEIGHT

12.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Scott

HOSPITAL NAME

Ho Ho Kus VH

REFERRING VET

Dr. Scott

INVOICE

12248

DATE

9/23/21

PRESENTING CLINICAL SIGNS

History: Decreased app on Sunday but did eat a little- ate nothing since then, vomited on monday. Very lethargic. Hx of grade I heart murmur since he was a puppy
Abnormal PE/Chem/CBC/UA Results: PE: Right testicle larger than the Left, severe dental disease, grade I heart murmur Chem: creat 4.1, BUN 148, Phos 13.3, Amy 2480, AL 431, Glu 20 PCV 38% CBC/UA pending Chest rads WNL Blood pressure 170mmHg

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 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 prostate is enlarged (4.07 cm in width) with a slightly irregular shape. The parenchyma is heterogeneous with several varying sized cystic lesions throughout the gland, some of which are septated. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (4.07 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. 1-2 small cortical cysts are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal size (4.07 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.49 cm at cranial pole) (0.82 cm at caudal pole) (2.11 cm in length) with a slightly irregular shape. The parenchyma at the caudal aspect is mildly heterogeneous. The glandular echogenicity and detail at the cranial aspect is normal. The phrenicoabdominal vein and surrounding vasculature are normal.

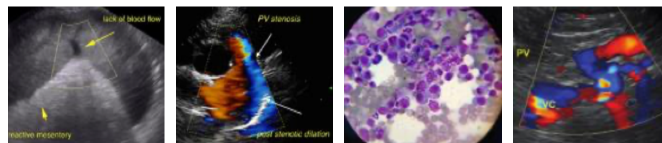
The region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is subjectively prominent in size with an irregular medial contour. A 2.39 x 1.44 cm hypoechoic to heterogeneous mass is observed at the medial aspect. The mass causes capsular expansion. The remaining splenic parenchyma is diffusely heterogeneous in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely and slightly heterogeneous 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 thin and smooth. A moderate amount of mostly gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally fluid 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 wall of the proximal descending colon is mildly thickened (up to 0.46 cm) with retention of the normal layering pattern. The remaining colonic wall is normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely prominent to enlarged with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. Surrounding mesentery is hyperechoic.

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

Other

The left testicle is subjectively normal in size (2.01 x 1.41 cm) with a normal shape. A 1.33 x 0.81 cm hypoechoic nodule is observed within the parenchyma. The remaining parenchyma is heterogeneous in appearance.

The right testicle is enlarged (3.27 x 2.01 cm) with heterogeneous parenchyma. Numerous varying sized cysts are observed throughout the gland.

There is questionable pleural effusion.

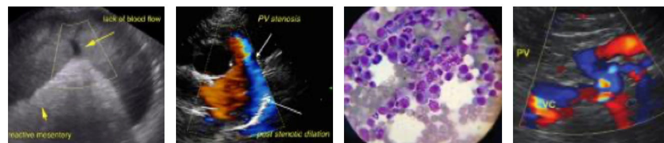
ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Splenic mass. Neoplasia (i.e., sarcoma, round cell neoplasia) is considered likely with a lower possibility of benign change. The diffuse splenic parenchymal changes could be consistent with infiltrative neoplasia, extramedullary hematopoiesis, lymphoid hyperplasia or splenitis.
- Moderate to severe acute pancreatitis with regional peritonitis.
- Bilateral nephropathy with dystrophic mineralization and right pyelectasia.
- Questionable pleural effusion.

Secondary Findings:

- Mild left renomegaly (right adrenal gland not visualized).
- The hepatic parenchymal changes are non-specific and could be secondary to vacuolar hepatopathy, regenerative nodular hyperplasia, age-related remodeling, inflammatory disease, infiltrative neoplasia, other hepatopathy.
- The colonic wall changes are most consistent with an inflammatory process, likely secondary to pancreatitis.



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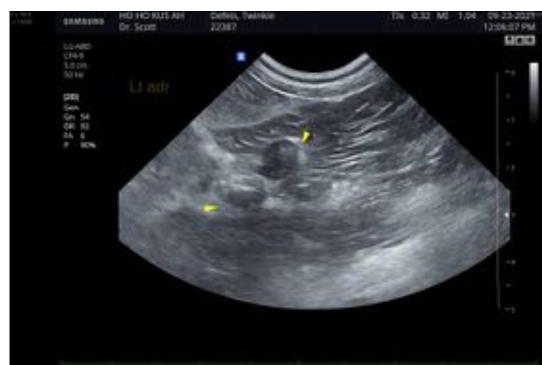
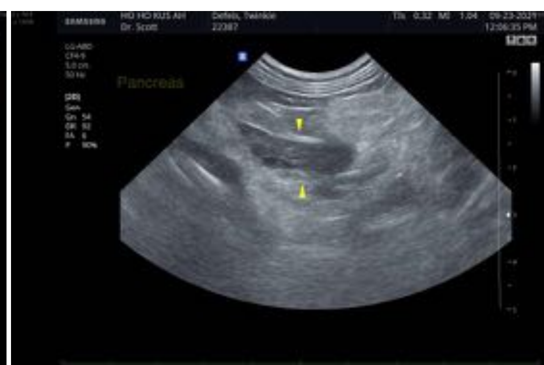
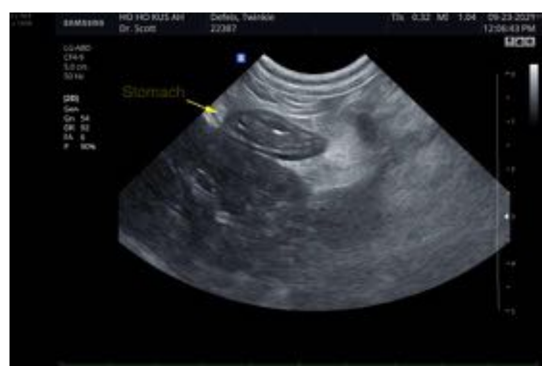
- Prostatic changes are most consistent with benign prostatic hyperplasia with parenchymal cysts
- The testicular changes could be consistent with neoplasia, inflammatory disease, age-related remodeling, other.

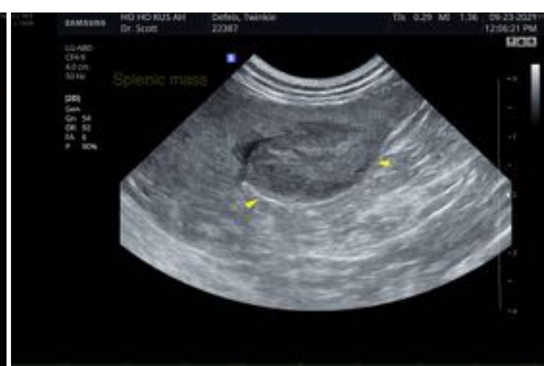
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

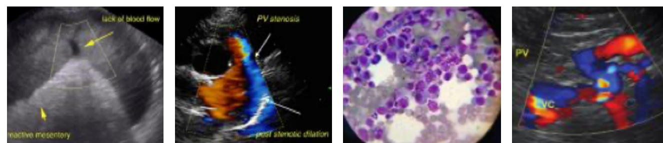
- Supportive care for pancreatitis and acute-on-chronic renal failure is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma. Consider a urine culture and sensitivity and UPC (if proteinuria is present).
- If accessible, a fine needle aspirate of the splenic mass is recommended. A 25-gauge needle should be used. Clotting status should be assessed prior t aspiration.
- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If the patient is to undergo anesthesia for a splenectomy or other reasons, consider castration with submission of the testicles for histopathology.











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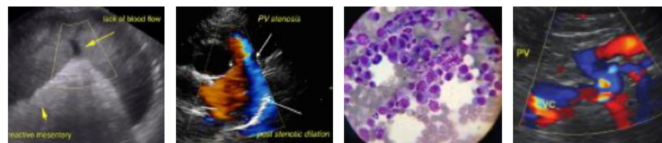

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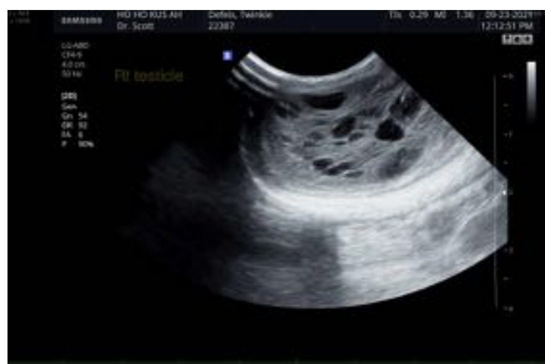

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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