

PATIENT

Remi Sletta-Bythrow

SPECIES

Canine

BREED

Australian Shepherd mix

SEX

Male, neutered

AGE

12 Yrs.

WEIGHT

69.3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Eguchi-Coe

DATE

1/18/2022

INVOICE

12874

PRESENTING CLINICAL SIGNS

History: This is a screening for persistent ALKP elevation.
Abnormal PE/Chem/CBC/UA Results: ALP 510 (12/21) 229 (12/19) 181 (06/18 Current Medications
Monthly preventative Occasional Carprovet/Gabapentin

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 normal in size (0.95 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (6.41 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (6.26 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.52 cm at cranial pole) (0.68 cm at caudal pole) (2.97 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 (1.02 cm at cranial pole) (0.56 cm at caudal pole) (1.74 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 subjectively normal in size (2.17 cm in width at the level of the hilus) overall. A 3.43 cm irregular heterogeneous nodule/mass with ill-defined hyperechoic foci is observed at the lateral aspect. The lesion causes mild capsular expansion. The remaining parenchyma is homogeneous. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly heterogeneous with mild changes consistent with age-related remodeling. No distinct focal lesions are observed. Vascular and biliary tracts are of normal



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volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of 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 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.

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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.

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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Other

A brief echocardiogram reveals no evidence of pericardial effusion.

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ULTRASONOGRAPHIC FINDINGS

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Medicine)

Primary Findings:

- Splenic nodule/mass. Differentials include neoplasia vs benign pathology (i.e., myelolipoma, lymphoid hyperplasia, granuloma, other).
- 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.

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Secondary Findings:

- Minor geriatric renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Regarding the splenic nodule/mass, consider the following:

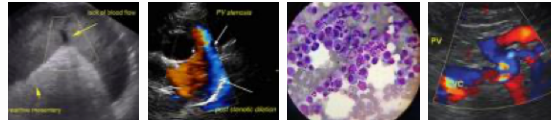
- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine needle aspirate, if clotting status is appropriate. If cytology results are inconclusive, a splenectomy with submission of the spleen for histopathology can be considered. A liver biopsy should also be obtained at the time of surgery.

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Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended if hepatic tissue sampling is not pursued at this time. If values continue to increase, repeat abdominal ultrasound +/- fine needle aspirate or biopsy can be considered.

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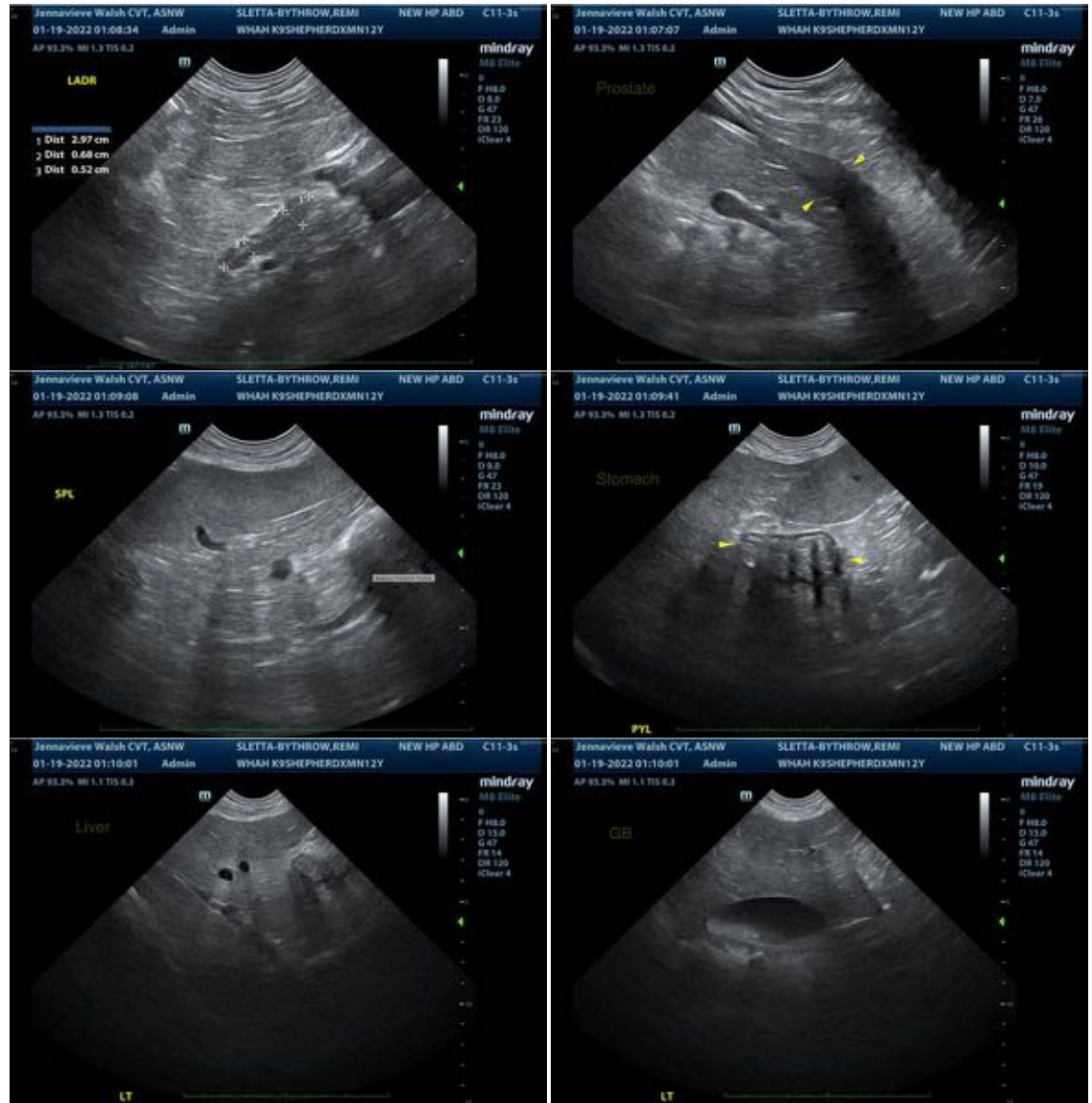
Dr. Eguchi-Coe

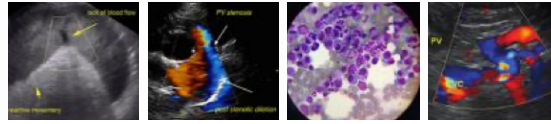
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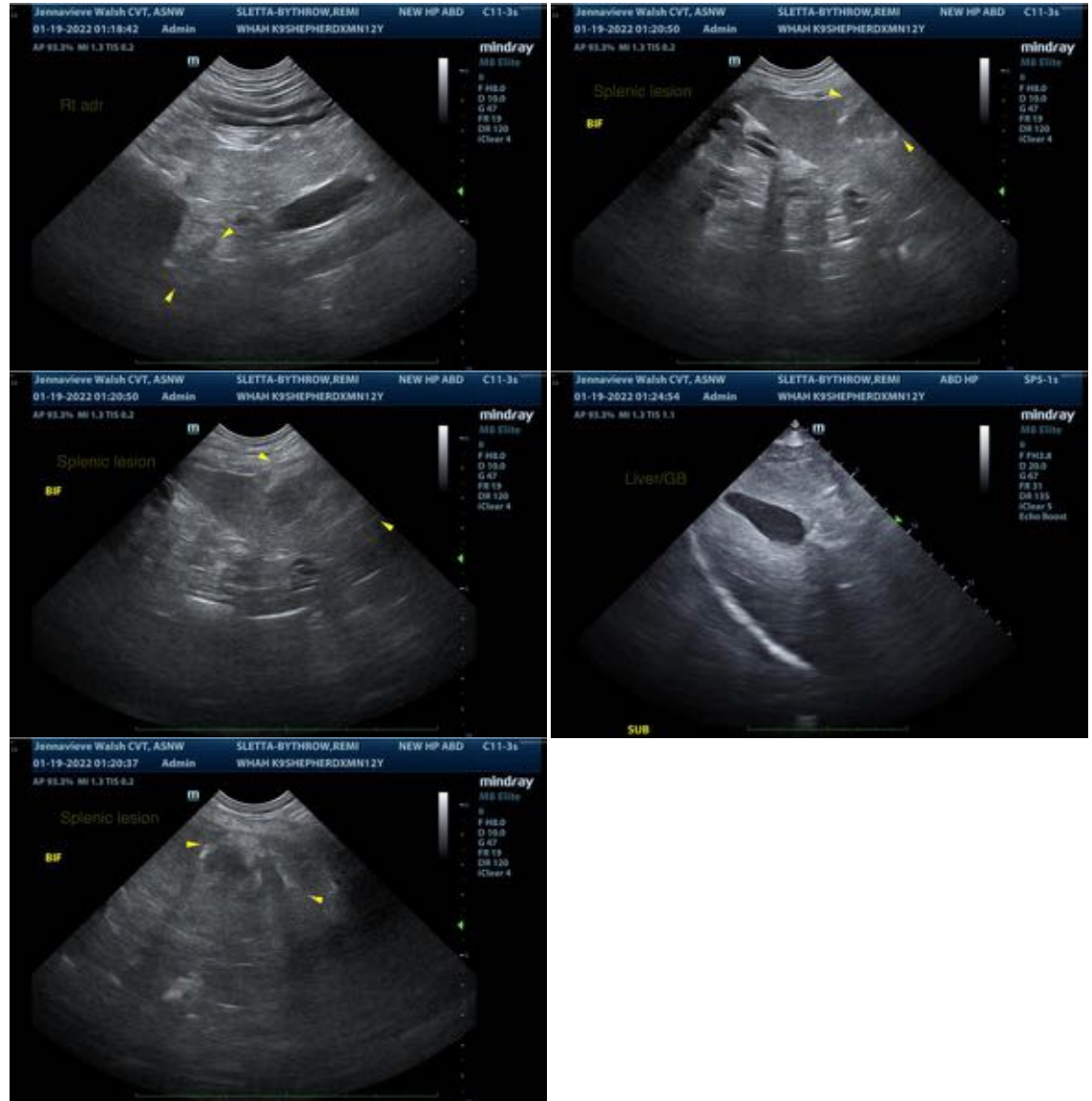
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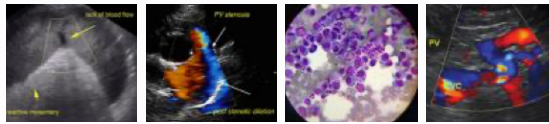


The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

andrea.nicastro@sonopath.com



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